

# Park View Surgery

## Inspection report

87 Beverley Road  
Hessle  
Humberside  
HU13 9AJ  
Tel: 01482648552  
<https://parkviewsurgery-hessle.co.uk>

Date of inspection visit: 14 January 2020 and 31 January 2020  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

At this inspection we followed up on should improves identified at a previous inspection on 29 July 2019 when the practice was rated requires improvement for the well led key question. The report on the July 2019 inspection can be found by selecting the 'all reports' link for Park View Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At the last inspection in July 2019 we rated the practice as requires improvement for providing well led services because:

- The way the practice was led and managed promoted the delivery of high-quality, person-centred care. However, following significant changes to the management and staff team in the months leading up to the inspection we found that changes implemented and proposed were not yet fully embedded into practice.

This inspection was started as an unannounced focused inspection on 14 January 2020 to confirm that the practice had taken action to address the improvements required and to follow up on information received by CQC. On the 14 January we identified concerns in the safe, responsive and well led key questions and therefore returned on the 31 January 2020 to follow up on these concerns.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected.
- information from our ongoing monitoring of data about services and
- information from the provider and other organisations.

We rated the practice as requires improvement for providing safe, responsive and well-led services because:

- The practice was not consistently able to demonstrate that the systems they had in place to keep patients safe and protected them from avoidable harm were always well embedded.
- There were issues with telephone access and the complaints process and access to complaints information for patients.
- The practice was unable to clearly demonstrate that the systems and processes in place to support the governance of the practice were well embedded, to maintain effective oversight of the service and to deliver service improvements.

These areas affected all population groups so we rated all population groups as requires improvement in responsive.

We rated the practice as good for providing effective and caring services because:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

These areas affected all population groups, so we rated all population groups as good in effective.

We found breaches of regulations and the areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Ensure adequate staff are deployed to meet the needs of the patients.
- Ensure the complaints process is followed and information is available for patients.
- Ensure effective systems and processes to ensure good governance are embedded and monitored.

(Please see the specific details on action required at the end of this report).

## Population group ratings

<b>Older people</b>	<b>Requires improvement</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

## Our inspection team

On the 14 January 2020 the inspection team consisted of a CQC Lead Inspector and a CQC Inspection Manager.

On 31 January 2020 the inspection team consisted of a CQC Lead Inspector, a second CQC Inspector and a GP Specialist Advisor.

## Background to Park View Surgery

Park View Surgery is located at 87 Beverley Road, Hessle, Humberside HU13 9AJ. The surgery has good transport links and there is a pharmacy located nearby.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Park View Surgery is situated within the East Riding of Yorkshire Clinical Commissioning Group (CCG) and provides services to 4378 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice has one male GP who works full time. There are three long term locums, one male and two female. There is one practice nurse, one health care assistant and a phlebotomist, all female and all work part time. There is a Practice Director/Lead Nurse and a team of administration/reception staff. In the past 12 months the

practice has had a very high turnover of nursing and administration/reception staff. The practice has been trying to recruit a new practice manager but to date has not found a suitable candidate.

The proportion of the practice population in 65 to 84-year age group is similar to the local CCG and above the England average and in the 85+ year age group is similar to the local CCG and above the England average. The proportion of the practice population in the under 18 years age group is similar to the local CCG and England average. The National General Practice Profile states that 97% of the practice population is from a White background, 1.7% from Asian and 1.3% from Mixed race, Black and other race backgrounds. Information published by Public Health England, rates the level of deprivation within the practice population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 80.1 years compared to the local CCG average of 79.9 and England average of 79.3. Female life expectancy is 82.5 compared to the local CCG average of 83.5 and England average of 83.2.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met;</b></p> <ul style="list-style-type: none"><li>Weekly checks to ensure emergency equipment and medicines were safe to use had not been carried out in line with practice policy.</li><li>There was no record of staff immunisation history.</li><li>We found four patient group directions that had expired, one in August 2019 and three in October 2019.</li><li>We saw gaps in patient records where care carried out had not been recorded.</li></ul> <p><b>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p><b>How the regulation was not being met;</b></p> <ul style="list-style-type: none"><li>Complaint records did not include full records of the investigation undertaken, including any record of interviews with staff involved. Response letters did not always include details of the lessons learned by the practice or the Parliamentary Service Ombudsman information for patients to contact if they were not satisfied with the outcome of the complaint.</li><li>The complaints leaflet was not available for patients to take, they had to ask the receptionist for a copy. There was no information on the complaints process in the waiting area.</li></ul> <p><b>This was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### How the regulation was not being met;

- Systems and processes were in place however they were not always fully embedded and operated effectively to ensure compliance with requirements to demonstrate good governance.
- Not all incidents were recorded to ensure mitigating action and learning took place.
- There was a documented business plan and strategy to support the practice's aim to deliver high quality care and promote good outcomes for patients, however there was no action plan showing who was responsible for progressing the actions and timescales for completion.
- The leaders in the practice were not always visible and there was a lack of evidence that the GP was involved in the daily management of the practice.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the checking of emergency equipment and medicines, patient group directions and staffing.
- Staff did not feel involved in the development of improvements at the practice.

**This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### How the regulation was not being met:

- There was no robust mechanism for assessing nurse competencies for all activities they undertook.
- There was no evidence that staff had appraisals or regular supervision.

This section is primarily information for the provider

## Requirement notices

- We saw that staffing levels for reception were not always sufficient to meet patient needs.