

The Park Medical Centre

Inspection report

434 Altrincham Road
Baguley, Wythenshaw
Manchester
M23 9AB
Tel: 01619985538

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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection at The Park Medical Centre between the 28 and 30 June 2021. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective - Inadequate

Caring - Good

Responsive – Good

Well-led - Inadequate

Following our previous inspection on 17 October 2017, the practice was rated Good overall and for all key questions and all population groups.

We inspected all key questions to ensure that services delivered by the provider were safe, effective, caring, responsive and well-led.

The full reports for previous inspections can be found by selecting the 'all reports' link for The Park Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection.

This inspection was a comprehensive inspection carried out due to information of concern that we received.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included;

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

Our findings

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

Overall summary

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

We have rated this practice as Inadequate overall and inadequate for all population groups.

We found that:

- The safe key question was rated inadequate because there were safety concerns identified and systems in place to manage risks to patients and throughout the practice were generally ineffective. We saw monitoring of high-risk medicines was not always appropriate. Prescribing of medicines that were subject to guidance such as hypnotics, antibiotics and pain relief were higher than averages without appropriate oversight. The management of safety alerts and the assessment and consideration of risk was ineffective. Guidance to help staff to identify and take appropriate action in emergency situations were not always effective or absent.
- The effective key question was rated inadequate because we found that in chronic disease management, performance was significantly lower than local and national averages. Quality improvement activity was limited and ineffective; staffing arrangements were not sufficient.
- The caring key question was rated good because patient satisfaction in relation to the caring key question was higher than local and national averages.
- The responsive key question was rated good because although patient satisfaction was low in some areas, the practice had taken some measures to address these, given the restrictions of COVID-19. Complaint procedures were in-line with recognised guidance and we saw information available to help patients complain.
- The practice was rated inadequate for providing well-led services because overall leadership and oversight were ineffective or absent and arrangements in place to ensure learning when things went wrong and to drive improvement was limited.
- The practice adjusted how it delivered services to meet infection control restrictions guidance during the COVID-19 pandemic.

We found that two regulations were breached. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to The Park Medical Centre

The Park Medical Centre is located at;

434 Altrincham Road,

Wythenshawe

Manchester,

M23 9AB

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures which are delivered from a purpose-built surgery building.

The practice is situated within the Manchester Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a patient population of about 5345 patients. This is part of a contract held with NHS England.

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one of ten). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is, 84.4% White, 6% Asian, 4% Black, 4.2% Mixed, and 1.4% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of three GP partners who provide all GP services at the practice. The practice had recently lost their nurse and were using a locum nurse who was providing nurse led clinics for long-term conditions. The GPs are supported at the practice by a practice manager and a team of reception and administration staff.

Due to the enhanced infection prevention and control measures put in place since the COVID-19 pandemic and in line with the national guidance, the majority of GP appointments were telephone consultations. If the GP needs to see a patient face-to-face that service is also available.

Opening times are from 8am until 6.30pm and appointments are provided within these times, the practice offers their patients extended access to telephone consultations on a Monday until 7.30pm and on a Tuesday until 8pm.

The practice is part of a wider network of GP practices called a Primary Care Network (PCN); Brooklands and Northenden PCN. The practice is also part of the South Manchester GP Federation (SMGPF).

Extended access is provided locally by SMGPF, where late evening and weekend appointments are available at local hub sites. Out of hours services are provided by NHS 111 and Go To Doc.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the service being provided. In particular;</p> <ul style="list-style-type: none">• The practice was unable to demonstrate that clinical quality improvement activity was fully effective, Quality outlook Framework performance was low in several areas in relation to chronic disease management, childhood immunisations and cervical screening. The provider was unable to demonstrate any actions taken to address these areas. <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <ul style="list-style-type: none">• The practice was unable to demonstrate that there were effective systems in place to ensure that patients on high-risk medicines were always appropriately monitored.• The practice was unable to demonstrate that the system to identify and manage medicine safety alerts was effective.• The system to ensure that prescribing was safe and conducted within National and local guidelines was not effective.• The system to ensure that all patients received appropriate diagnosis within the clinical IT system was ineffective.• We found that the practice systems for risk management overall were inconsistent and ineffective, this included;• Infection control audits

Enforcement actions

- Health and safety risk assessments
- Legionella checks
- Fire risk assessments
- Hazardous substances risk assessments
- The system in place to ensure the completion of staff training was inconsistent and ineffective, including topics such as chaperoning, safeguarding and sepsis.

There was additional evidence of poor governance. In particular;

- We found that systems of communication were not fully effective between clinicians and staff.
- Clinical meetings and full team meetings were not taking place within the practice; there was no system in place to ensure that patients clinical governance was managed in a coordinated way.

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
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular;

- Monitoring of patients on high-risk medicines was inconsistent; we identified a number of patients who had received prescriptions without the appropriate monitoring being completed as required.
- The practice could not demonstrate that medicine safety alerts were acted on; we identified a number of patients who had not been informed of the risks of their medication following the practice's receipt of a relevant alert.
- The provider had high prescribing rates of antibiotics, pain relief, psychotropics and hypnotics.
- Diabetic patients were not always diagnosed appropriately. With 45% of diabetic patients with no completed foot check within recommended time periods.

Enforcement actions

- The practice was unable to demonstrate that they had a system in place to consider the risk of not holding all recommended emergency medicines.
- Blind cord loops were in place in clinical rooms.
- We found that staff we spoke with were unaware of red-flag symptoms associated with sepsis. The practice was unable to demonstrate that there was an effective system in place to guide or inform staff.
- Staff were chaperoning with patients without safeguarding and chaperone training.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.