

# The Park Medical Group

## Inspection report

Fawdon Park Road  
Fawdon  
Newcastle Upon Tyne  
NE3 2PE  
Tel: 01912851763

Date of inspection visit: 29 November 2021  
Date of publication: 25/01/2022

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?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at The Park Medical Group on 29 November 2021. Overall, the practice is rated as requires improvement.

The ratings for each key question are:

Safe - Requires Improvement  
Effective – Requires Improvement  
Caring - Good  
Responsive – Good  
Well-led – Requires Improvement

Following our previous inspection on 25 February 2015, the practice was rated Good overall and for all key questions. The full reports for previous inspections can be found by selecting the ‘all reports’ link for The Park Medical Group on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection carried out in response to concerns raised with us. We inspected all five key questions, is the practice safe, effective, caring, responsive and well-led?

## 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 covering both the main surgery and branch.

## Our findings

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, patients, the public and other organisations.

## We have rated this practice as Requires Improvement overall

# Overall summary

We have rated this practice as requires improvement overall, for being safe, effective and well-led because:

- The systems for the appropriate and safe use of medicines, including medicines optimisation, were not always effective.
- Patients' needs were not always assessed, and care and treatment were not always delivered in line with current legislation, standards and evidence-based guidance. The arrangements for call and recall of patients with long term conditions were not always effective and the clinical coding arrangements did not support the practice to identify and meet the needs of patients.
- The practice was unable to fully demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- The practice did not always have clear and effective processes for managing risks, issues and performance. Some aspects of the practice governance systems were more informal and were not supported by auditable documented systems. This, given the pandemic, had made it difficult for the practice to maintain these systems.

We also found that:

- The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.

We found two breaches of regulations. 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.

The provider **should** also:

- Put in place formal risk management arrangements.
- Put in place individual risk assessments to demonstrate why particular roles do not require Disclosure and Barring Service (DBS) checks.
- Review and improve the guidance for staff around managing conditions that may rapidly deteriorate to ensure any red flags are identified and documented and appropriate advice given to patients.
- Continue to review and take action to improve cervical screening uptake.
- Continue to implement the revised guidance on complaint handling.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP  
Chief Inspector of Primary Medical Services and Integrated Care

## 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 Group

The Park Medical Group is located in Newcastle Upon Tyne at:

Fawdon Park Road, Newcastle Upon Tyne, NE3 2PE

The practice has a branch surgery at:

Kingston Park Avenue, Newcastle Upon Tyne, NE3 2HB

We visited both of these sites as part of the inspection.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures; family planning; maternity and midwifery services; treatment of disease, disorder or injury; and, surgical procedures. These are delivered from both sites.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the Newcastle Gateshead Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 13,000. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices as part of the North Gosforth Primary Care Network (along with Brunton Park Health Centre, Broadway Medical Centre, Regent Medical Centre, Gosforth Memorial Medical Centre).

Information published by Public Health England shows that deprivation within the practice population group is in the fifth most decile. 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 5.7% Asian, 88.8% White 1.3% Black, 1.2% Mixed, and 3% Other.

There is a team of 12 GPs (four male and eight female) who provide cover at both practices. There are also two advanced nurse practitioners (both female), who carry out a triage service. The practice has a team of four nurses who provide nurse led clinics for long-term condition at both the main and the branch locations, alongside two health care assistants and a trainee nurse associate. The GPs are supported at the practice by a team of reception/administration staff. The practice manager is based at the branch surgery and the practice operations manager and the patient services manager are based at the main location to provide managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

There is an extended urgent care service with access to a GP across the Newcastle area, with provision in emergency departments, walk-in centres and urgent care treatment centres. Patients can see GPs from 8am to 10pm Monday to Sunday, 365 days of the year. These appointments are a mix between walk-in appointments and re-referral from 111 and emergency departments.

Out of hours services are provided by Vocare Limited accessed via the 111 service.

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 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons 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:</p> <ul style="list-style-type: none"><li>• The processes for the safe handling of requests for repeat medicines and for monitoring the safety of high-risk medicines were not effective.</li><li>• Patients' needs were not always assessed, and care and treatment were not always delivered in line with current legislation, standards and evidence-based guidance. The arrangements for the call and recall of patients with long term conditions were not always effective and the clinical coding arrangements did not support the practice to identify and meet the needs of patients.</li><li>• The process for receiving and acting upon patient safety and medicine alerts was not always effective and did not provide a formal audit of the actions taken by the practice.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 services being provided. In particular:</p>

This section is primarily information for the provider

## Requirement notices

- The provider did not have a detailed pandemic recovery plan, with key dates and milestones highlighted, to manage backlogs of activity and delays to treatment.
- The provider did not always have clear and effective processes for managing risks, issues and performance.
- The provider did not formally check the competence of non-medical prescribers and those in advanced clinical roles.
- The management of training and appraisal for staff was not up to date and did not effectively support the provider to recognise gaps and areas for improvement.

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