

Parkside Medical Centre

Inspection report

Whalley Drive
Bletchley
Milton Keynes
Buckinghamshire
MK3 6EN
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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 well-led?

Requires improvement



Overall summary

We carried out an announced inspection at Parkside Medical Centre on 25 June 2019 as part of our inspection programme.

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions:

- Safe
- Effective
- Well-Led

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 and good for all population groups. The practice was rated as requires improvement for providing safe and well-led services.

We found that:

- 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.
- The practice organised and delivered services to meet patients' needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- The practice did not have clear and effective processes for managing risks, issues and performance. Staff did not receive regular appraisals structures to support formal clinical supervision for all staff with extended roles had not been consistently established.
- There were gaps in staff records, with multiple records being unavailable for review. These included records relating to training, recruitment, DBS checks, registration with professional bodies and indemnity insurance.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

The areas where the provider **should** make improvements are:

- Undertake regular water checks as recommended in the legionella risk assessment.
- Undertake an annual review of significant events to identify trends, drive improvement and reduce the risk of recurrence.
- Continue to develop and embed effective systems to manage infection prevention and control (IPC).
- Complete the transfer of policies and procedures to the newly implemented computer-based programme to support effective management oversight.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Parkside Medical Centre

Parkside Medical Centre is located at Whalley Drive, Bletchley, Milton Keynes, MK3 6EN. It is part of the NHS Milton Keynes Clinical Commissioning Group (CCG). The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice serves a population of approximately 10,700 patients. The practice population is largely white British, with less than 16% of the practice population being from Black and Minority Ethnicity backgrounds.

Information published by Public Health England, rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The clinical team consists of four GP partners, one salaried GP, one prescribing nurse, two practice nurses, a clinical pharmacist, a phlebotomist and a health care assistant. The team is supported by a practice manager and a team of non-clinical, administrative staff. The practice manager was not present on the day of inspection. Members of the community midwife and

health visiting team operate regular clinics from the practice location. The practice is a teaching and training practice and accepts registrars every year. (Registrars are fully qualified and registered doctors training to become GPs). At the time of our inspection there was one GP registrar in training. The practice also accepts medical students training to become doctors.

The practice operates from a two-storey purpose-built property. Patient consultations and treatments take place on the first level with administrative office space on the second level. There is a car park outside the surgery, with disabled parking available.

Parkside Medical Centre is open from 8am to 6.30pm Monday to Friday. Extended appointment times are available between 7.30am and 8am and between 6.30pm and 7pm Monday to Friday. When the practice is closed out of hours services can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively. Systems and processes to reduce risks to patient and staff safety were lacking.• There was no regular schedule of appraisals for all staff and structures to support formal clinical supervision for all staff with extended roles had not been consistently established.• There were gaps in staff records, with multiple records being unavailable for review. These included records relating to safeguarding and fire training, recruitment, DBS checks, registration with professional bodies and indemnity insurance. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>