

Care Quality Commission

Inspection Evidence Table

Parkview Medical Centre (1-1465355437)

Inspection date: 13 December 2019

This inspection was carried out to follow-up on two warning notices in relation to Regulation 17 (good governance) and Regulation 18 (staffing) issued to the provider on 15 October 2019 following our comprehensive inspection on 25 and 30 September 2019 when the provider was rated inadequate. We did not review the ratings at this inspection.

Overall rating: Not rated

Safe

Rating: Not rated

At our previous inspection on 25 and 30 September 2019 we rated the provider as inadequate for providing safe care and a warning notice was issued as the provider could not demonstrate that:

- Clear systems and processes were in place to keep patients safe and safeguarded from abuse.
- Recruitment checks had been carried out in accordance with regulations.
- Systems and processes were in place to manage and monitor cervical smear screening.
- Systems and processes were in place to manage prescription stationery.
- Effective systems were in place to ensure that safety alerts were appropriately actioned.

Safety systems and processes

The practice had reviewed and made some improvements to their systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Partial ¹
There was a lead member of staff for safeguarding processes and procedures.	Yes ¹
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes ²
Policies and procedures were monitored, reviewed and updated.	Yes ²
Partners and staff were trained to appropriate levels for their role.	Yes ³
There were systems to identify vulnerable patients on record.	Yes ⁴
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social	Partial ⁵

Safeguarding	Y/N/Partial
workers to support and protect adults and children at risk of significant harm.	
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. At our previous inspection it was unclear who maintained oversight and ensured the effectiveness of safeguarding processes as the safeguarding lead was a part-time regular locum and the clinical lead did not provide any clinical sessions at the practice. At this inspection the provider clarified that the nominated safeguarding lead was a locum GP who undertook a three-hour clinical session on Thursday and a one-and-a-half-hour administration session on Friday. The deputy safeguarding lead was the practice's clinical lead. The practice told us that the clinical lead would be undertaking some sessions in core hours at the practice from January 2020. However, specific days and hours were not clarified. Neither the safeguarding lead or deputy safeguarding lead were available on the day of the inspection and so we were unable to discuss how they managed their roles. We saw that local safeguarding policies and procedures included the names of the lead and the deputy as well as the designated safeguarding nurse at Hammersmith and Fulham Clinical Commissioning Group (CCG). At the inspection we spoke with a GP who knew who the safeguarding lead was but was not sure if the deputy lead was the clinical lead or the practice's managing partner. 2. At our previous inspection we found that safeguarding policies included out-of-date information in relation to safeguarding training requirements. At this inspection we found that the provider had reviewed and updated their policies, which included safeguarding training requirements. The practice told us that they were in liaison with the designated nurse safeguarding lead at Hammersmith and Fulham CCG in the review and ratification of the practice's safeguarding children and adult policies. The GP we spoke with on the day was able to demonstrate access to safeguarding policies through the practice's computer shared drive. 3. At our previous inspection the practice could not demonstrate that all staff had received appropriate safeguarding children and adult training relevant to their role. At this inspection we reviewed the training records of all clinical and non-clinical staff and found that all GPs had undertaken safeguarding children and adult training level 3 in the last 12 months. We saw that the safeguarding lead had undertaken level 3 safeguarding children training in February 2019 via an on-line training platform. It is expected that a safeguarding lead completes a minimum of 16 hours of level 3 training over a three-year period through a combination of e-learning and face-to-face. The lead was unavailable on the day and so we were unable to evidence if any further training had been undertaken. We saw that the healthcare assistant had undertaken level 3 safeguarding children and adult training, the practice manager had undertaken level 3 safeguarding children training and level 2 safeguarding adult training and all non-clinical staff had undertaken level 2 safeguarding children and adult training. 4. At our previous inspection we found that children and adults on the safeguarding risk registers were not regularly reviewed. At this inspection the practice provided evidence that a review of the vulnerable children and adults risk registers had been undertaken by the safeguarding lead in November 2019. We saw that there were 47 active patients on the vulnerable children register. We randomly reviewed nine cases and found that all clinical records were appropriately coded and flagged and the outcomes of the review had been documented. We saw that there were 10 active patients on the vulnerable adult register. We randomly reviewed three cases and found that all clinical records were appropriately coded and flagged and outcomes of the review had been documented. The GP we spoke with on the day of the inspection told us that safeguarding was discussed at monthly clinical meetings which were held on Thursday or Sunday. Minutes were made available to all staff and the GP demonstrated the minutes of a meeting held on 5 November 2019. 5. The practice told us they had contacted the practice's linked health visitor to invite them to practice safeguarding meetings. However, due to limited resources in the community health visiting team there had been no attendance at any of the practice's meetings. Staff we spoke with demonstrated 	

Safeguarding	Y/N/Partial
that they could access the health visiting team. The safeguarding lead was not available on the day of the inspection and so we could not verify if they had liaised with the health visiting team following the safeguarding children risk register review undertaken in November 2019.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes ¹
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial ²
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> At our previous inspection we found the provider could not demonstrate systems and processes were in place to ensure safe recruitment. At this inspection, we reviewed the employment records of all clinical and non-clinical staff and found that the provider could evidence recruitment documentation which included proof of identity, professional registration status, medical indemnity insurance and the inclusion of the national performers list. We saw that the provider maintained an overview of clinical and non-clinical staff immunisation status for tetanus, diphtheria, polio, chicken pox, hepatitis B and measles, mumps and rubella (MMR) in line with current guidance. We reviewed the recruitment files of two GPs recruited since our last inspection and saw that documentary evidence of immunisation status had been obtained at the point of recruitment. We saw that two members of the non-clinical team did not have a complete record. 	

Information to deliver safe care and treatment

The practice had reviewed and made improvements to systems and processes to enable staff to have the information they needed to deliver safe care and treatment.

	Y/N/Partial
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our previous inspection we found that there was no failsafe system for safety-netting cervical screening undertaken at the practice. The provider could not demonstrate how they ensured a result was received for each cervical screening sample sent for pathology. At this inspection the provider demonstrated they had implemented a system to check that a result had been received for all cervical screening undertaken. We looked at smears undertaken between July and November 2019 and saw that a result had been recorded for each smear undertaken. 	

Appropriate and safe use of medicines

The practice had reviewed and made improvements to systems and processes to manage prescription stationery

Medicines management	Y/N/Partial
Blank prescriptions were kept securely, and their use monitored in line with national	Yes

Medicines management	Y/N/Partial
guidance.	
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> At our previous inspection the provider could not demonstrate systems and processes in place to monitor blank prescription stationery in line with national guidance. At this inspection we saw that the practice had put a system in place to record the serial numbers of prescription stationery boxes upon receipt, which were stored securely. We saw evidence that when prescription stationery was allocated to a clinical room the serial numbers were logged. The provider told us that prescription stationery was not removed from the printers at the end of the day as all rooms were locked. Best practice guidance in NHS Counter Fraud Authority's 'Management and control of prescription forms: A guide for prescribers and health organisations (March 2018)' states that it is not advisable to leave stationery in printer trays when not in use or overnight. 	

Track record on safety and lessons learned and improvements made

The practice had reviewed and made some improvements to the systems and process to manage patient safety alerts.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> At our previous inspection the provider could not demonstrate a consistent and failsafe system for receiving, recording and acting on patient safety alerts. At that inspection we found that three patient safety alerts which were relevant to the practice population had not been acted upon and, where patient safety alerts had been acted upon and patient searches undertaken, there was no record of any action being taken to ensure patient safety. At this inspection we saw that the provider had initiated a process to log all patient safety alerts received. The provider demonstrated that they reviewed each patient safety alert for relevance, undertook patient searches, contacted patients and logged the outcomes. To review the process, we randomly selected eight patient records from patient searches undertaken for the three patient safety alerts highlighted as not being appropriately actioned at our previous inspection. We saw that the practice had reviewed each patient and took appropriate action which was recorded. We then randomly selected three patient safety alerts which had been received following our last inspection. We reviewed the clinical records of two patients and found that appropriate action had been taken. We saw that patient safety alerts had been discussed in clinical meetings held since our last inspection. 	

Effective

Rating: Not rated

At our previous inspection on 25 and 30 September 2019 we rated the provider as inadequate for providing effective care and a warning notice was issued as the provider could not demonstrate that:

- Clinical and non-clinical staff had up-to-date training which had been identified as core training.**
- Role-specific training had been undertaken by the practice nurse.**
- Role-specific training had been undertaken by the healthcare assistant.**
- Clinical protocols were in place for the healthcare assistant.**

- An appraisal had been carried out for a salaried GP.
- Formal clinical supervision or appraisal of the locum practice nurse or long-term locum GPs.
- A record of when all GPs had undertaken their NHS appraisal and revalidation.

Effective staffing

The practice had reviewed their systems and processes and made improvements to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Partial
Staff had access to regular appraisals and clinical supervision.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • At our previous inspection the provider could not demonstrate that all clinical and non-clinical staff had up-to-date core mandatory training identified by the practice. At this inspection we saw that the provider had identified safeguarding children, safeguarding adult, mental capacity act, basic life support, anaphylaxis, sepsis, fire safety, infection prevention and control and information governance as their core training. The provider told us this was undertaken on an annual basis. We reviewed the training records and certificates of all clinical and non-clinical staff and found that all staff had undertaken the core training within the last 12 months. We saw the provider maintained a training matrix of all core training. • At our previous inspection the provider could not demonstrate that role-specific training had been undertaken by the practice nurse. For example, asthma, chronic obstructive pulmonary disease (COPD) and contraception. At this inspection, the provider told us that the practice nurse no longer worked at the service. The provider told us that they had recently recruited another practice nurse who was due to commence sessions at the location in January 2020. The provider confirmed that the practice nurse would not commence until all appropriate core and role-specific training had been obtained. • At our previous inspection the provider could not demonstrate that role-specific training had been undertaken by the healthcare assistant which included immunisation, ambulatory blood pressure monitoring (ABPM), wound care and phlebotomy. At this inspection training certificates were provided for immunisation training undertaken in September 2019, ABPM training in August 2015, with an update via an e-learning platform undertaken in October 2019, wound care training undertaken in June 2015, with an update via an e-learning platform undertaken in June 2019, and phlebotomy training undertaken in November 2010. The practice told us the healthcare assistant assessed patients with asthma and diabetes but were only able to provide competency training for asthma undertaken on the practice's e-learning platform in December 2019 and diabetes training undertaken in December 2004, with update diabetes awareness training undertaken on the practice's e-learning platform in October 2019. The practice was not aware of the training frequency requirements for healthcare assistants delivering commissioned services through the out of hospital services (OOHS) initiative and could not provide any commissioning contract which outlined training requirements. The practice was not aware if training undertaken via their e-learning platform was sufficient training to maintain competency to deliver these services. The provider had not undertaken any training needs analysis or risk assessment in relation to this. The healthcare assistant was not available on the day of the inspection to verify 	

the extent of their clinical role and responsibilities and evidence any other relevant or recent training.

- At our previous inspection the provider could not demonstrate that clinical protocols were in place for the healthcare assistant. For example, immunisation, ambulatory blood pressure monitoring, wound care and phlebotomy. At this inspection a protocol handbook was provided which included phlebotomy, blood pressure and ABPM, immunisations, wound care and management, urine testing, over-75s health checks and the NHS health check. The healthcare assistant was unavailable on the day of the inspection and so we were unable to ascertain if the protocol handbook covered all aspects of their clinical responsibilities and how they referenced the document. This will be followed-up with the appropriate staff at our follow-up comprehensive inspection.
- The provider demonstrated that they had commenced some clinical supervision/peer teaching for the healthcare assistant which was led by one of the locum GPs. Topics of discussion included wound care, ABPM and spirometry. The provider had also undertaken a competency assessment of the healthcare assistant which had included wound care, phlebotomy and ABPM. The healthcare assistant and the locum GP delivering the clinical supervision/peer teaching and competency checks were unavailable on the day of the inspection. We were unable to discuss this further to determine what criteria the competency testing had used and how this was carried out. This will be followed-up with the appropriate staff at our follow-up comprehensive inspection.
- At our previous inspection the provider could not demonstrate that an appraisal had been carried out for a salaried GP. At this inspection we were told that the salaried GP has left the practice in October 2019.
- At our previous inspection the provider could not demonstrate formal clinical supervision or appraisal of the locum practice nurse or the long-term locum GPs, of which one had been at the practice since 2011. At this inspection the provider told us that the locum practice nurse no longer worked at the practice. The provider told us that they had commenced a performance appraisal and clinical supervision/peer teaching schedule for their locum GPs. The appraisals and clinical supervision were carried out by the clinical lead. We saw evidence of two performance appraisals undertaken in October 2019 for two long-term locum GPs and three clinical supervision/peer group meetings undertaken in September, October and November 2019. Topics included safeguarding, high risk medicines and patient safety alerts. The clinical lead was not available on the day of the inspection to discuss this in more detail.
- At our previous inspection the provider could not demonstrate a record of when all GPs had undertaken their NHS appraisal and revalidation. At this inspection we found a record of the appraisal and revalidation date for all GPs.

Well-led

Rating: Not rated

At our previous inspection on 25 and 30 September 2019 we rated the provider as inadequate for providing well-led safe care and a warning notice was issued as the provider could not demonstrate that:

- **Systems and processes were established and operated effectively to ensure compliance with the requirements to demonstrate good governance.**

Governance arrangements

The practice had reviewed their governance systems and processes and had made some improvements.

	Y/N/Partial
There were governance structures and systems in place.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our previous inspection we found that there was a lack of systems and processes established and operated effectively to ensure compliance with the requirements to demonstrate good governance. In particular, we found concerns around safeguarding, recruitment, prescription stationery, patient safety alerts, monitoring of cervical screening, effective staffing in relation to core and role-specific training, supervision, appraisal, and an overall lack of clinical monitoring and oversight to ensure safe and effective care. At this inspection we saw that the provider had made improvements to their system and processes around safeguarding, recruitment, prescription stationery, safety alerts and monitoring cervical screening. The practice was able to demonstrate that core training had been undertaken by all clinical and non-clinical staff and they had implemented an appraisal and supervision schedule for their clinical staff. However, the practice was unable to demonstrate that role-specific training for their healthcare assistant was appropriate and up-to-date to deliver clinical services specifically in relation to out of hospital services (OOHS). At our previous inspection the clinical lead did not undertake any clinical sessions at the practice and could not demonstrate adequate knowledge of systems and processes for the practice or the local health economy as they were based outside of the London area. At this inspection the provider told us that the clinical lead would commence some sessions within core hours from January 2020. 	