

# Parbold Surgery

## Inspection report

The Surgery  
The Green, Parbold  
Wigan  
Lancashire  
WN8 7DN  
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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?

Good 

Are services well-led?

Requires improvement 

# Overall summary

We carried out an announced comprehensive inspection at Parbold Surgery on 22 January 2019. We had previously inspected the practice in May 2018; this inspection had resulted in an overall rating of requires improvement. We issued the practice with a requirement notice for a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance). The full comprehensive report following the inspection in May 2018 can be found on our website here: <https://www.cqc.org.uk/location/1-583471641>.

We carried out our most recent inspection in order to ensure the practice had implemented appropriate improvements.

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.**

We rated the practice as **requires improvement** for providing safe services because:

- Although systems to manage and identify learning following incidents and near misses had improved, oversight was insufficient to ensure they were operating effectively. Incidents and associated learning were not logged in a timely manner and documentation was not always comprehensive enough to provide a clear description of what had happened.
- Risks were not always comprehensively mitigated, in particular in relation to recruitment processes.
- Actions following receipt of safety alerts were not always appropriate to fully mitigate risks to patients.

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

- We identified further gaps in the practice's governance arrangements, despite improvements being implemented to address specific concerns identified at our May 2018 inspection.

- Oversight of practice policies was lacking, for example the significant event policy was not being followed in practice, and the safeguarding policies contained outdated information.

However, we also found that:

- The practice had appropriately addressed concerns raised at our May 2018 inspection relating to the management of incoming correspondence and uncollected prescriptions.
- Patient feedback was strongly and consistently positive about the standard of care and treatment received.
- 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. Patients could access care and treatment in a timely way.

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

- Ensure that care and treatment is provided in a safe way.
- 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).

In addition, the provider **should**:

- Improve the identification of carers to enable this group of patients to access the care and support they need.
- An action plan should be generated following completion of the infection prevention and control (IPC) audit and health and safety risk assessments to ensure appropriate oversight of any required improvements.

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

**Professor Steve Field** CBE FRCP FFPH FRCGP  
Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and two additional CQC inspectors.

## Background to Parbold Surgery

Parbold Surgery (The Green, Parbold, Wigan, WN8 7DN) occupies purpose-built premises close to the centre of the village of Parbold. Ample car parking facilities are available outside the building. The practice provides services to a patient list of approximately 7000 patients via a general medical services contract with NHS England. It is part of the NHS West Lancashire Clinical Commissioning Group (CCG).

Male and female life expectancy (80 and 82 years respectively) for the practice population is slightly above local and national averages for males (both 79 years) and slightly below local and national averages for females (both 83 years). The practice's patient population consists of a slightly higher proportion of older people, with 25.1% being over the age of 65 (CCG average 22.1%, national average 17.2%), and 10.6% being over the age of 75 (CCG average 9.8%, national average 7.7%). The practice also caters for a higher proportion of patients with a long-standing health condition at 68.5%, compared to the CCG average of 57.7% and national average of 53.7%.

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

The practice is staffed by five GP partners (two female and three male). The GPs are supported by a practice nurse (female) and four health care assistants. The clinical staff are supported by a practice manager, office manager and a team of administration and reception staff.

The practice is a training practice for GP registrars.

Outside normal surgery hours, patients are advised to contact the out of hours service, offered locally by the provider Vocare.

The practice is registered with CQC to provide the regulated activities diagnostic and screening procedures, treatment of disease disorder and injury, maternity and midwifery services and surgical procedures.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found: The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the recruitment checks undertaken for locum GPs and newly appointed HCAs as well as arrangements for ensuring all clinical equipment was operating appropriately. The provider had a policy for significant events and incident reporting, but this was not being followed in practice. The system in place for managing significant events resulted in significant delays between an event occurring and the formal investigation and identification of learning. We also found policies which contained outdated information. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  The provider 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: Actions required on receipt of safety alerts had not been completed appropriately to address the risks posed. The provider could not demonstrate appropriate coding and recording of discussions for vulnerable patients was in place at the time of inspection. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.