

# Parkwood Surgery

## Quality Report

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Website: [www.parkwoodsurgery.nhs.uk](http://www.parkwoodsurgery.nhs.uk)

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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 service

Good



Are services safe?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkwood Surgery on 22 November 2016. The overall rating for this practice was good with the practice rated as requires improvement for safe as breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us and submitted an action plan outlining the actions they would take to meet legal requirements in relation to;

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 – safe care and treatment.

From the inspection on 22 November 2016, the practice were told they must:

- Ensure that appropriate infection control standards are maintained in all areas of the practice to reduce risks to patients and staff including infection control auditing.

In addition, the practice were told they should:

- Continue to monitor and support patients with caring responsibilities.

The full comprehensive report on the inspection carried out in November 2016 can be found by selecting the 'all reports' link for Parkwood Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 20 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified in our previous inspection on 22 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had assigned infection control responsibilities to a suitably trained and competent person.
- Appropriate standards of infection control were maintained throughout the building and improvements had been made to areas previously identified as of concern.

# Summary of findings

- The practice had been proactive in seeking support and guidance on infection control requirements from appropriate professionals. They had also provided additional training to staff to ensure new protocols were understood.
- The practice had developed systems to identify and support carers within their population. The practice had identified 315 patients as carers (approximately 1.8% of the total patient list) and had been awarded

the Carer's Gold Standard Award by the Herts Valley Clinical Commissioning Group for the work they had done to support carers. We saw that the practice had successfully established a walking group for patients; including carers and their dependants.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

At our comprehensive inspection on 22 November 2016, we identified a breach of legal requirement.

- The practice did not do all that was reasonably practicable to assess the risk of, and prevent, detect and control the spread of infections. They had failed to identify risks associated with infection control and the infection control audit undertaken was inaccurate.

During our focused follow up inspection on 20 June 2017 we found the practice had taken action to improve and the practice is rated as good for providing safe services.

- The practice had assigned infection control responsibilities to a suitably trained and competent person.
- Appropriate standards of infection control were maintained throughout the building and improvements had been made to areas previously identified as of concern.
- The practice had been proactive in seeking support and guidance on infection control requirements from appropriate professionals. They had also provided additional training to staff to ensure new protocols were understood.

**Good**



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

Following our comprehensive inspection on 22 November 2016 we rated the practice as good for the population group of older people. We did not review any evidence during our focused inspection to alter this rating.

Good



### People with long term conditions

Following our comprehensive inspection on 22 November 2016 we rated the practice as good for the population group of people with long-term conditions. We did not review any evidence during our focused inspection to alter this rating.

Good



### Families, children and young people

Following our comprehensive inspection on 22 November 2016 we rated the practice as good for the population group of families, children and young people. We did not review any evidence during our focused inspection to alter this rating.

Good



### Working age people (including those recently retired and students)

Following our comprehensive inspection on 22 November 2016 we rated the practice as good for the population group of working age people (including those recently retired and students). We did not review any evidence during our focused inspection to alter this rating.

Good



### People whose circumstances may make them vulnerable

Following our comprehensive inspection on 22 November 2016 we rated the practice as good for the population group of people whose circumstances may make them vulnerable. We did not review any evidence during our focused inspection to alter this rating.

Good



### People experiencing poor mental health (including people with dementia)

Following our comprehensive inspection on 22 November 2016 we rated the practice as good for the population group of people experiencing poor mental health (including people with dementia). We did not review any evidence during our focused inspection to alter this rating.

Good



# Parkwood Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The focused follow up inspection was undertaken by a CQC Inspector.

## Background to Parkwood Surgery

Parkwood Surgery provides a range of primary medical services, including minor surgical procedures and vasectomies from its location on Parkwood Drive, Warners End in Hemel Hempstead, Hertfordshire. The practice has two branch surgeries; Boxmoor Surgery on St John's Road, Boxmoor and Gadebridge Surgery on Galley Hill in Gadebridge. We did not inspect the branch surgeries during our inspection.

The practice serves a predominantly White British population of approximately 17,500 patients. The age distribution is largely in line with national averages with slightly higher proportions of males and females aged 50 to 59 years. The practice is located on the commuter belt to London and national data indicates the area is one of lower than average deprivation and low unemployment in comparison to England as a whole.

The clinical team consists of three male and four female GP partners, seven female salaried GPs, a lead practice nurse, three other practice nurses and a health care assistant. The team is supported by a practice manager, an assistant practice manager, a patient services manager and a team of administrative staff. The practice is undergoing a transition to 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 local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice is a training practice with three accredited GP trainers and one GP registrar. (A registrar is a qualified doctor training to practice as a GP). In addition the practice provides support to medical students training to be doctors and student nurses.

The practice operates from a two storey purpose built property and patient consultations and treatments take place on the ground level. There is car parking available outside the practice for staff and patients with designated disabled parking bays.

The Parkwood Surgery is open between 8am and 6.30pm Monday to Friday. Appointments are available daily from 8.30am. In addition, pre-bookable appointments are available from 7am on Tuesdays and Wednesdays. Extended hours appointments are also available until 8pm on Mondays and alternate Saturdays from 9am till 12pm. Both branch surgeries open from 8.30am till 12.30pm Monday to Friday.

The out of hours service is provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

## Why we carried out this inspection

We undertook a comprehensive inspection of Parkwood Surgery on 22 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

# Detailed findings

functions. The practice was rated as good. The full comprehensive report from the inspection on November 2016 can be found by selecting the 'all reports' link for Parkwood Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a focused follow up inspection of Parkwood Surgery on 20 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a focused follow up inspection of Parkwood Surgery on 20 June 2017. This involved speaking to the practice manager and a GP partner and reviewing evidence that:

- Effective systems and processes had been developed and were in place for managing and mitigating risks to patient and staff safety, in particular those relating to infection control.
- The practice had improved systems to ensure that audits were completed accurately, in particular those relating to infection control.
- The practice was actively working to identify and support carers within its patient population.

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that time

# Are services safe?

## Our findings

At our previous inspection on 22 November 2016, we rated the practice as requires improvement for providing safe services as the practice did not do all that was reasonably practicable assess the risk of, and prevent, detect and control the spread of infections. They had failed to identify risks associated with infection control and the infection control audit undertaken was inaccurate.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 20 June 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The GP was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice.

They were supported by the health care assistant and practice manager. There was an infection control protocol in place and staff had received up to date training.

- We saw that an infection control risk assessment and audit had been undertaken in June 2017 and were assured that these would be routinely carried out, monitored and reviewed annually or more frequently if needed.
- We saw evidence that action had been taken in response to the concerns identified during our previous inspection in November 2016. For example, the torn couch in the treatment room had been replaced, window blinds had been removed and the floor had been sealed to improve infection control standards. The practice demonstrated a proactive response to concerns previously identified and had liaised with appropriate professionals to ensure that infection control standards were met. We saw evidence that staff had received additional infection control training to ensure infection control compliance within the practice.