

# Park Surgery

## Inspection report

The Park Surgery  
Albion Way  
Horsham  
RH12 1BG  
Tel: 01403330266  
[www.parksurgery.com](http://www.parksurgery.com)

Date of inspection visit: 19 May 2022  
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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 responsive to people's needs?

Inspected but not rated



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Park Surgery between 17 May 2022 and 20 May 2022. Overall, the practice is rated as Requires Improvement.

The key questions are rated as:

Safe - Requires Improvement

Effective - Good

Responsive – inspected but not rated

Well-led – Requires Improvement

At our previous inspection in 2017 the practice was rated as good overall and good for providing safe, effective, caring, responsive and well-led services. The full reports for previous inspections can be found by selecting the ‘all reports’ link for Park Surgery 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 to follow up on information of concern.

## 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 site visit

## 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 found that:

- The practice, in most instances, provided care in a way that kept patients safe and protected them from avoidable harm.
- 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 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.
- The practice had implemented plans to address the results of feedback from staff and patient surveys.

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

- The monitoring and prescribing of patients' medicines, including those that were high risk, did not always demonstrate that patients had all the required healthcare monitoring.
- Action plans for health and safety, fire and legionella risks assessments, were not in place in the practice.

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

- Leaders had demonstrated that they had a credible strategy to develop sustainable care.
- However, at this inspection we identified concerns around clinical governance.
- Health and safety risk assessments were not always accurate and managed in a way that provided appropriate reassurances that actions had been taken.

We found breaches of regulations. The provider **must**:

- 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.

The provider **should**:

- Keep under review and act where necessary, to respond to patient feedback and experience on access to services.
- Continue to support the patient participation group (PPG) with patient engagement.
- Continue to build on the practice action plans, including staff engagement and communication strategies.
- Keep staffing levels under review.
- Continue and keep under review, the staff vaccination action plan in line with current UK Health and Security Agency (UKHSA) guidance, relevant to their role.
- Continue to monitor the uptake of cervical screening.

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

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## 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. A further CQC team inspector assisted with the site visit and staff interviews.

## Background to Park Surgery

Park Surgery offers general medical services to the population of Horsham and surrounding areas.

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

Services are delivered from:

The Park Surgery

Horsham

West Sussex

RH12 1BG

Park Surgery is situated within the West Sussex Clinical Commissioning Group (CCG) and provides services to approximately 24,000 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice has eight GP partners and is supported by 2 salaried GPs, locum GPs, two advanced nurse practitioners, six nurses, two healthcare assistants, a team of pharmacists and pharmacist technicians, and two paramedic practitioners. There is a practice manager and a team of reception and administrative staff.

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 ten represents the highest levels of deprivation and level one the lowest.

Opening hours are Monday to Friday 8am to 6:30pm. Extended hours pre-bookable appointments are available on Mondays between 6:30 to 8pm and Saturday between 9:30am and 1pm.

Out of hours services are provided via NHS 111.

For further details about the practice please see their website: [www.parksurgery.com](http://www.parksurgery.com)

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> <ul style="list-style-type: none"><li>• The practice did not have fully effective processes for monitoring patients' health in relation to the use of some medicines and the management of long-term conditions.</li><li>• The provider had not ensured the risks to service users, staff and visitors had been mitigated. In particular; responding to the outcome of risk assessments for fire, health &amp; safety and legionella.</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> <ul style="list-style-type: none"><li>• Health and safety risk assessments were not always accurate and managed in a way that provided appropriate reassurances that actions had been taken.</li><li>• Clinical governance processes did not always ensure appropriate responses to patient healthcare monitoring.</li></ul> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>