

# South Park

## Quality Report

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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

Requires improvement



Are services safe?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



# 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 South Park Surgery on 22 September 2016. During this inspection we found breaches of legal requirement and the provider was rated as requires improvement under the safe, caring and responsive domains. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for South Park Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Following this inspection the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:

- Reviewing and continuing to take action in addressing areas that are lower than average for patients with long term conditions in relation to local CCG and national averages.
- Reviewing access to appointments in line with patient feedback regarding this aspect and areas of patient satisfaction within the National GP Patient survey.
- Implementing and maintaining a recording system to track prescription forms and pads.

- Reviewing their recruitment process to ensure all pre-employment checks are completed before employment commences

Additionally we had found that:

- The practice needed to review their procedure for patients that do not respond to their invitation for cervical screening.
- The practice needed to review their procedure for patients that do not attend for breast or bowel cancer screening.
- The practice needed to continue in their attempt to obtain an electrical installation certificate for the practice building.

This inspection was an announced focused inspection carried out on 9 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is still rated as requires improvement. Our key findings were as follows:

# Summary of findings

- The practice was now complying with their practice recruitment policy and had obtained retrospective references for staff that were working within the practice. No new staff had started employment since our last inspection.
- The practice had reviewed their procedure for patients that had not attended for cervical, breast or bowel cancer screening. The practice now contacted these patients and invited them to contact the practice to discuss any concerns they may have. Data from 2015/16 showed the practice achieved similar results as recorded by both local Clinical Commissioning Group (CCG) and national averages for both breast and bowel cancer screening. The practice had achieved 70% for cervical cancer screening which was lower than both local CCG and national averages of 80% and 81% respectively.
- The practice had employed an external contractor to undertake an electrical installation assessment. This was undertaken in February 2017. There were identified areas of required work outstanding at the time of this inspection.
- There had been no update in the national GP patient survey since our last inspection and the practice had not undertaken any internal patient surveys. Evidence was seen on NHS choices of 10 reviews which were of mixed feedback.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Review access to appointments in line with patient feedback regarding this aspect and other areas of low patient satisfaction documented within the National GP Patient survey and detail their action plan to resolve these issues.

In addition the provider should:

- Continue to monitor patient reviews of those suffering long term conditions.
- Monitor their prescription form tracking process throughout the practice to ensure that this is adequate.
- Continue to monitor the procedure in place to ensure that patients invited to attend for cancer screening are contacted to assist in increasing their attainment level in line with both local CCG and national averages.

**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 previous inspection on 22 September 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk management required some improvements.

On our inspection of 9 March 2017 we found that:

- The practice had implemented a system for tracking prescription forms and pads throughout the surgery. However, it was seen that the process was not always adequate to track these effectively and evidence was seen following the inspection that the practice had enhanced their process.
- The practice had retrospectively obtained written references for staff employed at the practice. A new recruitment checklist was seen but the practice had not employed any additional staff since our previous inspection.
- The practice had engaged an external contractor to carry out a full risk assessment of their electrical installations. This was undertaken in February 2017. There were identified areas of required work outstanding at the time of this inspection.

Good



### Are services caring?

At our previous inspection on 22 September 2016, we rated the practice as requires improvement for providing caring services as the arrangements in respect of providing patient centred care required some improvements.

On our inspection of 9 March 2017 we found that:

- There was no updated information available from the national GP patient survey that could be used for this inspection. The action plan that was provided by the practice stated that there would be an action plan produced and that the practice manager would regularly check that the actions for the national GP patient survey were completed and maintained. No evidence was available at the inspection for any internal patient surveys and we were told that there had not been any undertaken. The action plan received from the practice documented that areas of low achievement would be acted upon and no evidence was available to demonstrate this.

Requires improvement



# Summary of findings

## Are services responsive to people's needs?

At our previous inspection on 22 September 2016, we rated the practice as requires improvement for providing caring services as the arrangements in respect of providing patient centred care required some improvements.

On our inspection of 9 March 2017 we found that:

- There was no new survey information available to be considered at this inspection in relation to satisfaction with access to appointments. Evidence was seen on the NHS Choices website of 10 reviews since our previous inspection. The feedback was mixed with five one star reviews, four five star reviews and one four star review left. The action plan received from the practice documented that areas of low achievement would be acted upon and no evidence was available to demonstrate this.

**Requires improvement**



# 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

The provider had not resolved all the concerns for providing caring and responsive services identified at our inspection on 22 September 2016 which applied to everyone using this practice, including this population group. Therefore the rating for this population group has not changed and remains as requires improvement.

Requires improvement



### People with long term conditions

The provider had not resolved all the concerns for providing caring and responsive services identified at our inspection on 22 September 2016 which applied to everyone using this practice, including this population group. Therefore the rating for this population group has not changed and remains as requires improvement.

Requires improvement



### Families, children and young people

The provider had not resolved all the concerns for providing caring and responsive services identified at our inspection on 22 September 2016 which applied to everyone using this practice, including this population group. Therefore the rating for this population group has not changed and remains as requires improvement.

Requires improvement



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

The provider had not resolved all the concerns for providing caring and responsive services identified at our inspection on 22 September 2016 which applied to everyone using this practice, including this population group. Therefore the rating for this population group has not changed and remains as requires improvement.

Requires improvement



### People whose circumstances may make them vulnerable

The provider had not resolved all the concerns for providing caring and responsive services identified at our inspection on 22 September 2016 which applied to everyone using this practice, including this population group. Therefore the rating for this population group has not changed and remains as requires improvement.

Requires improvement



# Summary of findings

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

The provider had not resolved all the concerns for providing caring and responsive services identified at our inspection on 22 September 2016 which applied to everyone using this practice, including this population group. Therefore the rating for this population group has not changed and remains as requires improvement.

**Requires improvement**



# South Park

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our team consisted of a CQC Inspector.

## Background to South Park

South Park Surgery is a practice offering personal medical services to the population of Reigate in Surrey. There are approximately 4,500 registered patients.

The practice population has a slightly higher number of patients between 0-19 and 35-49 years of age than the national and local CCG average. There are a similar number of patients with a longstanding health condition with 51% compared to the CCG average of 50% and national average of 54%. The percentage of registered patients suffering deprivation (affecting both adults and children) is higher than the average for the CCG area but lower than the average for England.

South Park Surgery has two male GPs. The practice is also supported by two practice nurses, one healthcare assistant, a team of administrative and reception staff and a practice manager. The surgery is run by Malling Health (UK) Limited, an organisation controlled by Integral Medical Holdings (IMH). There are concerns held by both practice staff and patients for the future of this surgery as the contract to run the practice expires in September 2017 having been extended for six months at the start of 2017. This affects the ability to make long term plans for the surgery.

We reviewed details of the practice registration held with the Care Quality Commission and noted that the practice was registered to undertake Diagnostic and screening procedures, Family planning and Treatment of disease,

disorder or injury. There was no registration for providing Maternity and midwifery services or Surgical procedures. The provider has been informed that this issue requires addressing.

The practice runs a number of services for its patients including asthma clinics, diabetes clinics, coronary heart disease clinics, child immunisation clinics, new patient checks and travel vaccines and advice.

Services are provided from one location:

South Park Surgery, 42a Prices Lane, Reigate, Surrey, RH2 8AX. The practice building is owned by a private individual and rented to the practice.

Opening hours are Monday to Friday 8am to 6.30pm.

During the times when the practice is closed arrangements are in place for patients to access care from IC24 which is an Out of Hours provider, this is accessed by patients calling NHS 111.

## Why we carried out this inspection

We undertook a comprehensive inspection of South Park Surgery on 22 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in September 2016 can be found by selecting the 'all reports' link for South Park on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of South Park Surgery on 9 March 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.



# Detailed findings

## How we carried out this inspection

During our visit we:

- Reviewed their system in place for tracking prescription pads and forms through the surgery.
- Reviewed the data available for reviewing patients with long term conditions.
- Reviewed the recruitment process.

- Reviewed the procedure in place to increase their uptake of breast, bowel and cervical cancer screening.
- Reviewed the information in relation to their electrical installation assessment.
- Reviewed patient satisfaction information.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, 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 September 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk management required some improvements.

At this inspection in March 2017 we found that the practice had engaged an external contractor to carry out a full risk assessment of their electrical installations throughout the practice.

Evidence was seen at this inspection that a system had been introduced to monitor the stock of hand written and computer generated prescription pads used in the practice. However, this was seen to not always be adequate as prescription forms were found in the treatment room printer that were signed out for a consulting room. The practice subsequently made enhancements to their system to improve this by having daily record forms for each room.

# Are services caring?

## Our findings

At our previous inspection on 22 September 2016, we rated the practice as requires improvement for providing caring services as the feedback in some areas of the national GP patient survey required some improvements.

There was no evidence available to demonstrate that these areas had improved when we undertook a follow up inspection on 9 March 2017. The practice is still rated as requires improvement for providing caring services.

For example, data published in July 2016 documented:

- The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care was 68% compared to the local CCG average of 84% and national average of 82%.

- The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern was 73% compared to the local CCG average of 88% and the national average of 85%.
- The percentage of respondents to the GP patient survey who stated the last GP they saw or spoke to was good at explaining tests and treatments was 73% compared to the local CCG average of 89% and the national average of 86%.

An action plan was received from the practice documenting that they would work upon areas that showed low satisfaction and produce an action plan within the practice to tackle these issues. No action plan was available at the time of this inspection and no internal practice surveys had been undertaken to ascertain whether patient's satisfaction levels had increased.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 22 September 2016, we rated the practice as requires improvement for providing responsive services as the feedback in some areas of the national GP patient survey required some improvements.

There was no evidence available to demonstrate that these areas had improved when we undertook a follow up inspection on 9 March 2017. The practice is still rated as requires improvement for providing responsive services.

For example, data published in July 2016 documented:

- The percentage of respondents to the GP patient survey who were 'very satisfied' or 'fairly satisfied' with their GP practice's opening hours was 63% compared to the local CCG average of 73% and the national average of 76%.

- The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area was 51% compared to the local CCG average of 82% and the national average of 80%.
- The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" was 44% compared to the local CCG average of 75% and the national average of 73%.

The action plan sent to us following the initial inspection documented that the practice would devise an action plan to address areas of low satisfaction. At the time of the focussed inspection no action plan addressing these issues was available and no practice patient surveys had been undertaken to demonstrate if there had been any increase in patient satisfaction.

This section is primarily information for the provider

## Enforcement actions

### 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 Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The practice could not demonstrate that there were effective measures in place to address the issues raised within the National GP patient survey regarding access to care and patient satisfaction and had not undertaken the steps they had documented within their action plan received after their previous inspection to address these issues.</li></ul> <p>This was in breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>