

# O'Flynn - Hampton Wick

## Inspection report

Tudor House  
26 Upper Teddington Road  
Kingston Upon Thames  
KT1 4DY  
Tel: 02089772638  
[www.hamptonwicksurgery.co.uk](http://www.hamptonwicksurgery.co.uk)

Date of inspection visit: 28 March 2022 and 1 April 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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive to people's needs?

Requires Improvement 

Are services well-led?

Inadequate 

# Overall summary

We carried out an unannounced inspection at O'Flynn Hampton Wick on 28 March 2022 and completed staff interviews and evidence collection until 1 April 2022. Clinical records reviews were carried out remotely on 28 March 2022. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective - Inadequate

Caring - Good

Responsive - Requires Improvement

Well-led - Inadequate

The full reports for previous inspections can be found by selecting the 'all reports' link for O'Flynn Hampton Wick on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Why we carried out this inspection

This inspection was a responsive comprehensive inspection to follow-up on concerns identified during our inspection of another service on the same premises on 16 March 2022.

## How we carried out this 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 short 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 Inadequate overall

We found that:

- The practice was not monitoring all patients on high risk prescription medicines as required.
- The practice was not reviewing or monitoring all patients with long-term conditions.
- Medication reviews were not always completed.
- The practice had no system in place to complete scheduled MHRA searches of its patients
- There were no premises risk assessments or health and safety checks or audits carried out or completed.
- There was no effective system for identifying, monitoring or communicating internally about vulnerable patients or safeguarding concerns.
- There were no consistent detailed minutes or records of clinical meetings being held between clinical staff.

# Overall summary

- There were no records or audits of staff surveys.
- There were no audits or records of patient survey analysis or feedback.
- There were no audits of complaints and some complaints had not been recorded as having had a response.
- Some staff did not have recruitment checks in place.
- Some staff had not had appraisals.
- Competency checks had not been completed for all staff.
- Staff told us that there were not enough staff to cope with the administration of the practice.
- Many clinical and non-clinical staff had failed to complete recommended training.
- Staff did not know how to safely use the clinical record system.
- There was poor governance of the entire service and little or no assurance of processes or systems had been completed.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that patients' assessments, care and treatment are provided effectively.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP  
Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team comprised of an inspection manager and a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to O'Flynn - Hampton Wick

O'Flynn – Hampton Wick, also known as Hampton Wick Surgery provides primary medical services in the London Borough of Richmond Upon Thames to approximately 10,000 patients. The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

The practice operates from one site. The surgery is a converted listed property over three floors. There is stepped and ramp access to the ground floor waiting area, reception desk and consulting rooms. The practice has eight consulting rooms. The ground floor comprises of consulting rooms and the administrative offices. The first floor facilities include more consulting rooms and an additional waiting area for extended access. Patients with mobility issues are offered appointments on the ground floor or lift access to the first floor.

The practice clinical team is made up of three GP partners (male and female), four salaried GPs (female and male), three practice nurses, one nursing associate, one pharmacist, one phlebotomist, one practice manager, two practice manager assistants and other non-clinical staff. The practice is a training practice. The practice offers 52 GP sessions per week. The practice opens between 8.00am and 6.30pm Monday to Friday. Appointments are available between 8:00am to 6:30pm Monday to Friday. Extended hours are available on from 6:30pm to 8:00pm every Wednesday. When the practice is closed patients can call NHS 111 in an emergency or a local out of hour's service. The practice is registered with the Care Quality Commission to provide the regulated activities of; maternity and midwifery service, treatment of disease, disorder or injury, family planning, diagnostic and screening procedures and surgical procedures.

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.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	We found you were failing to operate effective systems and processes to assess, monitor and improve the quality and safety of the services and mitigate risks to adequately protect patients, and others in carrying on the regulated activities.
Maternity and midwifery services	We found you did not have effective systems for the safe and proper management of medicines. We found patients prescribed high risk medicines, and patients with long term conditions were not monitored in line with guidelines.
Surgical procedures	We found you did not have an effective system or process for ensuring all alerts (including historic alerts) from the Medicines and Healthcare Products Regulatory Agency (MHRA) and patient safety alerts were discussed, shared and actioned.
Treatment of disease, disorder or injury	We found the provider did not have effective systems in place to monitor staff training or for managing staff recruitment files and staff information.
	You did not have a process in place to audit your safeguarding patients and not all staff had completed safeguarding training.
	There were no health and safety risk assessments, infection control audits or COVID risk assessments in place for the premises.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	We found there was no clear leadership and oversight of governance systems and processes.
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

## Enforcement actions

We found you were failing to operate effective systems and processes to assess, monitor and improve the quality and safety of the services and mitigate risks to adequately protect patients, and others in carrying on the regulated activities.

Information relating to the governance of the service to assess, monitor and improve the quality and safety of the service and to mitigate risks to the health, safety and welfare of service users was not readily available. This included site safety information and staff recruitment, ongoing staff checks and training information.

The system to manage complaints was not effective. The practice could not demonstrate they had audited or responded to complaints appropriately.

There was insufficient evidence of learning and development as the practice had minimal quality assurance processes in place.

Leaders had failed to ensure the safety of staff and patients. Leaders had not followed their own internal policies regarding COVID, infection control and health and safety throughout the pandemic.

We found you did not have an effective system or process for ensuring all alerts (including historic alerts) from the Medicines and Healthcare Products Regulatory Agency (MHRA) and patient safety alerts were discussed, shared and actioned.