

O'Flynn - Hampton Wick

Inspection report

Tudor House
26 Upper Teddington Road
Kingston Upon Thames
KT1 4DY
Tel: 02089772638
www.hamptonwicksurgery.co.uk

Date of inspection visit: 24 November 2022
Date of publication: 23/01/2023

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?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at O’Flynn Hampton Wick on 22 and 24 November 2022. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective - requires improvement

Caring - good

Responsive - requires improvement

Well-led - requires improvement

Following our previous inspection on 28 March 2022, the practice was rated inadequate overall and for the safe, effective and well-led key questions. This resulted in breaches of regulations 12 and 17. We asked the provider to make improvements regarding the following areas:

- 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.
- 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.
- 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.

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

Why we carried out this inspection

We carried out this inspection to follow up concerns and breaches of regulations 12 and 17 from our last inspection in March 2022.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

Overall summary

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- 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 found that:

- The practice had a system in place to monitor and action safety alerts but it was not completely robust or effective.
- The practice was not always monitoring all patients on high risk prescription medicines as required.
- The practice was not always reviewing or monitoring all patients with long-term conditions.
- The practice retained records for all of its patients with do not attempt resuscitation (DNARs). However, the practice did not have records of the mental capacity assessments or best interests considerations.
- The practice was still improving its access for patients.
- There were premises risk assessments and health and safety checks audits carried out and completed.
- There was an effective system for identifying, monitoring or communicating internally about vulnerable patients or safeguarding concerns.
- There were consistent, detailed minutes of clinical meetings being held between clinical staff.
- There were records and audits of staff and patient surveys, feedback and complaints.
- Recruitment checks had been completed for all staff.
- All staff had completed recommended training.
- Staff knew how to safely use the clinical record system.
- There was organised governance of the entire service with assurance processes and systems in place.
- 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 way the practice was led and managed promoted a caring culture.

We found a breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.

The provider **should**:

- Improve its record keeping concerning mental capacity assessments and best interest considerations for patients who lack capacity.
- Continue to improve its cancer screening statistics.

Overall summary

This service was placed into special measures following the last inspection in March 2022. The service made sufficient improvements so that it will now be taken out of special measures.

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 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.

Background to O'Flynn - Hampton Wick

O'Flynn Hampton Wick is located in Kingston Upon Thames at:

Hampton Wick Surgery

Tudor House

26 Upper Teddington Rd

Kingston upon Thames

KT1 4DY

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

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning 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 always monitored in line with guidelines.
Maternity and midwifery services	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	This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.