

# Little Park Surgery

## Inspection report

281 Hounslow Road  
Hanworth  
Feltham  
Middlesex  
TW13 5JG  
Tel: 02088946588  
[www.littleparksurgery.co.uk](http://www.littleparksurgery.co.uk)

Date of inspection visit: 11 May 2018  
Date of publication: 03/07/2018

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

Are services well-led?

# Overall summary

We did not review the ratings awarded to this practice at this inspection.

We carried out an announced comprehensive follow up inspection of Little Park Surgery on 19 October 2017. We rated the practice as inadequate for safe and well-led services, requires improvement for effective, and responsive and good for caring. In line with our enforcement procedures we issued a warning notice in relation to regulation 17: Good Governance of the Health and Social Care Act 2008. The full comprehensive report on the October 2017 inspection can be found by selecting the 'all reports' link for Little Park Surgery on our website at .

This inspection was an announced focused inspection carried out on 11 May 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 19 October 2017. This report covers our findings in relation to those requirements made since our last inspection.

At this inspection on 11 May 2018 we found that actions had been taken to improve the provision of well-led services in relation to the warning notice.

Specifically:

- The practice had ensured that all staff were aware of the safeguarding leads in the practice and the processes they would follow if they had safeguarding concerns.
- All policies and procedures were updated and staff were aware of how to access them.
- The practice had ensured relevant staff were trained on using the practice's computer system effectively.

- The practice were able to demonstrate their monitoring of medicines reviews for patients with long term conditions was effective.
- The practice were able to demonstrate that confidential patient information was stored securely.
- The practice had reviewed a system for monitoring equipment expiry dates and stock control and this was being followed.
- The practice had systems to respond to negative feedback relating to access to the service.
- The practice had reviewed its systems to assess, monitor and mitigate fire safety risks.
- The practice had carried out the outstanding staff appraisals and a system had been introduced of ensuring they were not missed.
- The practice were able to demonstrate they had a system in place for recording, handling and responding to complaints.

Our inspection on 11 May 2018 focussed on the concerns giving rise to a warning notice being issued on 15 December 2017. We found that the provider had taken action to address the breaches of regulation set out in the warning notice. However, the current rating will remain until the provider receives a further comprehensive inspection to assess the improvements achieved against all breaches of regulation identified at the previous inspection.

The comprehensive report of the 19 October 2017 inspection which was published on 1 February 2018 should be read in conjunction with this report.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

## Our inspection team

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

## Background to Little Park Surgery

Little Park Surgery is located in Feltham in the London Borough of Hounslow, and provides a general practice service to around 6200 patients from a converted building. The practice has a General Medical Services (GMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations.

The practice has two GP partners, three salaried GPs and two trainee GPs at the practice. Four GPs are male and three female, who work a total of 32 sessions. The practice employs two practice nurses, a health care assistant and a phlebotomist. The practice manager is supported by a reception manager, a team of administrative and reception staff.

Little Park Surgery is a training practice, where a doctor who is training to be qualified as a GP has access to a senior GP throughout the day for support.

Regulated activities are delivered to the patient population from the following address:

281 Hounslow Road

Feltham

Hounslow

Middlesex

TW13 5JG

The practice has a website that contains comprehensive information about what they do to support their patient population and the in house and online services offered:

Website: [www.littleparksurgery.co.uk](http://www.littleparksurgery.co.uk)

The practice was open between 8:00am - 6:30pm Tuesday – Fridays. On Mondays the practice offers extended hours between 6.30pm and 9pm. The practice offers a range of scheduled appointments to patients every weekday from 8.30am to 5pm including open access appointments with a duty GP throughout the day.

The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website. The age profile of the practice population is broadly in line with the CCG averages.

We undertook a comprehensive inspection of Little Park Surgery on 19 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate. The full comprehensive report following the inspection on 19 October 2017 can be found by selecting the ‘all reports’ link for Little Park Surgery on our website at .

We undertook a follow up focused inspection of Little Park Surgery on 11 May 2018. This was to follow-up on a warning notice the Care Quality Commission served following the announced comprehensive inspection on 19 October 2017. The warning notice, issued on 7 March 2018, was served in relation to regulation 17: Good Governance of the Health and Social Care Act 2008. The timescale given to meet the requirements of the warning notice was 27 March 2018.

# Are services well-led?

At our previous inspection on 19 October 2017, we issued a warning notice for good governance as the arrangements in respect of being a well-led service were in breach of regulation.

Specifically we found:

- The provider was failing to monitor specific areas such as safety alerts, infection control procedures, recruitment checks and periodic analysis of the significant events and complaints to identify any themes were not managed appropriately.
- The practice was unable to demonstrate they had an effective system for the monitoring of stock control, equipment expiry dates, access to the service and the management of complaints. Protocols for checking stocks levels and equipment were in place but were not being followed.
- Most clinical and non-clinical staff had not received an annual appraisal. The practice was required to review and improve the system in place for reviewing patients medicine who had long term conditions. The practice was required to improve patients 'confidentiality. The practice had not carried out fixed electrical installation checks and there was no evidence available to demonstrate that the legionella risk assessment had been carried out by a competent person.
- Practice specific policies were available. However, most policies did not include the name of the author and they were not dated so it was not clear when they were written or when they had been reviewed. Some staff we spoke with were unable to access them. Most non-clinical staff we spoke with was not aware who the safeguarding lead was in the practice.
- The practice did not have a rolling programme of audits in place.
- The practice was unable to demonstrate that they had actively engaged with the patient participation group (PPG).

At our inspection on 11 May 2018 we reviewed the requirements of the warning notice and found the provider had made improvements to the provision of well-led services in relation to the warning notice.

Specifically:

- During this inspection we saw that the practice had reviewed their protocol for managing stock control and

expiry dates on all stocks. The nurses were responsible for ensuring all stocks and equipment were checked to ensure they were fit for use. We saw that various logs of checks were being completed. Other staff members apart from the nurses were also being trained to be able to check the stocks in the absence of nursing staff. A non-clinical staff had been trained to undertake and document weekly checks of all stocks in clinical rooms to ensure they were sufficient stocks and equipment that was fit for use. All stock were within date.

- The practice had reviewed their systems of areas such as safety alerts, infection control procedures, recruitment checks and periodic analysis of the significant events and complaints.
- 1) The practice had reviewed their system of receiving safety alerts. We saw that these were received by specific staff, who monitored that all appropriate and relevant action had been taken.
- 2) We saw evidence that the practice had reviewed their infection control procedures. All staff had received infection control training. We saw that the nurses were taking a lead in undertaking infection control audits including a handwashing teaching audit check being completed.
- 3) The practice had reviewed their recruitment policy to ensure it adhered to the specific requirements of the recruitment process. Since our last inspection the practice had not employed any new staff. However we saw evidence that the practice had received a DBS check for a staff member that had been missing during our last inspection and they had updated all files with the necessary documents
- 4) We saw that the practice had a policy and was monitoring all significant events and complaints to identify any trends or themes. We saw that there had been an annual review of significant events and complaints an annual reviewing meeting.
- The practice demonstrated that they had carried out appraisals for clinical and non-clinical staff. The practice had also updated their policies and as such had chosen the months of January and February as the regular times for completing appraisals to ensure appraisals were completed consistently. The practice has also improved on their record keeping to ensure the keep both paper and electronic copies for documents including appraisals.

# Are services well-led?

- We found that the practice had reviewed and improved the system in place for reviewing the medicines for patients who had long term conditions. The practice was working to ensure all clinicians completed the relevant process when the medicines reviews were undertaken to ensure their data was accurate. We reviewed a set of ten patient records for patients with long term conditions. We found that the records indicated that all the necessary reviews of medicines had taken place. We also saw evidence that the practice were conducting on-going searches to check on how well they were reviewing patients with long term conditions. We saw that these results were discussed at monthly meetings. The practice was also working with the local primary care team to ensure all patients with long term conditions were invited for reviews using the Month of birth system.
- During our inspection we observed that all patient confidential information was kept safe and secure. The practice had introduced a clear desk policy. This ensured all information was kept secure. We also saw that all staff had read and signed the practices confidential policy. The practice had also developed a system of checking staff understanding and adherence to the practices confidentiality policy during regular skills checks. The nursing staff have also adjusted their recall system to ensure that no patient identifiable data is displayed and that all relevant information is stored securely out of sight and reach of patients.
- During our inspection, the practice were able to demonstrate that fixed electrical installation checks had been completed by registered external specialists. We also saw that an updated Legionella risk assessments had been carried out.
- We observed that practice policies had been updated to include the names of the author/ dates written and when they would be reviewed. The practice kept both electronic and paper copies. Staff we spoke with were able to explain to us how they would access the policies via the shared drive and the location of the hard copies. The practice manager and staff all confirmed how they were informed of any updates to the policies. We also spoke to staff and they were able to explain to us who the leads for specific areas in the practice were including safeguarding leads. We saw that the practice had published and clearly demonstrated information for staff relating to the different leads within the practice. The practice had also undertaken a staff away day, where awareness of clinical leads and roles at the practice had been discussed.
- We saw that the practice had introduced a rolling program of two -cycled clinical audits. During this inspection we saw an example of a completed two cycle audit.
- During this inspection we saw evidence that the practice were doing everything possible to engage with the Patient Participation Group (PPG). We saw evidence of meetings with the PPG with information on future dates displayed on the practices website.
- We saw that Friends and Family questionnaires were currently being sent through MJog which is an electronic system. All the results were available electronically and in a hard copy version. The practice were analysing the results and responding appropriately.