

# Dr Ravinder Kooner

## Quality Report

Cole Park Surgery  
224 London Road  
Twickenham  
Middlesex  
TW1 1EU

Tel: 020 8892 2737

Website: <http://www.coleparksurgery.nhs.uk>

Date of inspection visit: 5 December 2017

Date of publication: 11/01/2018

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

Overall rating for this service

Good



Are services safe?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to Dr Ravinder Kooner	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7
Action we have told the provider to take	8

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Ravinder Kooner on 24 March 2016. The overall rating for the practice was good. However, the practice was rated as requires improvement for providing safe services. This was because the provider did not have a defibrillator available at the practice or an appropriate risk assessment to indicate how they would deal with a medical emergency; there was no practice policy or clear system in relation to safeguarding vulnerable adults and the practice did not have a range of health and safety risk assessments for the premises.

The full comprehensive report can be found by selecting the 'all reports' link for Dr Ravinder Kooner on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focussed inspection carried out on 5 December 2017 to confirm that the practice had met the legal requirements in relation to the breach in regulation 12 that we identified in our previous inspection on 24 March 2016. No action plan was sent following the breach in legal requirements. This report covers our findings in relation to those requirements and also where additional improvements have been made.

Overall the practice is rated as good. However, the practice was still found to be requires improvement for providing safe services.

Our key findings were as follows:

- The practice had access to an automated external defibrillator (AED) for use in medical emergencies.
- The practice had a policy for safeguarding vulnerable adults, but the process for escalating concerns was unclear. Non-clinical staff had received training appropriate to their roles, but three GPs had not undertaken safeguarding adults training to the required level 2.
- The practice had completed a fire risk assessment but actions had not been completed.
- The practice did not have other appropriate risk assessments to keep people safe; including health and safety of the premises, hazardous substances and legionella.
- Quality and Outcomes Framework (QOF) exception reporting rates for patients with mental health and dementia had improved. Results for 2016/17 demonstrated exception reporting was in line with local and national averages.

# Summary of findings

**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?**

The practice is rated as requires improvement for providing safe services.

The practice had access to an automated external defibrillator (AED) for use in medical emergencies. There was a fire risk assessment in place, but no other assurances that risk had been assessed for health and safety, hazardous substances and legionella. Issues identified from the fire risk assessment had not been addressed. The practice had a policy in place for safeguarding adults, however the process for escalating safeguarding adults concerns was not clear. Three GPs had not received training for safeguarding adults to the required level 2.

**Requires improvement**



# Dr Ravinder Kooner

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector.

## Background to Dr Ravinder Kooner

Dr Ravinder Kooner, also known as Cole Park Surgery, is located in the London Borough of Richmond Upon Thames and is a member practice of Hounslow Clinical Commissioning Group (CCG). The practice has a patient list size of approximately 3300 patients. The practice is situated in an area which is classified as the fourth most deprived decile. The majority of the patients within the practice are either young or of working age. A small percentage of patients are aged between 65 and 85.

The practice is located on the ground and first floor of a converted residential property with wheelchair access. There are five consulting rooms and a room for baby consultations. There are three toilets; two for patients with disabled access, on each floor and another for staff.

Clinical staffing includes the lead GP and partner, one salaried GP, two regular locum GPs, a locum nurse practitioner and two regular locum nurses. The team also includes two health care assistants. The clinical team are supported by four reception staff, a secretary and a part-time practice manager

The practice is open between 08:30am – 6:00pm Monday – Thursday. Appointments are available from 8:30am – 6:00pm. The practice is open between 8:30am – 4:30pm, on Friday; appointments are available from 8:30am –

4:30pm. Extended surgery hours are offered from 6:00pm – 8:30pm every Tuesday. When the practice is closed patients can call NHS 111 in an emergency or a local out of hour's service.

The service is registered with the Care Quality Commission to provide regulated activities of diagnostics and screening services, treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services and family planning.

The service is planned to integrate with another local GP practice in Hounslow CCG from 1 January 2018, so the premises will be vacated and staff and patients will transfer to the new provider. The current provider will no longer be registered with the Care Quality Commission.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Ravinder Kooner on 24 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and they were rated as requires improvement for providing safe services. A requirement notice was issued in relation to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The full comprehensive report following the inspection on 24 March 2016 can be found by selecting the 'all reports' link for Dr Ravinder Kooner on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focussed inspection of Dr Ravinder Kooner on 5 December 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

We carried out a focused follow- up inspection of Dr Ravinder Kooner on 5 December 2017. This involved reviewing evidence that:

- The practice could demonstrate that they were able to adequately respond to a medical emergency that required defibrillator.
- The practice had clear systems and processes in place for safeguarding vulnerable adults and staff had received relevant training.
- There were appropriate risk assessments available to keep people safe; including fire, health and safety of the premises, hazardous substances and legionella.
- Quality and Outcomes Framework (QOF) exception reporting rates for patients with mental health and dementia had improved.

# Are services safe?

## Our findings

At our previous inspection on 24 March 2016, we rated the practice as requires improvement for providing safe services as the practice did not have adequate assurances that they could respond to an emergency requiring a defibrillator. The practice did not have a defibrillator available on the premises. We found that the practice did not have risk assessments in place for fire, health and safety, hazardous substances and legionella. There were no processes in place for safeguarding vulnerable adults and staff had not received training.

During the inspection on 5 December 2017, we found that the practice had not addressed some of the issues identified at the previous inspection. As a result, the practice is still rated as requires improvement for providing safe services.

### Overview of safety systems and processes

The practice had a policy in place for safeguarding adults, however the process for escalating safeguarding adults concerns and whether action should be taken was not clear.

We found a number of different contact details for local health and social care safeguarding teams in the reception area and it was not clear which should be used to raise concerns urgently. Non-clinical staff had received safeguarding adults training appropriate to their roles, however three GPs had not undertaken safeguarding adults training to the required level 2.

### Monitoring risks to patients

The practice had employed an external company to carry out a fire risk assessment on 28th November 2017. No other fire risk assessment had been undertaken since the previous inspection in March 2016. The fire risk assessment resulted in a number of highlighted risks including: no fixed electrical wiring check of the premises; combustibles stored in an upstairs room; no updated fire training for staff, and no fire drills since March 2016 and no log of fire drills.

No action had been taken following the fire risk assessment. Additionally we found that the practice did not carry out regular fire alarm checks, however an external company had reviewed the working status of the fire alarm in November 2017. Fire equipment including extinguishers were checked annually. There was a fire procedure visible in the practice but the practice did not have a fire policy and staff were not clear who the fire marshals were for the practice.

We found that the practice did not have other risk assessments in place for the premises to keep people safe. There was no policy or assessment of risk for Legionella (bacteria found in water systems) and as a result, regular actions were not performed in the practice to manage legionella risk. However, the practice did carry out annual water sampling using an external company; the last testing was 12 months previously which showed no legionella presence.

The practice did not have a policy or a risk assessment in place for the control of substances hazardous to health. During the inspection we noted that cleaning products were stored securely in a staff toilet which was not accessible to the public.

The practice had not reviewed the health and safety of the premises and carried out a risk assessment of all practice areas. Staff did not receive update training for health and safety at work.

There was no record of an asbestos assessment for the premises which was an older converted residential building.

### Arrangements to deal with emergencies and major incidents

Since the previous inspection, arrangements had been made so that the practice had access to an automatic external defibrillator (AED) for use in medical emergencies, which had been calibrated. Weekly checks were recorded for the working status of the defibrillator.

## 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The provider had not ensured that appropriate risk assessments had been carried out for the premises including health and safety, legionella and control of substances hazardous to health.</li><li>• The provider had not carried out actions identified in the fire risk assessment to ensure that risks to staff and patients had been mitigated.</li><li>• The provider had not ensured that the safeguarding adults procedure for the practice provided clear guidance for staff. Three GPs had not received safeguarding adults training to the required level.</li></ul> <p>This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>