

Central Park Surgery

Inspection report

Harold Hill Health Centre
Gooshays Drive, Harold Hill
Romford
Essex
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Date of inspection visit: 6 November 2019 to 6
November 2019
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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

Good 

Are services effective?

Good 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced well led focused inspection at Central Park Surgery

on 6 November 2019. We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions effective and well led. The inspection included all of the population groups in effective.

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 good overall and good for effective, requires improvement for Well-led and good for all the population groups.

We rated the practice as requires improvement for providing well-led services because:

- The practice had not addressed the performance issue of patient's telephone access.
- The practice had not fully involved the public, staff and external partners to sustain high quality and sustainable care and had they had not always responded to patient feedback.

We rated the practice as **good for effective and all the population groups because**

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- 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 the delivery of good, person-centre care.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Whilst we found no breaches of regulations, the provider **should**:

- Continue to ensure the immunisations rates meet target of the World Health Organisation (WHO) targets.
- Continue to ensure the rate take up of cervical smears meeting the National target.

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

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC lead inspector who was supported by a GP specialist advisor.

Background to Central Park Surgery

Central Park Surgery is located at

Harold Hill Health Centre
Gooshays Drive, Harold Hill
Romford
Essex
RM3 9SU

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Central Park Surgery is situated within the Havering Clinical Commissioning Group (CCG) and provides services to 7,341 patients under the terms of general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a GP partnership who registered with the CQC in 2013. The practice had two full time female GPs

and one part time male GP. They were supported by an advanced nurse and a advanced pharmacist practitioners. In addition, the practice had a practice nurse and a healthcare assistant. The full-time practice manager was responsible for the management of nine administration staff.

The National General Practice Profile states that 86% of the practice population is from a white background with a further 14% of the population originating from black, Asian, mixed or other non-white ethnic groups.

Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Male life expectancy is 77 years compared to the national average of 79 years. Female life expectancy is 82 years compared to the national average of 83 years.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- How the regulation was not being met
- The practice had not addressed the performance issue of patient's telephone access.
- The practice had not fully involved the public, staff and external partners to sustain high quality and sustainable care and had they had not always responded to patient feedback.