

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: 20 May 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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced inspection at Hampton Wick O'Flynn on 20 May 2022.

Why we carried out this inspection

This inspection was undertaken to confirm that the practice had carried out their plan to meet the legal requirements set out in warning notices we issued to the provider in relation to regulation 12 Safe care and treatment and regulation 17 Good governance.

At the last inspection in April 2022 we rated the practice as Inadequate overall. This will remain unchanged until we undertake a further full comprehensive inspection.

How we carried out the 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:

- 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 provider had mostly complied with the warning notices we issued and had taken the action needed to comply with the legal requirements.
- We found that patients who were treated with medicines that required additional monitoring had received, or were due to receive the appropriate blood tests and follow up in line with safe prescribing guidelines.
- The practice had reviewed and improved systems to manage patient safety alerts. Records we checked showed that alerts were actioned appropriately.
- The practice had reviewed and improved their systems to manage patients with long term conditions.
- The practice had reviewed and improved processes to effectively manage recruitment files and staff training information.
- The provider had reviewed systems to ensure relevant premises risk assessments were being completed and necessary actions being taken.

Overall summary

- The provider was able to demonstrate that all staff had the skills, knowledge and experience to carry out their roles and they had implemented a system to provide clinical supervision to non-medical prescribers.
- The provider had reviewed and improved systems to manage complaints and demonstrated complaints had been responded to appropriately.
- The provider had reviewed governance arrangements and implemented new governance processes and structures to enable them to deliver safe and effective care. Where we identified that processes had not been fully embedded, we discussed these with the provider during the inspection.
- The provider had correctly coded all relevant patients with do not attempt cardiopulmonary resuscitation (CPR) codes but still needed to ensure all forms were compliant with legislation and best interests for patients who lacked capacity.

Whilst we found no breaches of regulations. The provider **should**:

- Continue to review, improve and embed newly implemented systems and processes. For example, systems to manage staff information, high risk medicines and the coding of records.
- Ensure all staff have completed equality and diversity training
- Ensure that all do not attempt CPR forms are compliant with legislation and consider patient best interests if they lack capacity.

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 who spoke with staff and undertook a site visit. The team included a GP specialist advisor who completed clinical searches and records reviews without visiting the location.

Background to O'Flynn - Hampton Wick

O'Flynn – Hampton Wick is located in Hampton at:

Hampton Wick Surgery

Tudor House

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. It is situated in South West London Clinical Commissioning Group 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 the extended access service operated by a different provider. 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.