Kingfisher Medical Centre

Quality Report

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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 service	Good
Are services effective?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingfisher Medical Centre on 1 June 2016. The overall rating for the practice was good. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Kingfisher Medical Centre on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 4 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 1 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- There had been an increase in quality improvement activity. The number of audits carried out had increased, and two had been completed to check that improvement had been made.
- A new staff member had received an induction and the three staff members' files we checked had received annual appraisals.
- The five staff members' files we checked had received the essential training for their role. Some of the training we recommended had been undertaken only recently.
- Action had been taken on all of the areas we identified for improvement. This included the identification of patients with caring responsibilities. The practice sent us evidence of new posters in the practice premises and on the website. The number of carers identified had increased from 35 to 37. This was still under 1% of the practice list.

There were some areas where the provider should continue to make improvements.

The provider should:

- Continue to develop the quality improvement programme, completing audits to confirm that improvements have been made and sustained.
- Develop an effective system to ensure that all training is undertaken and updated at recommended intervals.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

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 effective?

Good

- There had been an increase in quality improvement activity. The number of audits carried out had increased, and two had been completed to check that improvement had been made.
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- The five staff members' files we checked had received the essential training for their role. Some of the training we recommended had been undertaken only recently.

Kingfisher Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector.

Background to Kingfisher Medical Centre

Kingfisher Medical Centre has two surgeries: Kingfisher Medical Centre and Surrey Docks Health Centre in Lewisham, south London. Patients can visit either location and the same staff (apart from one receptionist) work at both surgeries. Both buildings are purpose-built. The Surrey Docks Health Centre building also houses another GP practice and a number of community services. Although parking is limited at both sites, the area is well-served by public transport.

Two doctors work permanently at the practice: one male and one female. They are both partners. There is one GP who works as a regular locum (who is male). Not all of the GPs work full-time. Full time doctors work eight sessions per week. The practice has 18 GP sessions per week.

There is one female practice nurse who works part-time (20 hours per week).

The practice is open for telephone calls (at both locations) from 8.00am to 6.30pm Monday to Friday. Reception is open from 8.30am to 6.30pm.

Appointments are available from 9am to 12.30pm and 3.30pm to 6.30pm Monday to Wednesday. On Thursday appointments are available from 9am to 12.30pm, and on Friday from 9am to 12.00pm and 3.30pm to 6pm. Appointments are also available from 6.30pm to 7.30pm on Monday evenings. When the practice is closed cover is provided by a local out-of-hours care provider.

There are approximately 4682 patients at the practice. Compared to the England average, the practice has more young children as patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 20 – 49, and many fewer patients aged 50+ than at an average GP practice in England.

Life expectancy of the patients at the practice is in line with CCG and national averages. The practice population scores highly on national measures of deprivation: with a score of three out of ten (with one being the most deprived), and high scores on measures of income deprivation affecting older people and children. Compared to the English average, many more patients are unemployed.

The practice has large number of patients who moved to London from Vietnam in the mass emigrations of the the 1970s and 1980s, and who speak Vietnamese as their first language.

The practice holds a General Medical Service (GMS) contract and is registered with the CQC to provide diagnostic and screening procedures, maternity and midwifery services, surgical procedures, treatment of disease, disorder or injury. The practice is based in the Lewisham Clinical Commissioning Group area.

Why we carried out this inspection

We undertook a comprehensive inspection of Kingfisher Medical Centre Kingfisher Medical Centre on 1 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was

Detailed findings

rated as good overall, but requires improvement for providing effective services. The full comprehensive report following the inspection in June 2016 can be found by selecting the 'all reports' link for Kingfisher Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Kingfisher Medical Centre on 4 April 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.

How we carried out this inspection

We carried out a desk-based focused inspection of Kingfisher Medical Centre on 4 April 2017. This involved reviewing evidence that action had been taken on all of the areas we identified for improvement, including that:

- Quality improvement work had increased in scope and depth.
- Staff had received induction, appraisal and appropriate training.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 1 June 2016, we rated the practice as requires improvement for providing effective services as clinical audits and staff appraisal needed improving. We also recommended improvements to induction and training.

These arrangements had significantly improved when we undertook a follow up inspection on 4 April 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

When inspected in June 2016, there had been two audits undertaken in the previous two years. Both were prescribing audits designed and managed by the Clinical Commissioning Group (CCG) and neither were completed audits. A completed audit is one that has been repeated to check that the improvements made were implemented and monitored.

By April 2017, there had been 16 audits. Most of these audits were planned and designed by the practice, and looked at a range of issues such as prescribing, outcomes from weight loss medicines, recording of health checks when contraceptives were prescribed and coding of patients diagnoses on the practice computer system. Two of the 16 were complete audits: a CCG audit of nutritional supplements and a practice-designed audit of the uptake of in-house phlebotomy after the training of an health care assistant. Both audits showed an improvement against the results of the first audit. The practice told us that a number of the other audits were due to be repeated in May 2017.

Effective staffing

When inspected in June 2016, we noted that some staff had not received a formal induction and some had not received an annual appraisal since 2013. Although there was a system of essential training, we found that not all staff had completed training in fire safety or safeguarding adults from abuse.

In April 2017, we checked the current staff list and asked for evidence of induction for a new staff member and appraisals for three employees who had been in post for more than a year.

We saw evidence that the new staff member had received an induction and that all three staff members had had an annual appraisal within the last 12 months.

We also checked the training evidence of five members of staff (three clinical, two non-clinical). We found that all had received the essential training expected for their role, including fire safety and safeguarding adults from abuse, although several members of staff had only completed this training recently.