

# Kingsfold 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 safe?

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 Kingsfold Medical Centre on 12 September 2016. The overall rating for the practice was good with the key question of safe rated as requires improvement. The full comprehensive report on the September 2016 inspection can be found by on our website at <http://www.cqc.org.uk/location/1-538845510>

This inspection was a desk-based review carried out on 16 March 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 12 September 2016. This report covers our findings in relation to those requirements.

Overall the practice is now rated as good.

Our key findings were as follows:

- At the inspection in September 2016 we found that appropriate checks through the Disclosure and Barring Service (DBS) were not always carried out for some staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact

with children or adults who may be vulnerable). The recruitment policy did not include the importance of undertaking a DBS check and required updating. At this desk-based review we saw evidence that the practice had carried out all necessary DBS checks and had revised the recruitment policy to include DBS checks for staff.

- At our previous inspection, we identified that the surgery did not review actions taken as a result of significant events in the practice. For this inspection, the practice provided evidence to show that a new significant event protocol had been developed and adopted by the practice in order to address this.
- At our inspection in September 2016, we found that although an infection control audit had been undertaken by the practice, there was no action plan to address the findings of the audit. At this desk-based review, we saw that a further audit had taken place, an action plan had been recorded and that work was underway to address those areas identified by the audit.
- At our previous inspection, we found that not all clinical staff had the necessary I.T. skills needed to

# Summary of findings

access the practice policies and procedures. For this review, the practice provided evidence in the form of a staff signature sheet that showed that all staff were able to access the practice policies and procedures.

- During the inspection in September 2016, we noted that there was no information easily available to patients in the waiting area regarding the use of chaperones or information about the practice complaints procedure. For this inspection, the practice sent us a chaperone poster and a complaints poster which they told us were now displayed in the patient waiting area. The practice also supplied a patient complaints leaflet which was available in the reception area.
- At our inspection in September, we found that there was no formal mechanism for sharing and reviewing safety alerts and monitoring that actions were carried out. At this inspection, the practice supplied us with a new protocol for the management of patient safety alerts which we were told the practice had adopted.

- At our previous inspection, we found that some equipment maintenance had not taken place following electrical safety testing. The practice sent us evidence of further equipment testing and calibration carried out in February 2017 and evidence of up to date electrical testing that showed all equipment was safe to use.
- At the inspection in September 2016 we found that the practice did not have paediatric defibrillator pads available for the resuscitation of children in an emergency. For this inspection, the practice sent us proof of purchase of these pads.

**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 good for providing safe services.

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to safe care and treatment since the inspection carried out in September 2016.

Evidence supplied included:

- Disclosure and Barring Service (DBS) checks certificate numbers and details for staff who had been lacking these checks. The practice also sent an updated policy for the recruitment of staff that included the necessity of DBS checks for new staff.
- A new practice protocol for the management of significant events in the practice that allowed for the review of actions taken.
- A copy of the practice's latest infection prevention and control audit that included an action plan and timescale within which actions were to be completed.
- A copy of a new chaperone poster that was displayed in the patient waiting area.
- A new practice protocol for the formal management of patient safety alerts to ensure that the process was comprehensive and embedded in staff practice.
- Copies of portable electrical equipment testing certificates and clinical equipment testing certificates to show that all equipment testing was up to date.
- An invoice that showed the purchase of paediatric resuscitation pads for use with the practice defibrillator in a medical emergency involving a child.

**Good**



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safety identified at our inspection on 12 September 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-538845510>

Good



### People with long term conditions

The provider had resolved the concerns for safety identified at our inspection on 12 September 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-538845510>

Good



### Families, children and young people

The provider had resolved the concerns for safety identified at our inspection on 12 September 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-538845510>

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety identified at our inspection on 12 September 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-538845510>

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety identified at our inspection on 12 September 2016 which applied to everyone using this practice, including this population group. The overall

Good



# Summary of findings

population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-538845510>

## **People experiencing poor mental health (including people with dementia)**

The provider had resolved the concerns for safety identified at our inspection on 12 September 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-538845510>

**Good**



# Kingsfold Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector reviewed and analysed the documentary evidence submitted.

## Background to Kingsfold Medical Centre

There is a principal GP and one junior partner working at the practice. Both GPs are male. There is a total of 1.8 whole time equivalent GPs available. There is one practice nurse and one part time health care assistant, both female. There is a full time practice manager, a medicines coordinator and a team of administrative staff.

The practice opening times are 8am until 6.30pm Monday to Friday. Appointments are available 8.30am to 11.20am and 3pm to 5.20pm each day. There are also extended opening hours from 6.30pm to 7.30pm Tuesday and Wednesday and 9am to 12pm Saturday.

Patients requiring a GP outside of normal working hours are advised to call the 111 service who will direct them to the Out of Hours provider GotoDoc.

There are 4168 patients on the practice list. The majority of patients are white British with a high number of people aged 60-74 years. The practice population scores seven on the Index of Multiple Deprivation which means it is in the fourth less deprived decile in England.

## Why we carried out this inspection

We carried out an announced comprehensive inspection at Kingsfold Medical Centre on 12 September 2016. The overall rating for the practice was good with the key question of safe rated as requires improvement. The full comprehensive report on the September 2016 inspection can be found by on our website at <http://www.cqc.org.uk/location/1-538845510>

We undertook a follow up desk-based focused inspection of Kingsfold Medical Centre on 16 March 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 Kingsfold Medical Centre on 16 March 2017. This involved reviewing evidence that:

- The practice had updated its recruitment policy to reflect that they had undertaken the required recruitment checks and that Disclosure and Barring Service (DBS) checks had been undertaken for appropriate staff.
- Processes had been developed to ensure that actions taken as a result of significant events in the practice were reviewed to be effective and all staff were aware of these.

## Detailed findings

- The practice had produced an action plan following an infection prevention and control audit and that these actions were addressed.
- All staff had the skills necessary to access the practice policies and procedures held on the practice computer system.
- Posters had been displayed in the patient waiting area to inform patients that chaperones were available, and to advise them of the practice complaints process.
- A more formal process had been introduced to manage patient safety alerts and ensure that actions were completed.
- Regular electrical testing and maintenance of clinical equipment had been undertaken.
- A set of paediatric resuscitation pads for use with the practice defibrillator had been purchased.



# Are services safe?

## Our findings

At our previous inspection on 12 September 2016, we rated the practice as requires improvement for providing safe services as the appropriate recruitment checks were not carried out prior to staff commencing work.

We also saw that actions taken as a result of significant events were not reviewed and shared and that there was no formal mechanism in place to comprehensively manage patient safety alerts. At our previous inspection we noted that there had been no action plan produced as a result of an infection prevention and control audit. We also noted that there were no posters displayed in the patient waiting area giving patients information on the availability of chaperones. There were no paediatric resuscitation pads available with the practice defibrillator for the resuscitation of children in an emergency and there were some gaps in the testing and maintenance of practice equipment.

These arrangements had significantly improved when we undertook a follow up inspection on 16 March 2016. The practice is now rated as good for providing safe services.

### Safe track record and learning

The practice supplied evidence to us in the form of a revised protocol for significant event analysis. This protocol allowed for the review of any actions taken as a result of events and the sharing of information with practice staff and external agencies as indicated.

The practice also produced a new policy, which they sent to us, to manage patient safety alerts to ensure that the process was comprehensive and that the practice had a formal mechanism in place.

### Overview of safety systems and process

The practice displayed posters in the patient waiting area to advise that chaperones were available for patient intimate examinations if required. We saw a copy of the poster that was displayed.

We saw that an infection prevention and control audit had been conducted by the practice in October 2016 following our inspection. The practice had produced an action plan with timescales that allowed for actions to be completed and we were told that these were being addressed.

The practice revised its recruitment policy to include the fact that all recommended checks, including Disclosure and Barring Service (DBS) checks were undertaken for new staff and we saw a copy of this policy. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). They also conducted DBS checks for existing staff and sent us details of these certificate numbers.

### Monitoring risks to patients

The practice carried out regular testing of electrical equipment and clinical equipment was tested and maintained. We saw evidence of up to date testing of electrical equipment safety and a certificate of clinical equipment testing and calibration carried out in February 2017.

### Arrangements to deal with emergencies and major incidents

The practice had obtained a set of paediatric resuscitation pads for use with the practice defibrillator in case of the emergency resuscitation of a child in the practice. We saw evidence in the form of a purchase invoice for these pads.