

# Kincora Surgery

## Quality Report

Kincora Doctors Surgery  
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Date of inspection visit: 17 August 2016

Date of publication: 30/03/2017

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



Are services well-led?

Good



# Summary of findings

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## Overall summary

We carried out an announced comprehensive inspection at Kincora Surgery (also known as Kincora Doctors Surgery) on 3 November 2015. The overall rating for the practice was requires improvement. The full comprehensive report on the 3 November 2015 inspection can be found by selecting the 'all reports' link for Kincora Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 17 August 2016 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations we identified in our previous inspection on 3 November 2015. 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:

- The practice had effective systems in place for reporting, recording and learning from significant events and for dealing with national patient safety alerts received.

- The practice had ensured recruitment arrangements included all necessary pre-employment checks including formal reference checks.
- The practice had undertaken a recent infection and prevention control (IPC) audit and actions had been taken by the practice as a result.
- Prescription stationery was monitored when received and distributed by the practice.
- Arrangements in place to respond to emergencies and major incidents.
- Relevant staff had received Mental Capacity Act (2005) training and staff appraisals had been completed for all staff.
- The practice had ensured governance arrangements now included scheduled review of policies and procedures and formal documentation of minutes from practice meetings for circulation to staff.

**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.

Good



- There was an effective system in place for reporting, recording and learning from significant events
- There was an effective system for the management of patient safety alerts received including those received from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- Recruitment arrangements included all necessary pre-employment checks for newly appointed staff including reference checks.
- An infection and prevention control (IPC) audit had recently been undertaken including assessment against current national IPC guidance.
- Effective arrangements were in place for the monitoring and distribution of blank prescriptions forms and pads
- There was a stock of recommended medicines for use in medical emergencies.
- An up to date business continuity plan was in place.

### Are services well-led?

The practice is rated as good for providing well-led services.

Good



- The practice had a number of policies and procedures to govern activity and here was a system in place for their regular review. Policies and procedures were available for all staff to access.
- The practice held regular governance meetings and had implemented an effective process for recording reviewing and circulation of practice meetings minutes.
- The provider was aware of the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty and we saw evidence that the practice provided reasonable support and a verbal or written apology to people affected by unexpected or unintended safety incidents and from complaints received.

# 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 and well-led identified at our inspection on 3 November 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 3 November 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 3 November 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 3 November 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 3 November 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 3 November 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Kincora Surgery

## Detailed findings

### Our inspection team

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

Our Inspection team was led by a CQC Lead inspector.

## Background to Kincora Surgery

Kincora Surgery is a well-established GP practice located in Hayes situated within the London Borough of Hillingdon. The practice lies within the administrative boundaries of NHS Hillingdon Clinical Commissioning Group (CCG) and is a member of The Clover Health GP Network in the Hillingdon locality.

The practice provides primary medical services to approximately 3,200 patients living in Hayes. The practice holds a Personal Medical Services contract and Directed Enhanced Services Contracts. The practice is located at 134 Coldharbour Lane, Hayes, UB3 3HG with good bus transport links. The GP father and daughter partnership owns and manages the premises which have been extensively refurbished. There is wheelchair access to the entrance of the building and accessible toilet facilities for people with disabilities. There are limited car parking facilities at the front of the practice.

The practice population is ethnically diverse and has a higher than the national average number of male and female patients between 0 and 14 years of age and between 20 and 44 years of age. There is a lower than the national average number of patients 55 years plus. The practice area is rated in the fourth more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for

health services. Data from Public Health England 2014/15 shows the practice has a lower percentage of patients with a long-standing condition compared to CCG and England averages (42%, 50%, and 54% respectively).

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, family planning, maternity & midwifery services, surgical procedures and treatment of disease disorder & Injury.

The practice team comprises of one male senior GP partner, one female GP partner and a female locum GP who collectively work a total of eight clinical sessions per week. There are two part-time practice nurses, one part-time healthcare assistant, a part-time phlebotomist, practice manager and five administration/reception staff.

The practice opening hours are 8am to 1pm and 2pm to 6.30pm Monday to Friday with the exception of Wednesday when it closes at 1pm. and 8am to 1pm on Wednesday. Consultations are available from 9am to 11.30am Monday to Friday and from 2pm to 4.00pm Monday, Tuesday and Thursday and from 2pm to 5pm Friday. Extended hour pre-bookable appointments are offered from 6.30pm to 7pm Monday, Tuesday and Thursday.

Monday, Tuesday and Friday and 3pm to 6.30pm on Thursday. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, minor surgery and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of Kincora Surgery on 3 November 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection can be found by selecting the 'all reports' link for Kincora Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Kincora Surgery on 17 August 2016. 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 focused inspection of Kincora Surgery on 17 August 2016. During our visit we:

- Spoke with the practice manager.
- Reviewed documentation relating to significant events and safety alerts, staff recruitment, appraisal and training, infection control, prescription stationery stock management, emergency arrangements, practice policies and procedures and complaints.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time

# Are services safe?

## Our findings

At our previous inspection on 3 November 2015, we rated the practice as requires improvement for providing safe services. The practice could not demonstrate effective management of significant events and safety alerts as records were incomplete or actions not formally documented. Pre-employment references had not been sought for some members of staff including those recently appointed. There was no evidence that infection and prevention control (IPC) audits had been conducted regularly, or that prescription stationery stock was monitored. There were weaknesses in the provisions to deal with foreseeable emergencies.

These arrangements had significantly improved when we undertook a follow up focused inspection on 17 August 2016. The practice is now rated as good for providing safe services.

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The practice had a significant event review form which was used to capture the details of incidents that occurred including the actions taken. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice carried out a thorough analysis of the significant events.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. There was evidence that lessons were shared and action was taken to improve safety in the practice. We saw for example, the prescribing of anti-biotics at home visits had been discussed at a recent meeting following an incident that had occurred. This led to an additional arrangement added to the practice policy for home visit prescribing to prevent re-occurrence. The practice had revised their safety alerts protocol and had implemented record logs for the documentation of all alerts received and the action taken in response. This included those received from the Medicines and Healthcare Products Regulatory Agency (MHRA).

### Overview of safety systems and process

The practice had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Recruitment arrangements included all necessary pre-employment checks for newly appointed staff including reference checks. We reviewed two personnel files of staff who had most recently been employed and found appropriate recruitment checks had been undertaken. For example, proof of identification, references, qualifications and the appropriate checks through the Disclosure and Barring Service (DBS). (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 practice had undertaken a comprehensive IPC audit in 2017 which had involved working with the IPC lead from the local Clinical Commissioning Group (CCG) to ensure the assessment was completed using the latest national IPC guidance. As a result the practice had updated some of their IPC policies and procedures to reflect current guidance. There was evidence of actions the practice had taken to address areas where the audit had identified shortfalls. For example, the practice cleaning schedule log had been revised to include all items which required cleaning across the practice and frequency of this.
- Effective arrangements were in place for the monitoring and distribution of blank prescriptions forms and pads. The practice had implemented a log for the recording of blank prescription serial numbers on receipt into the practice and when distributed within the practice.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- The practice kept a stock of the recommended medicines for use in a medical emergency including those used to manage seizures. The practice confirmed they no longer undertook Intra Uterine Contraception Device (IUCD) procedures so did not keep a stock of the emergency medicine advised for practices to have if the service was offered.
- The practice had reviewed and up dated their business continuity and recovery plan in place for major incidents

## Are services safe?

such as power failure or building damage. The plan included emergency contact numbers for staff and arrangements with a buddy GP practice for the use of their premises and facilities in the event of building loss.



# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 3 November 2015, we rated the practice as requires improvement for well led as the practice did not have an effective or structured system for the review of practice policies and procedures. There was no system in place for recording discussions and actions from practice led meetings and no evidence that information from meetings was shared with the wider practice team.

These arrangements had significantly improved when we undertook a follow up focused inspection on 17 August 2016. The practice is now rated as good for providing well-led services.

### Governance arrangements

- The practice had reviewed and updated key policies and procedures to govern activity and had implemented a system for regular their review to ensure they reflected up to date information. Policies and procedures were available for all staff to access.
- The practice had implemented an effective process for recording, reviewing and circulation of minutes from practice meetings which included discussions and learning from safety incidents, significant events and complaints received.

### Leadership and culture

- The provider was aware of the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty and we saw evidence the practice provided reasonable support and a verbal or written apology to people affected by unexpected or unintended safety incidents and from complaints received.