

Kingston Education Centre - The Village Surgery

Inspection report

157 High Street
New Malden
KT3 4BH
Tel:

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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 safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Kingston Education Centre as part of our inspection programme. This was the first CQC inspection of this location under the current CQC inspection methodology, the service registered with CQC at this address in March 2021. We are mindful of the impact of COVID-19 pandemic on our regulatory function. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

This service is part of a federation called Kingston GP Chambers which is made up of 21 member practices within Royal Borough of Kingston Upon Thames. They provide support for NHS GP practices and provide additional healthcare services to the patient population in and around Kingston. This includes extended access and a range of specialist services.

The Chairman of the federation is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- Patients received effective care and treatment that met their needs.
- All staff received full training and had detailed recruitment files.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The extended access service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- Clinical students benefitted from multi-disciplinary training which in turn benefitted the federation practice members and its patient lists.
- Innovative and progressive methods were being implemented by this service and its staff team to improve patient care and clinical student qualification experiences. For example, the service had rolled out four new technological devices for everyday use by GPs to make assessments of patients more efficient and easier to monitor.
- The way the service was led and managed promoted the delivery of high-quality, person-centre care. There was a clear leadership structure and staff felt supported by management.

Overall summary

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist GP adviser.

Background to Kingston Education Centre - The Village Surgery

Kingston Education Centre is an independent service provider which is part of Kingston GP Chambers, a federation of 21 member practices in Kingston. Kingston Education Centre is based above one of the member practices The Village Surgery in New Malden 157 High Street. This service is registered to carry out diagnostic and screening procedures along with treatment of disease, disorder and injury.

This location is primarily a training and education centre for clinical students training to become Doctors, Nurses, Paramedics, Physiotherapists or Occupational Therapists. Students can observe and carry out assessments or treatment for patients when appropriate. All of the training is supervised by senior clinicians. All patients are informed of the presence of students so that they can give informed consent. This service is an extended access service for all of its member practices so that any available appointments can be used by them as long as it is suitable for the patient and the students. The location sees approximately 200-500 patients a month, although as this has only been during the pandemic, this number will likely change as healthcare normalises in the future. In a year, this location provides daily training sessions for clinical students.

This location also trials projects and initiatives for developmental areas such as new technology and pilot schemes to potentially implement throughout the member practices. The location is based on the first floor and has two large treatment rooms which can be accessed via stairs or elevator. The location shares the same reception as The Village Surgery. The location offers face to face and online appointments. It offers appointments to patients Monday-Friday 9:30-12:30; and Wednesdays 13:30-16:30. The service is open to students every week 9:00-17:00.

How we inspected this service

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff had been proactive in protecting patients from abuse. We saw examples where correct action was taken to make safeguarding alerts to the correct authorities. Furthermore, detailed and accurate information was recorded of the process to ensure compliance with policy and clear process transparency.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were appropriate indemnity arrangements in place. All clinical staff had medical indemnity insurance.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The service had systems for sharing information with staff and other practices to enable them to deliver safe care and treatment. As this service did not treat long-term conditions, it had a detailed process to ensure that any patient's actual GP was informed of any follow up work or treatment needed for patients. All records were stored on a system shared by all other practices within the federation which enabled easy access and cross working.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including controlled drugs, emergency medicines and equipment minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, following an investigation into a referral issue, the service enhanced its follow-up process for patients needing prompt action from their own practice. This included phone calls and alerts on medical records.

When there were unexpected or unintended safety incidents.

- The service gave affected people reasonable support, truthful information and a verbal and written apology. We saw multiple examples of clear responses to complaints which considered matters objectively and fairly.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The service had innovative approaches to technology to enable faster, more accurate and easier assessment of patients. The service was piloting devices such as digital stethoscopes with visual presentations on screens for patients and staff, an electrocardiogram (ECG) the size of a small chocolate bar enabled clinicians to obtain an ECG in under a minute, an Otoscope with a camera which could record or take photos inside the ear, and a lung function tester which could digitally upload its results. All of these devices were being piloted within the 21 member practices of this federation.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- For example, one antibiotics audit had found that too many anti-biotics were being prescribed without clear explanations, an investigation and analysis was created to improve this issue. Within months, the number of prescriptions with explanations doubled due to the auditing and investigating process.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. This was managed by the fact that all member practices used the same clinical recording system and there was a strong process in place to ensure safe follow-up with other GPs.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. As this service trained students in a clinical setting, all patients were asked to consent to this prior to any appointment. The consent was to ensure patients agreed to either having a student present in the appointment or to carry out the appointment itself.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated treat patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.

Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. As an extended access service, patients had the ability to have appointments via telephone or face to face when their own GP wasn't available. This was very useful and essential during the pandemic and lockdown periods of 2020 and 2021.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. We reviewed one complaint where a patient had raised a concern about a prescription, an investigation was completed into the incident which resulted in a staff member being suspended and another being supported with further training.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy. This was mainly done through the number of extended access appointments held for patients and the number of training sessions provided to students. It is also important to note that this service provided many additional specialist services and governance tool kits to its member practices to assist them with governance and clinical updates. For example, all 21 practices had a suite of COVID-specific template policies and resources and answers to questions posed by Practice Managers. These were developed in response to practice manager requests and were distributed over the course of around five weeks, with themed communications going out each week.
- Furthermore, this service provided detailed guidance for member practices in areas such as recruitment documentation, infection prevention and control policies and mandatory staff training.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients alongside the training of clinical students and ways to support best practice throughout the federation.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Are services well-led?

- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- The service provided bespoke training and education for medical, nursing, physiotherapy, paramedic medicine, pharmacy, physician associate and occupational therapy students. During the last academic year (Sept 2020-Aug 2021) they arranged 3572 students sessions. This meant that patients were able to access additional appointments and clinical students furthered their education and training required to become healthcare workers.
- The service had gone the extra mile for some clinical students and arranged to have professional support to enable them to remain working in primary medical services. This meant that the member practices of this federation benefitted from new clinicians who trained internally and were qualifying to become clinical staff for primary medical services.
- New approaches and programmes were piloted through this service such as inter-professional learning. This enabled students from all areas of clinical qualification to train and be educated by a diverse array of professionally qualified clinicians from different disciplines. There had been media coverage of this pilot along with an academic research paper due to its aim to enable future workforces to operate collaboratively within the multi-disciplinary teams in primary medical services.
- The service was also in the process of piloting a new professional resilience project which aimed at keeping newly qualified healthcare professionals in the profession. This programme used reflection, training and follow up sessions to support students in their first years of work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of the company, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- There were detailed and useful audits completed by the service which enabled clear analysis and consideration of improvements and challenges.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Are services well-led?

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.