

King Edward Street Medical Practice

Quality Report

King Edward Street Medical Practice
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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 

Are services effective?

Good 

Are services well-led?

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 King Edward Street Medical Practice on 14 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for King Edward Street Medical Practice on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 13 July 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 14 November 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:

- The practice had undertaken a fire risk assessment and a disability access audit which identified areas for improvement which the practice had begun to implement.

- The practice had updated their vaccines protocol to ensure the cold chain was maintained in line with best practice.
- The practice had undertaken a medicines review audit to improve the monitoring of patient care.
- All patients with a learning disability had been invited for an annual health check.
- An audit had been undertaken to review the use of the consent policy and showed consent had been obtained and documented where appropriate.
- The practice had purchased a hearing loop to ensure patients who used hearing aids could access services.

However, there were also areas of practice where the provider should make improvements.

The provider should:

- Ensure the practice maintains oversight of cancer screening figures in order to monitor and improve patient outcomes.

At our previous inspection on November 2016, we identified that the practice should identify a means of improving breast cancer screening. At this inspection we found that the practice had taken steps to try and improve uptake of breast cancer screening and while data showed an increase in uptake of this service, the

Summary of findings

practice did not have oversight of this. Consequently, the practice should maintain oversight of cancer screening figures in order to monitor and improve patient outcomes.

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?

During our inspection in November 2016 the practice was rated as requires improvement for providing safe services. Improvements had been made when we undertook this desktop review on 13 July 2017. The practice is rate as good for providing safe services.

- The practice had reviewed their vaccine storage protocol to ensure vaccines were stored in line with best practice guidelines.
- A disability access audit had been undertaken which identified areas for improvement and reduce risk to patients with a disability.
- A fire risk assessment had been undertaken and changes implemented.
- The practice had introduced a generic emergency evacuation plan to inform patients of what to do in the event of an emergency evacuation.

Good



Are services effective?

During our inspection in November 2016 the practice was rated as requires improvement for providing effective services. Improvements had been made when we undertook this desktop review on 13 July 2017. The practice is rate as good for providing effective services.

- 90% of patients on any repeat prescription and 98% of patients on four or more medicines had received a medicine review.
- The practice had reviewed and audited their consent processes to ensure consistency with seeking and gaining consent from patients undergoing specific procedures.
- The practice had taken steps to try and improve uptake of breast cancer screening and while data showed an increase in uptake of this service, there was not oversight of this by the practice.
- The practice had invited all patients on their learning disabilities register for a health check.

Good



Are services well-led?

During our inspection in November 2016 the practice was rated as requires improvement for providing well led services. Improvements had been made when we undertook this desktop review on 13 July 2017. The practice is rate as good for providing well led services.

Good



Summary of findings

- The practice had reviewed their governance arrangements in respect of fire risk and disability access to reduce risks to patients.
- The practice had reviewed their repeat prescribing protocols and had conducted an audit which looked at medicine reviews for patients prescribed high risk medicines.

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, effective and well-led identified at our inspection on 14 November 2016 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, effective and well-led identified at our inspection on 14 November 2016 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, effective and well-led identified at our inspection on 14 November 2016 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, effective and well-led identified at our inspection on 14 November 2016 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, effective and well-led identified at our inspection on 14 November 2016 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, effective and well-led identified at our inspection on 14 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



King Edward Street Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a CQC Assistant Inspector, under the supervision of a second CQC inspector.

Background to King Edward Street Medical Practice

King Edward Street Medical Practice is located in a converted Victorian building. There were consultation rooms on two floors and a stair lift to support patients with limited mobility.

The practice had considered the demands on its premises and the need to invest in improvements. They were currently in discussion with their landlord regarding a potential move to other premises located nearby.

The practice is contracted with NHS England to provide a General Medical Services (GMS) to the patients registered with the practice. The practice serves 5,056 patients from Oxford with a large proportion of these being students studying at Oxford colleges. The practice demographics show that the population has a much higher prevalence of patients between 15 and 30 years old compared to the national average and a significantly lower prevalence of children and patients over 40. The student population included patients from abroad for some of whom English was not their first language. National data suggested there was minimal deprivation across the local population.

There are two female partners and three salaried GPs working at the practice; one male and two female. There are two nurses. A number of administrative staff and a practice manager supported the clinical team.

There are 1.85 whole time equivalent (WTE) GPs and 0.8 WTE nurses. King Edward Street Medical Practice is open between 8.00am and 6.30pm Monday to Friday. There are extended hours appointments available two mornings a week from 7am.

Out of hours GP services were available when the practice was closed by phoning NHS 111 and this was advertised on the practice website.

The practice provides placements for medical students.

Why we carried out this inspection

We undertook a comprehensive inspection of King Edward Street Medical Practice on 14 November 2016 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 on Month Year can be found by selecting the 'all reports' link for King Edward Street Medical Practice on our website at www.cqc.org.uk.

We undertook a follow up desk-based inspection of King Edward Street Medical Practice on 13 July 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.

Detailed findings

How we carried out this inspection

We carried out a desk-based focused inspection of King Edward Street Medical Practice on 13 July 2017. During this inspection we reviewed evidence the practice sent us in advance including:

- Risk assessments

- Practice policies and protocols
- Receipts of purchase for new equipment
- Training logs
- Quality improvement audits

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 14 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of the storage of medicines and the assessment of risks to patients was not adequate.

These arrangements had significantly improved when we undertook a desk-based inspection on 13 July 2017. The practice is now rated as good for providing safe services.

At our previous inspection we found that the practice was not maintaining the vaccine cold chain in line with best practice as they used a domestic fridge to store vaccines which had been delivered to the practice before they were later transferred to the main medicine fridges.

It was also identified that no full assessment had been undertaken on the premises to determine whether any alterations which could be made to ensure disabled accessibility was as safe as possible. It was also identified that there was no fire risk assessment and no risk assessment to determine whether the premises could be evacuated in a timely way or whether there were appropriate measures to reduce the spread of fire had been undertaken.

Overview of safety systems and process

At this inspection, the practice sent us their amended vaccine storage protocol. This stated that as soon as vaccines arrived on the premises, reception staff would immediately notify the nursing team who would collect the vaccines and transfer them into the medicine fridges.

Monitoring risks to patients

At this inspection, we saw evidence that the practice had undertaken a disability access audit in March 2017 which identified areas where the practice could make

improvements and reduce risk to patients with a disability. The practice had acted on some of these recommendations. For example, we reviewed evidence that the chair lift in the practice was serviced. Other recommendations from the audit identified as a medium risk had not been actioned. For example, we did not see evidence that staff had received training on the chair lift equipment or that visible alarm systems had been installed. However, the practice had requested quotes from external contractors to get the visible alarm system implemented. The practice had also implemented a protocol which meant that patients with mobility difficulties who would need to use the stair lift were flagged up on the system so staff were aware of their needs. We also reviewed evidence that the practice had purchased an evacuation chair in March 2017 to help move a patient down the practice stairs in the event of an emergency.

We reviewed evidence that the practice had undertaken a fire risk assessment of the premises and had also introduced new systems to ensure patients were able to evacuate the premises in a timely manner. The fire risk assessment had been carried out in February 2017 and we saw evidence that the practice had addressed any risk identified as medium or high. For example, we saw evidence that staff had been trained on how to use the evacuation chair.

The practice had introduced a generic emergency evacuation plan. This detailed what patients should do in the event of an emergency and included floor plans of the practice with illustrated evacuation paths. This was displayed in each waiting room and on reception. The practice had also introduced personal emergency evacuation plans. These identified any additional areas where a patient with limited mobility or a disability may require assistance in the event of an emergency evacuation.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 14 November 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of medicine reviews, annual health checks for patients with learning disabilities, obtaining written consent from patients and the uptake of national breast screening programmes needed improving.

These arrangements had significantly improved when we undertook a desk-based inspection on 13 July 2017. The practice is now rated as good for providing effective services.

At our inspection in November 2016 we found that 31% of patients on less than four repeat medicines and 63% of patients on four or more medicines had up to date medicine reviews. We also reviewed patients on a potentially high risk medicine. Health checks had been undertaken but the full medicine reviews were out of date for three out of the five patients reviewed. We also found that the practice was not always following its policy on obtaining consent for particular procedures. It was also identified at our inspection in November 2016 that out of eligible patients, 58% had attended breast cancer screening within three years of being invited, compared to the national average of 72%. In November 2016 it was also identified that the practice did not offer annual health checks to patients with a learning disability.

Management, monitoring and improving outcomes for people

At this inspection we reviewed evidence that 90% of patients on any repeat prescriptions and 98% of patients on four or more medicines had received a medicine review. The practice had achieved this by conducting a search on their system which looked at patients not booked in for an

appointment but who required a review. They would ensure patients were coded appropriately on the computer system and they had also introduced an alert which flagged up patients due a medicine review.

Consent to care and treatment

At this inspection, the practice sent us an audit they had conducted on obtaining written consent in line with their policy. The audit looked at all patients who had undergone a minor operation at the practice during the period November 2016 to May 2017. Two procedures had been identified and on both occasions written consent had been obtained and noted in the patient records.

Supporting patients to live healthier lives

To encourage improvement in the uptake of breast cancer screening the practice sent us evidence they had put an article in the practice newsletter advising of the benefits of breast cancer screening. The practice had also reviewed the letter they sent to patients who had declined to attend breast cancer screening. We requested data from the practice to evidence if this had an effect on the overall uptake of this service however the practice did not have oversight of this. We were able to review national data which showed there had been an increase in the uptake of breast cancer screening. Out of eligible patients for the period 2015/2016, 67% had attended breast cancer screening within three years of being invited, compared to the national average of 73%. This was an improvement of 9% on the 2014/15 figures.

At this inspection the practice sent us evidence that they had invited all patients on their learning disabilities register for a health check. There had been a 50% uptake of patients attending the surgery for a review since our last inspection. The practice told us that patients who did not respond to the health review invitation were contacted separately by telephone to see if a home visit would be more appropriate.

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 14 November 2016, we rated the practice as requires improvement for providing well-led services as governance arrangements were not fully effective. Risks to patients were not always assessed and well managed and medicines review data had not prompted additional monitoring to drive further improvements.

At our inspection in November 2016 we found that the practice had not assessed patient risk in relation to fire and disability access. We also identified that there were no governance arrangements to ensure medicine reviews were carried out for patients on repeat prescriptions. For example, 31% of patients on less than four repeat medicines and 63% of patients on four or more medicines had up to date medicine reviews.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 13 July 2017. The practice is now rated as good for being well-led.

Governance arrangements

At this inspection, the practice had reviewed the governance arrangements in respect of assessing fire risk and disability access and had undertaken a fire risk assessment as well as a disability access audit. These identified where the practice could make improvements in order to reduce risks to patients. These systems and processes were embedded to ensure the risk to patients and service users were regularly reviewed and minimised.

We also reviewed evidence that the number of medicine reviews carried out for patients on repeat prescriptions had increased. The practice had also conducted an audit which looked at medicine reviews for patients prescribed high risk medicines. We reviewed two completed cycles and these demonstrated that there had been an overall improvement and a further audit had been scheduled for six months' time.