

King George Surgery

Quality Report

135 High Street

Stevenage

Hertfordshire

SG1 3HT

Tel: 01438361111

Website: www.kinggeorgesurgery.co.uk

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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 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 George Surgery on 1 December 2015. A breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to;

- Regulation 17 HSCA (RA) Regulations 2014 Good Governance

We undertook a desk based focused inspection of King George Surgery on 16 September 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting 'all reports' link for King George Surgery on our website at www.cqc.org.uk/

From the inspection on 1 December 2015, the practice were told they must:

- Strengthen governance structures to ensure these are effective and enable the provider to identify, assess and mitigate risks for example in relation to whether the practice manager should have a Disclosure and Barring check and by completing a risk assessment in respect of having a defibrillator on the premises.

We found that on the 16 September 2016 the practice now had appropriate risk assessments in place.

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 well-led?

At our comprehensive inspection on 1 December 2015, a breach of legal requirements was found. Improvements were needed in relation to risk assessments and mitigating actions in particular in relation to whether a Disclosure and Barring Service (DBS) check for the practice manager was required and for the absence of a defibrillator on the premises. During our desk based focused inspection on 16 September 2016 we found the practice had taken action and the practice is now rated as good for providing well-led services.

The necessary risk assessments had been completed and documented with appropriate actions taken. Mitigating actions were identified where necessary.

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

Following our comprehensive inspection on 1 December 2015, we rated the practice as good for the population group of older people. We did not review any evidence during our desk based focussed inspection to alter this rating.

Good



People with long term conditions

Following our comprehensive inspection on 1 December 2015, we rated the practice as good for the population group of people with long-term conditions people. We did not review any evidence during our desk based focussed inspection to alter this rating.

Good



Families, children and young people

Following our comprehensive inspection on 1 December 2015, we rated the practice as good for the population group of families, children and young people. We did not review any evidence during our desk based focussed inspection to alter this rating.

Good



Working age people (including those recently retired and students)

Following our comprehensive inspection on 1 December 2015, we rated the practice as good for the population group of working age people (including those recently retired and students). We did not review any evidence during our desk based focussed inspection to alter this rating.

Good



People whose circumstances may make them vulnerable

Following our comprehensive inspection on 1 December 2015, we rated the practice as good for the population group of people whose circumstances may make them vulnerable. We did not review any evidence during our desk based focussed inspection to alter this rating.

Good



People experiencing poor mental health (including people with dementia)

Following our comprehensive inspection on 1 December 2015, we rated the practice as good for the population group of people experiencing poor mental health (including people with dementia). We did not review any evidence during our desk based focussed inspection to alter this rating.

Good



King George Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The desk based focussed inspection was completed by a CQC Lead Inspector.

Background to King George Surgery

King George Surgery provides a range of primary medical services from premises at 135 High Street, Stevenage, SG1 3HT.

The practice has approximately 15,707 patients and provides services under a general medical services contract. King George Surgery is an approved training

practice for medical students, General Practice Specialist Trainees (GPST) doctors, and Foundation Year 2 (FY2) doctors who complete a four month placement under supervision of a GP Trainer. The practice is a dispensing practice and has a small branch surgery to accommodate patients in a rural area (Walkern).

The practice serves an above average population of those aged from 0 to 9 years and 25 to 44 years. There is a lower than average population of those aged between 10 to 24 years. The population is just over 87% White British (2011 Census data). The area served is less deprived compared to England as a whole and ranked at eight out of 10, with 10 being the least deprived.

The clinical staff team consists of 10 GPs, nine of which are GP Partners and one is a salaried GP. Four GPs are female and six GPs are male. There is one nurse practitioner, four practice nurses and one health care assistant.

The practice is open to patients between 8.30am and 6pm Monday to Friday. Extended hours are offered from 6.30pm to 7pm between Mondays to Wednesday. Emergency appointments are available daily and the out of hours service is provided by Hertfordshire Urgent Care via the NHS 111 service.

Why we carried out this inspection

We carried out a desk based focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection, we asked the provider to submit information and evidence to demonstrate the action they had taken to address the breach of legal requirement we identified during our comprehensive inspection on 1 December 2015. We carried out an announced desk based focused inspection on 16 September 2016.

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

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

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

However, during our desk based focussed inspection we only asked questions relating to well-led.

Are services well-led?

Good 

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

Our findings

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

During our inspection on 1 December 2015, we found that not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others. For example, the practice had not undertaken a risk assessment to determine whether the practice manager should have a Disclosure and Barring Service (DBS) check. (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). There was not a formal risk assessment to determine the need for a defibrillator on the premises.

Following the inspection the practice sent us an action plan and evidence to show that they had completed a risk assessment regarding a DBS check for the practice manager and had obtained the relevant check for their role. The practice had also completed a risk assessment regarding the need for a defibrillator and documented their reasons for not having one on the premises. They had taken into consideration the level and frequency of basic life support training for their staff and the proximity of the practice, especially in relation to the local hospital.