

# Kingfisher Family Practice

## Inspection report

Retford Primary Care Centre  
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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?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced comprehensive inspection at Kingfisher Family Practice on 14 and 18 February 2020 as part of our inspection programme. At this inspection we followed up on breaches of regulations identified at a previous inspection on 14 August 2019.

This inspection looked at the following key questions:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

At the last inspection in August 2019 we rated the practice as requires improvement overall and for providing safe and well led services because:

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have appropriate systems in place for the safe management of medicines.
- Recruitment procedures had not been followed.
- The practice did not have clear and effective processes for managing risks.

At this inspection, we found that the provider had satisfactorily addressed these areas.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

**At the February 2020 we have rated this practice as good overall and good for all population groups.**

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We identified two areas of outstanding practice:

- The practice had developed a support group who met monthly. This was led by the social prescriber and attended by the practice manager and pharmacist. The group were supported to explore and discuss ideas and information about ways of coping with the various aspects of living with a long-term condition such as pain and fatigue. Data showed the practice invited up to 35 patients each month, up to eight had attended each meeting and approximately half of the patients had had their pain score reduced. Following attendance, a small number from each group had referred themselves to staying well or working win programmes. As this had been so successful the practice was in the process of developing an additional support group to tackle issues of loneliness and isolation..
- The practice had a dedicated administrator for patients with a learning disability who made contact with patients to ensure regular health checks were carried out. They also contacted the patient or their carer to offer a prompt the day before an appointment to make sure they are still able to attend. Home visits were available for these patients if they had difficulty coming to the surgery and a dedicated GP provided this service. The administrator had worked closely with a local care home to arrange suitable visits for those who could attend the practice, for example appointments at quiet times. This had resulted in 80% of these patients being able to attend the practice for their review. The practice told us they had 95 patients on the learning disability register and 81 had had their annual reviews, four others had appointments scheduled and the remaining patients had been invited. The administrator sent a copy of the care plan following the review appointment as a reminder of any actions required to taken by the patient or carer.

Whilst we found no breaches of regulations, the provider **should:**

- Continue with plans for fire drills.
- Review systems to ensure privacy curtains are cleaned in line with best practice guidance.
- Review and improve the number of annual medication reviews undertaken.

# Overall summary

- Review and improve childhood immunisation uptake rates to meet World Health Organisation (WHO) targets.
- Review and improve records relating to investigations of complaints and actions taken in response.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

## Our inspection team

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

## Background to Kingfisher Family Practice

Kingfisher Family Practice is located at Retford Primary Care Centre.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice has nine GP partners, five male and four female, a nurse practitioner and five practice nurses.

There are four healthcare assistants, a phlebotomist, a practice manager, an assistant practice manager and an extensive administrative team.

The practice has a contract with the Bassetlaw Clinical Commissioning Group (CCG). The practice provides General Medical Services (GMS) for 13,682 patients.

The practice catchment area is classed as being within one of the less deprived areas in England. The practice scored six on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. National General Practice Profile describes the practice ethnicity as being 97.1% white British, 1.3% Asian, 0.5% black, and 1% mixed and 0.1% other non-white ethnicities.

The practice demographics show a slightly higher than average percentage of people in the 65+ year age group. Average life expectancy is 79 years for men and 83 years for women compared to the national average of 79 and 83 years respectively. The general practice profile shows that 57% of patients registered at the practice have a long-standing health condition, compared to 54% locally and 51% nationally.