

Kensington Road Surgery

Quality Report

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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 effective?

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 Kensington Road Surgery on 24 August 2016. The overall rating for the practice was good but required improvement for providing effective services. The full comprehensive report on the 24 August 2016 inspection can be found by selecting the 'all reports' link for Kensington Road Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 18 July 2017 to confirm that the practice had carried out their plan to make the improvements required that we identified in our previous inspection on 24 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as good in all areas.

Our key findings were as follows:

- The practice had reviewed their recall process for the management of long term conditions and introduced a monitoring process to review ongoing progress and achievement.

- The GPs had effective systems for dealing with pathology results and a written protocol had been introduced.
- The practice had introduced an audit programme and tracker demonstrating changes and improvements in care.
- All staff were aware of the fire and safeguarding procedures and had received the appropriate training. There was a system to ensure training was updated within the required timescales.
- All staff were aware of the location of emergency equipment and procedures and a fire drill had been carried out.
- The complaints policy had been updated and made available for patients to view.
- The practice had reviewed their patient list and identified and made contact with patients who may have been carers and as a result increased the carers' register from 55 to 79. There was a carers' board in the waiting area providing information of local carers' support.

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 effective?

At the time of our comprehensive inspection on 24 August 2016, we identified areas which required improvement. The recall system for long term conditions did not appear to always be consistent and therefore not always effective, specifically in diabetes and mental health. In addition there was a need to review the system for dealing with pathology results.

During our follow up focused inspection on 18 July 2017 we found that the practice had taken action to improve all the areas where we recommended improvements be made. For example, the practice had reviewed their recall process for the management of long term conditions and introduced a monitoring process to review ongoing progress and achievement. The GPs had effective systems for dealing with pathology results and a written protocol had been introduced. The practice had introduced an audit programme and log which demonstrated changes and improvements in care. The practice is now rated as good for providing effective services.

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 24 August 2016 we rated the practice as good for the population group of older people. We did not review any evidence during our follow up focused inspection to alter this rating.

Good



People with long term conditions

Following our comprehensive inspection on 24 August 2016 we rated the practice as good for the population group of people with long term conditions. We did not review any evidence during our follow up focused inspection to alter this rating.

Good



Families, children and young people

Following our comprehensive inspection on 24 August 2016 we rated the practice as good for the population group of families, children and young people. We did not review any evidence during our follow up focused inspection to alter this rating.

Good



Working age people (including those recently retired and students)

Following our comprehensive inspection on 24 August 2016 we rated the practice as good for the population group of working age people. We did not review any evidence during our follow up focused inspection to alter this rating.

Good



People whose circumstances may make them vulnerable

Following our comprehensive inspection on 24 August 2016 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 follow up focused inspection to alter this rating.

Good



People experiencing poor mental health (including people with dementia)

Following our comprehensive inspection on 24 August 2016 we rated the practice as good for the population group of people experiencing poor mental health. We did not review any evidence during our follow up focused inspection to alter this rating.

Good



Kensington Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The follow up focused inspection was carried out by a CQC Lead Inspector.

Background to Kensington Road Surgery

Kensington Road Surgery is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 6,700 patients living in Earlsdon and the surrounding areas in Coventry. A GMS contract is a standard nationally agreed contract used for GMS providers.

The practice operates from a two storey building and patients are seen on the ground floor and first floor. Administration staff and the practice manager operate from the first and second floors. The practice has a ramp and electronically operated automatic doors to allow access for patients with disabilities. The practice population has a higher than average number of patients aged 25 to 35 years and those over 85 years. National data indicates that the area is one that does not experience high levels of deprivation. The practice population is made up of predominantly white British patients with small numbers of patients of Asian and Eastern European ethnic origin.

There are two GP partners, both of whom are male. They employ a salaried female GP, a practice nurse, a part time practice manager who also works part time as a health care assistant and a business manager who are supported by a team of reception and administration staff.

The practice is open on Monday, Tuesday, Wednesday and Friday from 8.30am until 6pm and Thursdays from 8.30am until 1pm. When the surgery is not open during core hours, calls are diverted to the Warwickshire Ambulance Service via the NHS 111 service who also provide the out of hours service. This is a locally agreed contract. Appointments are available from Monday to Friday from 8.30am until 10.30am and Monday 3pm until 5pm, Tuesdays and Wednesdays 3.30pm until 5.30pm and Fridays 2pm until 4pm.

Why we carried out this inspection

We undertook a comprehensive inspection of Kensington Road Surgery on 24 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but required improvement for providing effective services. The full comprehensive report following the inspection on 24 August 2016 can be found by selecting the 'all reports' link for Kensington Road Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Kensington Road Surgery on 18 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 providing effective care.

How we carried out this inspection

We carried out a focused inspection of Kensington Road Surgery on 18 July 2017.

During our inspection we:

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed the complaints policy.
- Looked at the procedure for dealing with pathology results.
- Looked at an ongoing clinical audit plan that had been implemented.

- Spoke with staff to confirm training and knowledge of emergency equipment and procedures.

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 effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 24 August 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of the recall system for long term conditions and the system in place for dealing with pathology results needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 18 July 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice had reviewed their recall system for patients with long term conditions and identified that a more systematic approach was necessary. As a result they had commissioned an information technology consultant to develop an electronic system to more efficiently and effectively identify patients requiring recall. The practice carried out monthly searches for patients on long term disease registers who required review and administration staff contacted the patients offering appointments by post.

The practice had introduced a protocol to direct staff in this process. Uptake of reviews was monitored monthly by the practice manager and patients were invited three times as standard procedure. The practice had identified correct read codes for exception reporting and made staff aware of these. The practice demonstrated via their clinical system that they were improving month on month from the previous year as a result of the new recall system. Unpublished data showed the practice had achieved 491 (88%) of the QOF clinical points available during 2016/17 compared to 457 (82%) points in 2015/16.

The practice had written a protocol for reviewing pathology results and staff were aware of this. We saw evidence that the pathology results were viewed and actioned appropriately and actions recorded on the patient's computer record.

The practice had introduced an audit tracker which showed a summary of all audits taking place and the results, changes to be made and review dates. For example we saw that one GP had carried out audits on contraceptive implants and as a result had introduced a check list to ensure recording of information was comprehensive and complete.