

# Kingsholm Surgery

## Quality Report

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Website: [www.kingsholmsurgery.co.uk](http://www.kingsholmsurgery.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 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 Kingsholm Surgery on 7 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 Kingsholm Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 28 March 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 7 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 reviewed and updated their fire procedures. A fire risk assessment and subsequent actions and recommendations had been carried out.

- The practice had reviewed and updated their procedures for checking and maintaining emergency equipment, and medicines, and had implemented a log to check these regularly.
- The practice had reviewed their Disclosure and Barring Service (DBS) procedure to ensure that all staff who undertook chaperoning duties had received a 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).
- The practice had updated their training matrix to ensure that all outstanding training had been undertaken by all staff.
- All staff that had been in post for a minimum of 12 months had received an annual appraisal.

During our previous inspection we also highlighted areas where the practice should consider improvement and these had improved as follows:

- The practice had ensured that safety alerts were logged with actions taken recorded.

# Summary of findings

- The practice continued to monitor and improve outcomes for patients with long term conditions.
- The practice was improving their identification of carers.
- The practice had established a patient participation group for engaging with their patients.

**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?

When we inspected the practice in November 2016 we identified a breach of regulation leading to a rating of requires improvement. The practice had undertaken improvements since the last inspection and at this inspection we found they were complying with regulations. They are now rated good for the provision of safe services. Specifically we found:

- Fire procedures had been updated and a fire risk assessment had been completed.
- Emergency equipment and medicines procedures had been updated and a log to check these regularly was in place.
- Disclosure and Barring Service (DBS) procedures had been updated in relation to staff who undertook chaperoning duties. All staff who chaperoned and new starters that may chaperone, were DBS checked. (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).

During our previous inspection we also highlighted areas where the practice should consider improvement and these had improved as follows:

- The practice had ensured that safety alerts were logged, with actions taken recorded. A standing agenda item for safety alert discussions had been added to staff meetings.

Good



### Are services effective?

When we inspected the practice in November 2016 we identified a breach of regulation leading to a rating of requires improvement. The practice had undertaken improvements since the last inspection and at this inspection we found they were complying with regulations. They are now rated good for the provision of effective services. Specifically we found:

- Relevant staff had now completed their required mandatory training.
- An on-going appraisal plan had been implemented and all staff had received an appraisal.

During our previous inspection we also highlighted areas where the practice should consider improvement and these had improved as follows:

Good



# Summary of findings

- The practice continued to monitor and improve outcomes for patients with long term conditions. The practice had recruited an advanced nurse practitioner and implemented a high blood pressure protocol in line with new guidelines. The practice implemented a recall service for over 75's who did not present with chronic illness or on an annual medication review and implemented a system to call and assess all patients over 50yrs discharged from A & E within 48 working hours of receiving the discharge notes.
- The practice were improving their identification of carers by displaying a carers statement in the waiting room, asking all new patients if they were or had a carer and updating their new patient registration questionnaire to identify if patients were carers.

## Are services well-led?

When we inspected the practice in November 2016 we identified breaches of regulation leading to a rating of requires improvement. The practice had undertaken improvements since the last inspection and at this inspection we found they were complying with regulations. They are now rated good for the provision of well led services. Specifically we found:

- The practice had developed and implemented new procedures to ensure that governance arrangements were in place in relation to fire safety, training, appraisals, management of emergency procedures and management of chaperoning procedures.

During our previous inspection we also highlighted areas where the practice should consider improvement and these had improved as follows:

- The practice had established a patient participation group (PPG) and had recruited 12 patients as members. The practice was awaiting responses from prospective PPG members to ascertain a date for the initial PPG meeting.

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

The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 7 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, effectiveness and well-led identified at our inspection on 7 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, effectiveness and well-led identified at our inspection on 7 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, effectiveness and well-led identified at our inspection on 7 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, effectiveness and well-led identified at our inspection on 7 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, effectiveness and well-led identified at our inspection on 7 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Kingsholm Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk-based inspection was undertaken by a CQC inspector.

## Background to Kingsholm Surgery

Kingsholm Surgery is a GP practice located in Gloucester city centre. The premises are wheelchair accessible with consultation and treatment rooms available on the ground floor. The practice list has significantly increased within the past few years with additional patients registering with the practice through patient recommendations.

The practice provides general medical services to approximately 4,500 patients. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice has two GP partners and one salaried GP (two female and one male) which is equivalent to approximately two full time equivalent GPs. The clinical team includes an advanced nurse practitioner, two practice nurses and a health care assistant. The practice manager is supported by a team of nine receptionists, secretaries and administrators.

Information from Public Health England 2015 shows the practice population age distribution is comparable to both local and national averages. The practice cares for patients from different cultural backgrounds with approximately 89% of patients registered being white British.

The practice is located in an area with high social deprivation and is placed in the third most deprived decile by Public Health England. The prevalence of patients with a long standing health condition is 63% compared to the local clinical commissioning group average of 55% and the national average of 54%. People living in more deprived areas and those with long-standing health conditions tend to have greater need for health services.

The practice is open from 8.30am to 1pm and 2pm to 6pm Monday to Friday. Appointments are available from 8.30am to 1pm in the morning, and 2pm to 6pm in the afternoon. During the following periods; 8am to 8.30am, 1pm to 2pm and 6pm to 6.30pm every weekday, telephone calls are diverted to the practice call handling service (Message Link). They refer urgent matters to the practice that have members of staff on standby to respond to issues if needed. Appointments can be booked up to six weeks in advance and urgent on the day appointments are also available.

Out of hours cover is provided by South Western Ambulance Service NHS Foundation Trust and can be accessed via NHS 111.

The practice provided its services from the following address:

Alvin Street  
Gloucester  
Gloucestershire  
GL1 3EN

# Detailed findings

This was a desk-based inspection of Kingsholm Surgery.

## Why we carried out this inspection

We undertook a comprehensive inspection of Kingsholm Surgery on 7 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 November 2016 can be found by selecting the 'all reports' link for Kingsholm Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based focused inspection of Kingsholm Surgery on 7 November 2016. 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.

## How we carried out this inspection

We carried out a desk-based focused inspection of Kingsholm Surgery on 7 November 2016. This involved reviewing an action plan submitted by the provider which detailed improvements made. We reviewed information given to us by the practice including updated fire procedures, a fire risk assessment, emergency equipment checking logs, disclosure and barring certificates, training records, appraisals and a carers' statement.

# Are services safe?

## Our findings

At our previous inspection on 7 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of fire safety, Disclosure and Barring Service (DBS) checks and emergency medicines and equipment procedures were not adequate. (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).

These arrangements had improved when we undertook a follow up inspection on 28 March 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

When we visited the practice on the 7 November 2016 we found that the practice had failed to establish and operate an effective system to check, manage and mitigate the risks associated with emergency medicines and equipment. We noted that an oxygen cylinder was found to be empty and there was no evidence log for checking emergency medicines and equipment. We found that not all staff who chaperoned had received a 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). This was found to have breached regulation 12, safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following publication of our inspection report the practice submitted an action plan and the following improvements had been made:

- A replacement oxygen cylinder was immediately ordered and replaced within 24 hours of our visit on 7 November 2016. The practice implemented emergency equipment and medicines logs which were now completed in line with national guidelines and stored next to the emergency equipment. The practice submitted copies of the logs used to check the emergency medicines and the emergency equipment after the inspection.

- The practice had reviewed their DBS procedure to ensure that all staff who undertook chaperoning duties had received a DBS check. All new starters that may chaperone were DBS checked as part of the updated induction plan. The practice submitted copies of DBS checks for all staff who undertook chaperoning duties.

### Monitoring risks to patients

When we visited the practice on 7 November 2016 the practice was unable to demonstrate that they held a fire risk assessment or undertook any fire drills. We noted that fire procedures were only visible in staff areas of the practice. This was found to have breached regulation 12, safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The action plan submitted by the practice evidenced that a thorough fire risk assessment was carried out in December 2016, a full fire drill was carried out in January 2017 and updated fire procedures notices were on display in the reception area where patients could view them. The practice submitted copies of the fire risk assessment, fire drill analysis, updated fire procedures and photographic evidence of the location where the fire procedure notices were displayed.

During our previous inspection we also highlighted areas where the practice should consider improvement and these had improved as follows:

### Safe track record and learning

When we visited the practice on 7 November 2016 the practice safety alerts were disseminated to relevant staff members however there was no system in place to log, analyse and record any actions taken. Following our inspection the practice implemented a safety alerts log, with actions taken recorded. A standing agenda item for safety alert discussions had been added to staff meetings. The practice submitted a copy of the safety alert log.

All of the above actions had ensured that Kingsholm Surgery was operating with safe systems in place.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 7 November 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of mandatory training and staff appraisal needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 28 March 2017. The practice is now rated as good for providing effective services.

### Effective staffing

When we visited the practice on the 7 November 2016 we found that the practice had failed to ensure that all staff received appropriate training and appraisals. We noted that mandatory training such as fire safety and infection control had not been completed and staff had not received an appraisal within 12 months. This was found to have breached regulation 18, staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following publication of our inspection report the practice submitted an action plan and the following improvements had been made:

- All staff had completed fire safety and infection control training. The practice submitted copies of the training certificates and the updated training matrix after the inspection. The training procedure had been updated to ensure that quarterly flags were in place on the training matrix to highlight to the practice manager when training was due in advance.

- All staff who had been in post for 12 months had received an appraisal. A rolling programme had been implemented and diarised to ensure protected time was allocated to undertake appraisals. The practice submitted copies of appraisals as evidence.

During our previous inspection we also highlighted areas where the practice should consider improvement and these had improved as follows:

### Management, monitoring and improving outcomes for people

- The practice continued to monitor and improve outcomes for patients with long term conditions. The practice had recruited an advanced nurse practitioner and implemented a high blood pressure protocol in line with new guidelines. The practice implemented a recall service for over 75's who did not present with chronic illness or on an annual medication review and implemented a system to call and assess all patients over 50yrs discharged from A & E within 48 working hours of receiving the discharge notes.
- The practice were improving their identification of carers by displaying a carers statement in the waiting room, asking all new patients if they were or had a carer and updating their new patient registration questionnaire to identify if patients were carers. The practice submitted a copy of the carer statement and a photograph of it displayed in the practice.

All of the above actions had ensured that Kingsholm Surgery was operating with effective systems in place.

# 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 7 November 2016, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure in relation to fire safety, training, appraisals, management of emergency procedures and management of chaperoning procedures.

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 28 March 2017. The practice is now rated as good for being well-led.

### Governance arrangements

We found that the practice had developed and implemented new procedures to ensure that governance arrangements were in place in relation to fire safety,

training, appraisals, management of emergency procedures and management of chaperoning procedures. This was found to have breached regulation 17, good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our previous inspection we also highlighted areas where the practice should consider improvement and these had improved as follows:

### Seeking and acting on feedback from patients, the public and staff

- The practice had established a patient participation group (PPG) engagement by recruiting 12 patients as members. The practice was awaiting responses from prospective PPG members to ascertain a date for the initial PPG meeting.

All of the above actions had ensured that Kingsholm Surgery was providing a well led service.