

Kings Road Medical Centre

Quality Report

204 Kings Road,
Harrow,
Middlesex,
HA2 9JJ
Tel: 020 8422 1667
Website: www.kingsroadmedicalcentre.com

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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 caring?	Good	
Are services responsive to people's needs?	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 Kings Road Medical Centre on 20 September 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Kings Road Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 31 August 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 20 September 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 made improvements in respect of the arrangements in place to manage fire safety.

- Patients' medical records were stored securely and confidentially.
- Plans were in place to upgrade the branch practice.
- Data from the Quality and Outcomes Framework showed patient outcomes had improved since our previous inspection.
- Childhood immunisation rates had improved since our previous inspection.
- The practice had drawn up an action plan to improve patient satisfaction with access.

The areas of practice where the provider needs to make further improvements are:

The provider should:

- Continue to improve childhood immunisation rates to bring them in line with local and national averages.
- Continue to monitor and act on feedback from 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?

The practice is rated as good for providing safe services. Improvement had been made in respect of the arrangements for the management of medical records and fire safety.

Good



Are services effective?

The practice is rated as good for providing effective services. Improvement had been made in respect of Quality and Outcomes Framework (QOF) performance and childhood immunisation uptake.

Good



Are services caring?

The practice is rated as good for providing caring services. This rating was given following the comprehensive inspection in September 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. This rating was given following the comprehensive inspection in September 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services well-led?

The practice is rated as good for providing well-led services. This rating was given following the comprehensive inspection in September 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

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 providing safe and effective services identified at our inspection on 20 September 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 providing safe and effective services identified at our inspection on 20 September 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 providing safe and effective services identified at our inspection on 20 September 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 providing safe and effective services identified at our inspection on 20 September 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 providing safe and effective services identified at our inspection on 20 September 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 providing safe and effective services identified at our inspection on 20 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to improve childhood immunisation rates to bring them in line with local and national averages.
- Continue to monitor and act on feedback from patients.

Kings Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Kings Road Medical Centre

Kings Road Medical Centre is based at 204 Kings Road, Harrow, HA2 9JJ. The practice provides primary medical services through a General Medical Services (GMS) contract to approximately 7,200 patients living in the London Boroughs of Harrow and Hillingdon (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services). Kings Road Medical Centre consists of the main surgery and a branch surgery located at 81 Field End Road, Eastcote, HA5 1TD. The main and branch surgeries share a patient list and are separated by approximately a nine minute drive or a 25 minute commute on public transport. The practice is part of the NHS Harrow Clinical Commissioning Group (CCG).

The practice is registered with the Care Quality Commission to provide the regulated activities of family planning, diagnostic and screening procedures, maternity and midwifery services, surgical procedures, treatment of disease, disorder or injury.

Patients registered at the practice are from a number of different ethnic backgrounds and a significant proportion of the patients speak English as a second language. There is a higher than average number of people 35-54 years of age and older people over 70 years old registered with the practice. There is also a higher than average number of children and young people 5-19 years of age. Life

expectancy is 82 years for males and 86 years for females which is above national average. The local area is the ninth less deprived in the London Borough of Harrow (people living in more deprived areas tend to have greater need for health services).

The practice team consists of two male GP partners, one female GP partner, a female salaried GP and a regular locum GP (26 clinical sessions in total), two practice nurses, two healthcare assistants and a practice manager supported by an assistant manager and a large team of reception / administrative staff. Sessions at the branch surgery are covered by GPs on a rota basis. The practice also employs two enhanced practice nurses and a diabetes specialist nurse.

Opening hours at the main surgery are 8:00am to 6:30pm weekdays with the exception of Thursday when the surgery closes at 12:30pm. Extended hours are available on Mondays at the main surgery from 6:30pm to 8:30pm. The branch surgery opening hours are 9:00am to 6:30pm weekdays with the exception of Wednesday when the surgery closes at 12:00pm. Telephone access is available from 8:00am at the main surgery and from 9:00am at the branch surgery. Calls for the branch surgery between 8:00am and 9:00am are redirected to the main surgery. Home visits are provided for patients who are housebound and the doctors and nurses provide advice over the telephone to patients who have made that request via the reception team. The practice has opted out of providing out of hours (OOH) services to their own patients and refers patients to the NHS 111 service for healthcare advice when the surgery is closed.

The practice provides a range of services including child development checks, children's immunisations, adult immunisations, travel advice, maternity care, family

Detailed findings

planning, cervical smears and healthy lifestyle advice. In addition to services provided through the GMS contract the practice offers Spirometry, Electrocardiogram (ECG), Insulin initiation and complex wound management.

Why we carried out this inspection

We undertook a comprehensive inspection of Kings Road Medical Centre on 20 September 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 in September 2016 can be found by selecting the 'all reports' link for Kings Road Medical Centre on our website at www.cqc.org.uk.

Following our inspection in September 2016 the areas identified where the provider must make improvements were:

- Ensure safe and proper storage of medical records to maintain information governance processes.

In addition areas where the provider should make improvements were:

- Ensure the actions identified from the recent fire risk assessment carried out for the branch surgery are implemented and fire extinguisher servicing is brought up to date.
- Implement the plan to upgrade the branch surgery.

- Continue to monitor Quality and Outcomes Framework (QOF) exception reporting particularly in relation to diabetes indicators and bring in line with local and national averages.
- Improve childhood immunisation uptake to bring in line with national averages.
- Improve telephone access to both the main and branch surgeries.

We undertook a comprehensive follow up inspection of Kings Road Medical Centre on 31 August 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.

How we carried out this inspection

We carried out a comprehensive follow up inspection of Kings Medical Centre on 31 August 2017. This involved reviewing evidence that:

- Patient outcomes had improved.
- The security of patient's medical records had improved.
- Fire safety arrangements had improved.

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 20 September 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of the storage of medical records and fire safety arrangements were not adequate. In addition the provider had a plan to upgrade the branch surgery which was in need of repair and modernisation. However, the plan had not been implemented.

These arrangements had improved when we undertook a follow up inspection on 31 August 2017. The practice is now rated as good for providing safe services.

Monitoring risks to patients

At the inspection in September 2016, we found that patients' medical records were stored securely in locked cabinets at the main surgery, however this was not the case at the branch surgery. Medical records were stored in an

area off from the patient waiting area. The area was accessed through a door that was left unlocked and it was not in the line of sight of reception staff. At this inspection we found that the door had been secured with a padlock.

At the inspection in September 2016, we found that the actions identified from a fire risk assessment carried out at the branch practice had not been implemented and two fire extinguishers were overdue a maintenance service. At this inspection we found that the provider had implemented the outstanding actions. These included the installation of smoke detectors and fire alarms and the updating of fire extinguishers.

At the inspection in September 2016, we found that the branch surgery was in need of repair and modernisation. The provider had a plan to do this however there was no timeframe for the plan to be implemented. At this inspection the provider showed us evidence that they had been granted planning permission by the local council to rebuild the surgery and that they were awaiting final approval from the Clinical Commissioning Group (CCG) for the new surgery. The developers were aiming to start the new build in November 2017.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 20 September 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of the practices Quality and Outcomes Framework (QOF) performance and childhood immunisations rates needed improving.

These arrangements had improved when we undertook a follow up inspection on 31 August 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

At the inspection in September 2016, we found that data from QOF for 2014/15 showed clinical exception reporting at 14% which was high compared to local and national averages (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

At this inspection the provider provided us with data that showed exception reporting had improved. The clinical exception rate for 2015/16 was 8% and unpublished data for 2016/17 was expected to be 6% which was significantly below the national average.

Since our last inspection the practice had improved the care and services provided to patients with diabetes by working closely with the community diabetes specialist nurse to manage patients whose diabetes was poorly controlled, carrying out quarterly reviews of these patients and providing a pre-diabetes screening service.

Supporting patients to live healthier lives

At our inspection in September 2016, we found the practices childhood immunisation rates were below the national average. For example:

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 25% to 92% (national; 88% to 95%).
- Childhood immunisation rates for the vaccinations given to five year olds ranged from 21% to 96% (national; 81% to 95%).

At the inspection in September 2016, the practice provided us with unpublished data that showed improvement. For example, for the last four quarters childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 96% and for five year olds from 82% to 87%.

In addition, to further improve childhood immunisation rates:

- The surgery had put in place a monitoring system to ensure children were vaccinated on schedule and should patients not attend their appointments the practice nurse proactively contacted patients to reschedule their appointments.
- The practice was actively campaigning to increase uptake and inform the patients about the importance of immunisation by sending out SMS messages and using the waiting room TV system to broadcast information about children's immunisations.
- The practice has implemented a new process where children from birth were monitored up to the age of five to ensure no immunisations were missed.

Are services caring?

Our findings

Please note this was a follow up focused inspection of safe and effective care and treatment under the key questions safe and effective. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Please note this was a follow up focused inspection of safe and effective care and treatment under the key questions safe and effective. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following website:

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Are services well-led?

Good 

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

Our findings

Please note this was a follow up focused inspection of safe and effective care and treatment under the key questions safe and effective. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following website:

<http://www.cqc.org.uk/search/services/doctors-gps>