

Kingsmead Healthcare

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 safe?

Good



Are services caring?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We undertook a desktop-based review of Kingsmead Healthcare on 7 October 2016. We found the practice to be good for providing safe and caring services and it is rated as good overall.

We had previously conducted an announced comprehensive inspection of the practice on 12 November 2015. As a result of our findings during that visit, the practice was rated as good for being effective, responsive and well-led, and requires improvement for being safe and caring, which resulted in a rating of requires improvement overall. We found that the provider had breached two regulations of the Health and Social Care Act 2008: Regulation 17(1) and (2)(a)(b)(f) Good governance; and Regulation 10(2)(a) dignity and respect. You can read the report from our last comprehensive inspection at <http://www.cqc.org.uk/provider/1-199730621>. The practice wrote to us to tell us what they would do to make improvements and meet the legal requirements.

We undertook this desktop-based review on 7 October 2016 to check that the practice had followed their plan, and to confirm that they had met the legal requirements. This report only covers our findings in relation to those areas where requirements had not been met previously.

Our key findings on 7 October 2016 were as follows:

- All staff had received training in identifying and reporting significant events, and the number and type of events reported was now monitored.
- Emergency medicines were stored in the reception area where they were readily accessible by all staff in the event of an emergency.
- There were ampoules of water and syringes with the benzylpenicillin already stored as part of the emergency medicines at the practice so that these were available if required for treatment.
- The practice had fitted curtains in all treatment rooms for the benefit of patient privacy and dignity.

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.

- All staff had received training in identifying and reporting significant events, and the number and type of events reported was now monitored.
- Emergency medicines were stored in the reception area where they were readily accessible by all staff in the event of an emergency.
- There were ampoules of water and syringes with the benzylpenicillin that could be used if necessary to treat a medical emergency.

Good



Are services caring?

The practice is rated as good for providing caring services.

- There were curtains installed in all four consultation and treatment rooms for the benefit of patient privacy and dignity.

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 practice is rated as good for the care of older people. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



Kingsmead Healthcare

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector.

Why we carried out this inspection

We carried out an announced, focused inspection of this service on 7 October 2016 under Section 60 of the Health

and Social Care Act 2008 as part of our regulatory functions. This is because the service was not meeting some legal requirements during our previous visit on 12 November 2015.

The inspection was conducted to check that improvements planned by the practice to meet legal requirements had been made.

How we carried out this inspection

During a desk based review on 7 October 2016, we reviewed a range of information provided by the practice, and spoke with the practice manager.

Are services safe?

Our findings

Safe track record and learning

At our last inspection on 12 November 2015 we found that the practice was not reporting significant events in accordance with practice policy. They were not monitoring significant events effectively, not evaluating or improving practice in response.

During this review we found that there was an effective system in place for reporting and recording significant events.

- Staff had been trained to inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient letter was scanned onto the wrong patient file. The practice investigated and found that the member of staff who had scanned the letter had been distracted by the need to answer multiple phone calls. The practice discussed the incident in a meeting and agreed that staff engaged in scanning notes should not also be required to answer phone calls.

Arrangements to deal with emergencies and major incidents

At our last inspection on 12 November 2015 we found that the emergency medicines were not easily accessible; one medicine held by the practice, benzylpenicillin for injection, was not useable as there was no water or syringes available. Benzylpenicillin is an antibiotic that is used as a treatment for several health issues including meningitis.

At this desktop-based review we found that these shortfalls had been remedied:

- The emergency medicines had been moved to the reception area where they were readily accessible by all staff in the event of an emergency.
- There were ampoules of water and syringes with the benzylpenicillin already stored as part of the emergency medicines at the practice so that these were available if required for treatment.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

At our last inspection on 12 November 2015 we found that the practice did not have curtains in consulting and treatment rooms, which was compromising patient privacy.

The practice had told us that the curtains had been removed to reduce the risk of the spread of infection. However, we asked the practice to review this decision and take steps for the benefit of patient privacy and dignity.

- During this review we found that the practice had installed curtains in all four of the consultation and treatment rooms for the benefit of patient privacy and dignity.