

# Killick Street Health Centre

## Inspection report

75 Killick Street  
London  
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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 

# Overall summary

We carried out an announced comprehensive inspection of Killick Street Health Centre on 17 August 2017. We rated the practice as good for providing effective, caring, responsive and well-led services and the overall rating was good. We rated the practice as requires improvement for providing safe services, as we had concerns relating to infection prevention and control issues, safety checks and mandatory training for staff.

We served a requirement notice relating to the practice's failure to comply with Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also recommended two improvements the practice should make under the key questions of effective and well-led, as follows: Proceed with plans to improve how learning from clinical audits is passed on; Proceed with the planned schedule of reviewing governance protocols and policies.

The full comprehensive report on the August 2017 inspection can be found by selecting the 'reports' link for Killick Street Health Centre on our website at <http://www.cqc.org.uk/location/1-572907531>. After the inspection, the practice sent us a plan of actions it intended to take to ensure it was able to meet the legal requirements under the key question, Safe.

This inspection was a focussed inspection carried out as a desk-based review of evidence we requested from the practice in March 2018, looking at the issues previously identified and to check and confirm that the practice had carried out its plan to meet the legal requirements. We found that the practice had taken appropriate action to meet the requirements of the regulations relating to providing a safe service. Accordingly, we have revised the practice's rating in respect of providing a safe service to good. The revision of the rating does not effect the ratings given after our previous inspection in August 2017 for the other key questions and the six population groups, which were rated good.

The practice also sent us evidence under the key questions of effective and well-led. We saw minutes of clinical meetings and presentations that confirmed the results and learning from a number of recent clinical audits had been reviewed and discussed. The practice sent us confirmation that the review programme of its governance protocols and policies had proceeded to plan.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

**Older people**

**People with long-term conditions**

**Families, children and young people**

**Working age people (including those recently retired and students)**

**People whose circumstances may make them vulnerable**

**People experiencing poor mental health (including people with dementia)**

## Our inspection team

The inspection was carried out by a CQC inspector

## Background to Killick Street Health Centre

The Killick Street Health Centre (the practice) operates at 75 Killick Street, Islington, London N1 9RH. The building is around twenty years old and is purpose-built. There are good transport links, with King's Cross station nearby.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 12,000 patients. It is part of the NHS Islington Clinical Commissioning Group (CCG), which is made up of 34 general practices. The practice is registered with the Care

Quality Commission as a partnership of five GPs, three female and two male, to carry out the following regulated activities - Treatment of disease, disorder or injury; Family Planning, Maternity and midwifery services, Surgical procedures and Diagnostic and screening procedures. The patient profile has a higher than average proportion of younger adults aged 20 – 39, but fewer young children, teenagers and patients aged over-40. There are considerably fewer patients aged 50+, when compared with the national average. The deprivation score for the practice population is in second “most deprived decile”, indicating a high deprivation level among the patient population. The patient group includes refugees, hostel residents and students.

The clinical team is made up of the five partner GPs, two of whom work five clinical sessions a week, with three working four clinical sessions; there is a salaried female GP who works five clinical sessions and two more who work four clinical sessions. There are two full time practice nurses and one who works part-time, usually

three-four days a week. The practice also has two healthcare assistants, one full time and the other working one day a week. It is a training practice, with three of the partner GPs accredited as trainers, and there are currently four GP registrars attached. GP registrars are qualified doctors gaining experience in general practice. The administrative team comprises the practice manager, finance manager, five administrative staff and nine receptionists.

The practice reception operates between 8.30 am and 6.30 pm on Monday, Tuesday, Wednesday and Friday. The practice is closed on Thursday afternoon, when the reception operates until 1.00 pm. Telephone calls are answered from 8.00 am. The practice closes for staff training between 1.00 pm and 2.00 pm on the first and third Tuesday of the month.

Appointments with GPs and nurses are available at the following times -

Monday 9.00 am - 7.15 pm

Tuesday 7.30 am - 7.15 pm

Wednesday 7.30 am - 7.15 pm

Thursday 8.00 am - 12.30 pm

Friday 7.30 am - 6.30 pm

The CCG commissions the “IHub” extended hours service, operating until 8.00 pm on weekdays and between 8.00 am and 8.00 pm at weekends at three sites across the borough. Appointments can be booked by patients

contacting their own general practice. There is also a walk in service available to all patients at a central location. The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. Information about the out-of-hours provider and NHS 111 service is given in the practice leaflet and on the practice website.

Routine consultations, each ten minutes long, can be booked four to six weeks in advance. Longer or double appointments can be booked for reviews of long term

health conditions as well as for patients for very complex healthcare needs, including mental health and behavioural or communication problems. Three of the GPs' standard appointments are 15 minutes long, allowing some flexibility and choice to patients. Home visits are available for patients who may be house bound. The GPs and nurses are also available for telephone consultations. Routine appointments with GPs may be booked online by patients who have previously registered to use the system. It can also be used to request repeat prescriptions.

# Are services safe?

At our comprehensive inspection on 17 August 2017, we rated the practice as requires improvement for providing safe services. We found that systems, processes and practices did not always keep people safe. We noted issues relating to infection prevention and control, safety checks and mandatory training for staff. We served a requirement notice relating to the practice's failure to comply with Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice sent us a plan of the action it intended to take to meet the legal requirements under the key question, Safe.

This was a focused inspection, carried out as a desk-based review of evidence we requested from the practice in March 2018, looking at the issues referred to in our requirement notice, to check and confirm that the practice had carried out its plan to meet the legal requirements.

## Overview of safety systems and processes

At our comprehensive inspection on 17 August 2017, we found that the practice had systems, processes and practices in place to minimize risks to patient safety. However, in some areas, such as infection prevention and control and mandatory staff training, the systems were not sufficiently robust to ensure safety was maintained.

The practice had recently obtained access to online training facilities, but the records were not able to confirm that all staff were up to date with mandatory training requirements. We noted that 13 of the 32 staff members were overdue appropriate refresher training in adult safeguarding and child protection.

We saw that an infection prevention and control (IPC) audit had been carried out in July 2017, but it included no action plan. We noted that the practice's IPC policy had not been reviewed since 2014 and found that ten of the 32 staff members had no record of receiving recent refresher training. Staff told us that equipment such as the spirometer and nebuliser were cleaned after each use, but this was not recorded. The practice had a cleaning schedule available, but this was not used to record and monitor cleaning activity. A risk assessment in respect of legionella, a particular bacterium which can contaminate water systems in buildings, had been carried out in June 2016 and a management plan was in place. Staff told us that water temperature was tested on a regular basis, but there were no records to confirm this.

For this desk-based inspection in March 2018, the practice sent us evidence that all staff had completed online refresher training in safeguarding adults and child protection to levels appropriate to their roles.

A further IPC audit had been completed in November 2017, and staff had completed online refresher training. We were sent evidence that all respiratory equipment, such as the spirometer and nebulizers were cleaned and maintained in accordance with the manufacturer's instructions, including, where appropriate, on a weekly basis. The practice also provided evidence of premises and general cleaning logs, carried out according to daily, weekly and monthly schedules, together with its new IPC rooms check protocol an example of a completed check record.

The practice provided evidence of water temperature testing, carried out in accordance with the legionella management plan. This included a record of it being done by practice staff up to February 2018 and thereafter by an environmental services contractor in March 2018.

## Monitoring risks to patients

At our comprehensive inspection on 17 August 2017, we saw there were procedures for assessing, monitoring and managing risks to patient and staff safety. However, although there was a health and safety policy available, it was overdue review. The practice could not show us evidence that the alarm was tested on a regular basis.

For this desk-based inspection in March 2018, the practice sent us evidence that governance policies had been reviewed and a log which had been introduced confirming the fire alarm was tested on a weekly basis, using different call points in accordance with the manufacturer's recommendations.

## Arrangements to deal with emergencies and major incidents

At our comprehensive inspection on 17 August 2017, we saw that the practice had arrangements to respond to emergencies and major incidents. It had a defibrillator available on the premises and oxygen with adult and children's masks. Staff told us these were checked on a weekly basis, but no record was maintained to confirm this. Staff also told us that emergency medicines stored on the premises and in the GPs' emergency bag and were monitored by the nursing team, but this was not recorded.

## Are services safe?

For this desk-based inspection in March 2018, the practice sent us completed copies of the logs that had been introduced, recording monthly checks of the defibrillator and emergency oxygen supply, together with emergency medicines and the GPs' home visits bag.

We found that the practice had taken appropriate action to meet the requirements of the regulations. Accordingly, we have revised the practice's rating in respect of providing a safe service to good.