

Kings Heath Practice

Inspection report

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www.kingsheathpractice.nhs.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 location

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Kings Heath Practice on 16 May 2018. The overall rating for the practice was inadequate and the practice was placed in special measures.

From the inspection in May 2018 the practice was told they must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the practice was told they should:

- Continue with efforts to invite patients for annual reviews where needed, including patients with a learning disability.
- Explore how the uptake of cancer screening could be improved.
- Continue to establish a patient participation group in order to gather and act on patient feedback and improve services.

The full comprehensive report on the May 2018 inspection can be found by selecting the 'all reports' link for Kings Heath Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 11 February 2019, to confirm that the practice had made the recommended improvements that we identified in our previous inspection on 18 May 2018. Prior to the May 2018 inspection the practice had been rated as requires improvement in October 2017. The practice had failed to make the required improvements following the October 2017 inspection which led to the practice being rated as inadequate and placed into special measures in May 2018.

Our judgement of the quality of care at this service is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information from the provider, patients, the public and other organisations.

The practice is rated as requires improvement overall. The overall rating for this practice is requires improvement due to concerns in providing safe and well-led services. However, the population groups have been rated as requires improvement or good due to some improvement with effective and responsive care and treatment being delivered at the practice.

We rated the practice as **requires improvement** for providing safe services because:

- Staff were not always clear on who to report safeguarding concerns to.
- The practice needed to provide more information and guidance to staff in relation to recognising and managing sepsis.

We rated the practice as **requires improvement** for providing effective services because:

- Improvement was needed in relation to patient screening, diabetes and asthma reviews.
- Staff were trained and supported in their roles, however, clinical supervision and oversight was not always in place.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

We rated the practice as **inadequate** for providing well-led services because:

- The lack of consistent practice management presence was impacting on the quality of care and treatment.
- Quality monitoring across the practice needed to be strengthened to ensure areas such as unplanned admissions and patient follow ups were fully audited.
- Although we found the practice to be improved since our last inspection, we did not yet have evidence that the improvements would be sustainable over time and we found further issues which had not been identified at the last inspection.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Improve training and guidance for staff in relation to recognising and managing sepsis.

Overall summary

- Continue to work to improve the uptake of patients for the national cancer screening programme.
- Continue to work to improve the uptake of child immunisations.

I am taking this service out of special measures. This recognises the improvements that have been made to the quality of care provided by this service.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Population group ratings

Older people	Good 
People with long-term conditions	Requires improvement 
Families, children and young people	Good 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Good 
People experiencing poor mental health (including people with dementia)	Good 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Kings Heath Practice

Kings Heath Practice is part of the General Practice Alliance (GPA), a federation of 21 GP surgeries based in and around the centre of Northampton. The practice is located in Kings Heath, a suburb of Northampton close to the town centre and provides primary care services for patients in Kings Heath and the surrounding area. The GPA is registered with the Care Quality Commission (CQC) as a limited company. The federation provides primary care services through GP members in Northampton.

The practice holds an Alternative Personal Medical Services (APMS) contract with NHS England. The practice has a registered manager in place. A registered manager is an individual registered with CQC to manage the regulated activities provided.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice area is one of high deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had approximately 3,610 patients. Demographically the practice has a higher than average

young population with 34% under 18 years, compared with the national average of 21%. Only 3% of the practice population were over 75, compared with the national average of 8%.

The clinical team consists of a part-time GP (male), two advanced nurse practitioners (ANP) (female), two practice nurses (one male, one female) and a part-time specialist diabetic nurse (female). The practice uses four regular locum GPs (male and female) to support the clinical team. The clinical team was supported by two senior administrators and two reception staff. Clinical oversight and support was provided by a named clinical lead from the GPA federation. There was no practice manager in post at the time of our inspection, however, some management capacity was provided by the federation. The practice advised of difficulties they had experienced in recruiting both clinical and non-clinical permanent staff. The practice was actively recruiting at the time of our inspection.

The practice is open between 8am and 7.30pm on Mondays, and between 8am and 6.30pm on Tuesdays, Wednesdays, Thursdays and Fridays. Telephone consultations are available at various times throughout the day. Extended practice hours to see an Advanced Nurse Practitioner or Practice Nurse are offered between

6.30pm and 7.30pm on a Monday evening. Pre-bookable appointments can be booked up to four weeks in advance and a number of urgent appointments are allocated each day to provide same day access to those who may need them. The practice has opted out of

providing cover to patients in the out-of-hours period. During this time services are provided by Northamptonshire Doctors Urgent Care, patients access this service by calling NHS 111.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had failed to ensure there was effective and consistent governance and leadership at the practice therefore increasing risks to patients and persons employed. The quality assurance systems in place to monitor the quality of care and treatment needed strengthening to ensure the service was meeting the fundamental standards.