Knowle Green Medical

Quality Report

Staines Health Centre
Knowle Green
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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 Knowle Green Medical on 20 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Knowle Green Medical on our website at www.cqc.org.uk.

During the inspection we found breaches of legal requirements and the provider was rated as requires improvement under the safe, effective and well led domain. Following this inspection the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensuring recruitment arrangements include all necessary employment checks for all staff.
- Ensuring that training appropriate to job role is completed for all staff.
- Ensuring that policies and procedures are reviewed and up to date.
- Ensuring the proper management of clinical waste.
- Ensuring that prescription paper is stored securely.
- Ensuring that comprehensive risks assessments are completed where required.
- Ensuring that all staff know the locations of emergency equipment and medicines.
- Ensuring that information for patients about how to complain includes signposting information should the patient not be satisfied with the practice's response and that learning from all complaints is shared appropriately.

This inspection was an announced focused inspection carried out on 07 March 2017 to confirm that the practice had carried out their plans to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 20 July 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 at this inspection, 07 March 2017, were as follows:

- A system to monitor training had been put in place and staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- All policies and procedures had been reviewed and were up to date.

Summary of findings

- Risks to patients were assessed and managed, including those related to recruitment checks, risk assessments, infection control, storage of clinical waste, security of prescription paper and training.
- Information about services and how to complain was available and easy to understand and improvements were made to the quality of care as a result of complaints and concerns.
- The locations of emergency medicines and equipment were clearly signed and all GPs and staff had been made aware of their location.

Our previous report also highlighted the following areas where the practice should improve:

- Review confidentiality arrangements with other services who share communal areas.
- Review exception reporting within the practice.
- Develop methods to increase the uptake of cervical screening and childhood immunisations.

During our inspection 07 March 2017 we saw evidence that a confidentiality sharing agreement was in place with the other services who share communal areas, and that the uptake of childhood immunisations in two year olds and cervical screening had improved. We noted that the immunisation rates for five year olds was still below local and national averages. We also noted that although overall exception reporting was comparable to local and national averages there were some areas where exception reporting was still high.

However, the areas of practice where the provider should make improvements are.

- Continue to review and improve where possible exception reporting within the practice.
- Continue to develop methods to increase the uptake of childhood immunisations.

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?

Good

The practice is rated as good for providing safe services.

Following our previous inspection in July 2016 the practice had made significant improvements. During our inspection in July 2016 we identified concerns with safeguarding training, recruitment checks, building safety checks, risk assessments, implementing mitigating actions and the security of clinical waste and prescription paper.

At the inspection on 07 March 2017, we found:

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- All staff had received safeguarding training appropriate to their job role.
- Recruitment checks were completed in accordance with practice policy.
- Risks to patients were assessed and well managed.
- All appropriate building and equipment safety checks and risk assessments had been completed and there were action plans in place to implement actions that were identified.
- Blank prescription forms were stored securely and tracked within the practice.
- Clinical waste, including sharps, was stored securely.

Are services effective?

Good

The practice is rated as good for providing effective services.

Following our previous inspection in July 2016 the practice had made significant improvements. During our inspection in July 2016 we identified concerns with training and the monitoring of training.

At the inspection on 07 March 2017, we found:

- The practice had implemented a new system to monitor training, and had clearly defined training that was required for each role.
- All staff had completed training appropriate to their job role.

Are services well-led?

Good

The practice is rated as good for being well-led.

Summary of findings

Following our previous inspection in July 2016 the practice had made significant improvements. During our inspection in July 2016 we identified concerns with policies and protocols that were overdue review, handling of complaints and the management of risks to patients.

At the inspection on 07 March 2017, we found:

- The practice had up to date practice specific policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to identify and monitor risks to patients.
- The practice gave people who complained truthful information and where appropriate an apology in a timely manner. The practice provided signposting information should the patient not be satisfied with the practice response and learning from complaints was shared widely enough to support improvement.

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

Good

Knowle Green Medical

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was a CQC lead inspector.

Background to Knowle Green Medical

Knowle Green Medical is based in a large single storey purpose built health centre. The property is leased from NHS Property Services Ltd and Knowle Green Medical is not the major tenant. There are a variety of other services located in the building including two other GP practices and community services including podiatry and health visitors. The practice holds a contract to provide general medical services and at the time of our inspection there were approximately 7,500 patients on the practice list. The practice has a slightly higher than average number of patients aged 25 to 50 years, there is a slightly lower than average number of patients aged five to 20 years and 50 to 84 years old. The practice also has a higher than average number of patients with long standing health conditions. The practice is located in an area that is considered to be in the second least deprived centile nationally.

The practice has three GP partners and one salaried GP (one male, three female). They are supported by three practice nurses, a practice manager and a team of clerical and reception staff. The practice is a training practice and at the time of our inspection there was one GP registrar training with the practice. (A training practice has GP trainees who are qualified doctors completing a specialisation in general practice.)

The practice is open between 8am and 6pm Monday to Friday. Extended hours appointments are offered 6.30pm to 7pm Wednesday and Thursday evenings and Saturday morning from 8.30am to 11am. When the practice is closed between 6pm and 6.30pm there is a telephone answering service which directs calls to the duty doctor provided by the practice, between 6.30pm and 8am patients are advised to call NHS 111 where they will be given advice or directed to the most appropriate service for their medical needs.

The service is provided from the following location:

Knowle Green Medical

Staines Health Centre

Staines

Middlesex

TW18 1XD

Why we carried out this inspection

We undertook a comprehensive inspection of Knowle Green Medical on 20 July 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 July 2016 can be found by selecting the 'all reports' link for Knowle Green Medical on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Knowle Green Medical on 07 March 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.

Detailed findings

How we carried out this inspection

We carried out a focused inspection of Knowle Green Medical on 07 March 2017.

During our visit we:

- Spoke with a range of staff (including the practice manager and reception staff).

This involved reviewing evidence that:

- Staff training records.
- Personnel files including recruitment checks.
- Complaint Handling.
- Policies and procedures.
- Risk assessments, building and equipment checks..
- Clinical waste storage.
- Blank prescription forms storage and tracking.
- GPs and staff were aware of where emergency medicines and equipment were stored.

Good

Are services safe?

Our findings

At our previous inspection on 20 July 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safeguarding training, recruitment checks, building and equipment safety checks, risk assessments, implementing mitigating actions and the security of clinical waste and prescription paper needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 07 March 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At our inspection 20 July 2016 we noted that the child safeguarding policy contained out of date information and not all GPs or staff had received safeguarding adult and child training to a level appropriate to their role. We also found that not all staff who acted as chaperones had received training.

During our inspection in March 2017 we reviewed the safeguarding polices and found that they had been reviewed and contained up to date information. We also looked at the training records of all GPs and staff and found that they had all completed safeguarding child and adult training to a level appropriate to their role. We also found that all staff who acted as chaperones understood the role and had received training which reflected best practice guidelines.

Our inspection 20 July 2016 identified concerns regarding infection control. We saw that infection control audits were completed regularly but there were still outstanding actions. For example; waste storage and decluttering cupboards.

At our inspection 07 March 2017 we found that all actions identified by the infection control audits had been completed. We saw that clinical waste, including sharps, were stored securely. We also saw that protocols had been implemented to ensure that all equipment was cleaned after use.

When we inspected on 20 July 2016 we found that blank prescription paper was not being stored securely and there was not a system in place to monitor its use.

During our inspection 07 March 2017 we saw that printers were emptied of prescription paper at the end of each session and the prescription paper was stored securely in locked units. A system of tracking had been implemented to monitor the use and security of prescription paper.

At our inspection 20 July 2016 we found that not all appropriate recruitment checks had been completed when staff were employed.

During our inspection 07 March 2017 we looked at the recruitment file for the member of staff employed since our last inspection and found that all appropriate recruitment checks had been completed, including proof of identification, references and checks through the Disclosure and Barring Service.

Monitoring risks to patients

During our inspection 20 July 2016 we found that not all risk assessments had been completed correctly including fire risk and liquid nitrogen. We also noted that the practice did not have access to the risk assessments carried out by the landlord of the premises.

At our inspection 07 March 2017 we saw that all risk assessments had been up dated and completed, including fire risk and liquid nitrogen. We also noted that the landlord of the premises now provided copies of risk assessments, for example legionella, to the practice. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

At our inspection 20 July 2016 we found that not all GPs we spoke with knew where emergency medicines were stored and we saw that the business continuity plan contained out of date information.

During out inspection 07 March 2017 we talked to staff who told us the location of emergency medicines and equipment. We also saw minutes of meetings where this has been discussed and in each clinical room there was a sign clearly stating where emergency equipment and

Good

Are services safe?

medicines were located. This information had also been added to the locum pack to ensure that staff new to the practice would also be able to access emergency medicines and equipment should it be required.

We also reviewed the business continuity plan and saw that it had been reviewed and updated since our last inspection. We were also told that the partners and practice manager all keep a copy off site and the plan is accessible through a web based tool.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 20 July 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of training needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 07 March 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

When we inspected 20 July 2016 we found that the most recent published results were 91% of the total number of points available. The practice exception reporting rate was 13% which was slightly higher than the clinical commissioning group (CCG) and national average of 9%. (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). In some areas the exception reporting was significantly higher than local and national averages. For example; in patients with a severe and enduring mental health condition who had a comprehensive, agreed care plan the exception reporting rate was higher than the CCG and national average (practice 20%, CCG 9%, national 13%).

At our inspection 07 March 2017 we found that the most recent published results were 93% of the total number of points available. The practice exception reporting rate was 12% which was slightly higher than the CCG average of 10% and the national average of 10%. We noted that practice exception reporting rate was significantly lower than CCG and national averages in some areas, for example; in patients with heart failure the practice exception reporting rate was 4%, compared to the CCG average 8% and national average 9%. However it was still significantly higher than local and national averages in some areas. For example; in patients with mental health the practice exception reporting rate was 28%, compared to the CCG average of 11% and the national average of 11%.

Effective staffing

At our inspection 20 July 2016 we found that not all GPs had completed training in safeguarding, infection control or fire safety and some staff who acted as chaperones had not received chaperone training.

During our inspection 07 March 2017 we reviewed the training records for all GPs and found that they had now completed all training at a level appropriate to their job role. We also reviewed training records for other clinical and non-clinical staff and found they had also completed all training at a level appropriate to their job role.

Supporting patients to live healthier lives

When we inspected the practice 20 July 2017 the practice's uptake for the cervical screening programme was 76%, which was comparable to the clinical commissioning group (CCG) average of 80% and lower than the national average of 82%. We also saw that childhood immunisation rates for the vaccinations given were lower than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 85% (CCG 75% to 88%) and five year olds from 74% to 81% (CCG 76% to 91%).

During our inspection 07 March 2017 we saw evidence that the practice's uptake for the cervical screening programme was 76% which was comparable to the CCG average of 80% and the national average of 81%. We also noted that childhood immunisation rates were above the 90% national target for two years olds. The immunisation rates for five years old were still lower than CCG and national averages. For example; measles, mumps and rubella (MMR) dose one, practice 81% (CCG average 88%, national average 94%). Staff we spoke with told us that they have implemented a new system to monitor childhood immunisations on a monthly basis.

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 20 July 2016, we rated the practice as requires improvement for providing well-led services as the arrangements in respect of policies, risk assessments and monitoring of training needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 07 March 2017. The practice is now rated as good for providing well-led services.

Governance arrangements

At our inspection 20 July 2016 we found that some policies contained out of date information, that risk assessments were not always comprehensive and there was not a clear system in place to implement mitigating actions. We also found that there was not sufficient oversight to ensure that GPs and staff completed training appropriate to their job role.

During our inspection 07 March 2017 we looked at the practice policies, including safeguarding, and found that they had been reviewed since our last inspection and contained up to date information. We also saw that the practice had implemented a new centralised system for storing policies and monitoring review dates. The practice had set the system up to send email reminders to the person responsible for reviewing a policy prior to the review date to ensure that policies are regularly reviewed. Each policy showed a clear version history with main changes identified.

We also reviewed the risk assessments that were in place. The practice had worked with an external company to ensure that all risk assessments were comprehensive and up to date. The practice had also implemented a system of email and diary reminders to ensure that risk assessments were reviewed regularly and mitigating actions that were identified were completed.

We saw evidence that the practice had identified mandatory training for each job role within the practice and made staff aware of the training they must complete. The practice had also implemented a centralised system for monitoring training and we saw evidence that this was reviewed regularly and reminders were sent to staff and GPs who had training outstanding.

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

During our inspection 20 July 2016 we found that patients were not being provided with signposting information should they not be satisfied with the practices response to a complaint, and that not all complaints were being shared widely enough within the practice to support improvement.

At our inspection 07 March 2017 we looked at two complaints that had been received since our last inspection and saw evidence that signposting information had been added to the response letter from the practice. We also saw that signposting information had been added to the practice complaints leaflet and on the practice website section about complaints.

We also saw evidence that complaints had been added as a standing agenda item for all meetings, and we saw minutes from a reception meeting where a complaint about registration had been discussed.