

# Kingshurst Medical Practice

## Inspection 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 location

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Kingshurst Medical Practice on 26 November 2018 as part of our inspection programme. We had previously inspected this practice in September 2015 and had rated the practice as good.

We based our judgement of the quality of care at this service 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.

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

- Some performance data was significantly below local and national averages particularly in relation to the population groups of long term conditions, families, children and young people, and working age people. Actions taken to identify and implement improvement had not had a significant impact at the time of the inspection. We have therefore also rated the practice as requires improvement for providing effective services to these population groups.

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

- Survey results in relation to patient experience was below local and national averages. There was limited evidence of improvement by the practice in response to these results.

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

- Although some action had been taken in response to patient survey results there was no evidence to demonstrate that these had been effective or that they were embedded and would be sustained.

## **These areas affected all population groups so we rated the practice as requires improvement for providing responsive services to all these groups.**

## **We rated the practice as requires improvement for providing well-led services because:**

- Where changes and improvements had been made in response to incidents and significant events, they had not always been monitored and reviewed to ensure that learning was fully embedded.
- The management and oversight of systems, processes and quality monitoring within the practice was not effective. There was no practice manager in post at the time of the inspection and this had impacted on this area.
- There were systems of accountability to support effective governance although these were not effectively monitored and reviewed at all times.
- There were comprehensive policies and procedures although improvements were needed to support best practice.
- The processes for identifying and mitigating risks of health and safety needed improvement. Some risk assessments were not comprehensive enough to ensure all potential risks had been identified and mitigated.

## **We rated the practice as good for providing safe services because:**

- There were defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There was an open and transparent approach to safety and a system in place for recording, reporting and learning from significant events. When incidents happened, the practice learned from them and improved their processes.
- Appropriate standards of cleanliness and hygiene were met.

## **We rated the practice as good for providing effective services to the population groups of older people, people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia) because:**

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice assessed and monitored the physical health of people with mental illness, severe mental

# Overall summary

illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Whilst we found no breaches of regulations, the provider **should:**

- Ensure that all policies are practice specific and kept under review to reflect changes and best practice.
- Ensure that risk assessments are specific, comprehensive and kept under regular review in keeping with best practice.

- Review training to ensure relevant staff are aware of their responsibilities as chaperones.
- Continue to determine reasons for high exception rate reporting and take appropriate action to ensure patients received appropriate care.
- Improve the identification of carers to enable this group of patients to access the care and support they need.
- Take action to ensure that all complaints are responded to within the timescales given in the practices policy.
- Review all aspects of the feedback from the National GP Patient Survey to ensure that action is taken to address all areas where improvements are needed.

**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

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

## Our inspection team

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

## Background to Kingshurst Medical Practice

Kingshurst Medical Practice is located on the outskirts of Solihull. The practice primarily covers an area with high levels of unemployment. There are good transport links and there is a pharmacy nearby.

The provider is Intrahealth and is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. The head office is based in Durham and support functions for all practices under this provider are coordinated from their head office. There are clinical and non-clinical regional managers who support practices on a day to day basis.


Kingshurst Medical Practice is situated within the Birmingham and Solihull (BSoL) Clinical Commissioning Group (CCG) and provides services to 6,687 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Limited parking is available on-site and all consulting rooms are on the ground floor of the practice. A chaperone service is available for patients who request the service. This is advertised throughout the practice.


The clinical team consists of two salaried GPs who are supported by the providers' regional medical director on a weekly basis. There is an advanced nurse practitioner, two nurse practitioners, two practice nurses and a healthcare assistant. Other staff members include two clinical pharmacists and an administrative team. At the time of inspection there was no practice manager in place however support was provided by the regional manager and another local practice manager on a part time basis. Efforts to recruit a replacement practice manager was ongoing.

There are a higher than average number of patients between the ages of 15-44. The National General Practice Profile states that 91% of the practice population is from a white background with a further 9% of the population originating from black, Asian, mixed or other non-white ethnic groups. Information published by Public Health England rates the level of deprivation within the practice population group as one, on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. The practice is in an area of high crime and antisocial behaviour with higher than average incidents of domestic violence and safeguarding.

The practice is open between 8am and 6.30pm Monday to Friday with extended hour appointments available through the local GP Hub. Appointments could be



pre-booked through the reception to see a GP, nurse or healthcare assistant. Hours were from 6.30pm to 8pm Mondays and Fridays, Saturday 9am to 2pm and Sunday 10am to 1pm. Home visits are available for patients who are too ill to attend the practice for appointments.



In addition, when the practice is closed patients are directed to contact the local out of hours provider, Badger via NHS 111.

The practice website can be viewed at: