

# Kingsway Medical Practice

## Quality Report

720 Burnage Lane  
Burnage  
Manchester  
M19 1UG

Tel: 03444773625

Website: [www.kingswaymedicalpractice.co.uk](http://www.kingswaymedicalpractice.co.uk)

Date of inspection visit: 19 October 2016

Date of publication: 25/11/2016

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 caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	4
What people who use the service say	6

### Detailed findings from this inspection

Our inspection team	7
Background to Kingsway Medical Practice	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9

## Overall summary

### Letter from the Chief Inspector of General Practice

This is a focused desk top review of evidence supplied by Kingsway Medical Practice, for two areas within the key question well-led.

We found the practice to be good in providing well-led services. Overall, the practice is rated as good.

The practice was inspected on 15 July 2015. The inspection was a comprehensive inspection under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA). At that inspection, the practice was rated 'good' overall. However, within the key question well-led two areas were identified as requires improvement, as the practice was not meeting the legislation at that time; Regulation 18 Staffing and Regulation 17 Good governance.

At the inspection in July 2015 we found that capacity and staffing levels had not been reviewed or adapted to

respond to the changing needs and circumstances of people using the service or the changes within the structure of the partnership. Checks had not been put in place to ensure staff were not working excessive hours to meet demands. We also found the provider was not operating effective governance systems and processes to make sure they assess and monitor their service for quality, safety and to maintain staff well-being at a partnership level following changes in the capacity and structure of the GP partnership.

The practice supplied an action plan and a range of documents which demonstrated they are now meeting the requirements of Regulation 17 Staffing and Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

**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.

This rating was given following the comprehensive inspection in July 2015. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection in July 2015. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services caring?

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection in July 2015. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection in July 2015. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services well-led?

The practice is rated as good for providing well-led services.

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to staffing and good governance since the inspection carried out in July 2015.

Evidence supplied included copies of risk assessments, health and safety management plan and management team actions log.

In addition the practice submitted a report on the actions they had taken since the last inspection.

This included details of two new roles that had been developed to support the management team and staff. The practice had also employed a pharmacist to work four sessions a week.

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.

This rating was given following the comprehensive inspection in July 2015. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### People with long term conditions

The practice is rated as good for the care of people with long term conditions.

This rating was given following the comprehensive inspection in July 2015. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

This rating was given following the comprehensive inspection in July 2015. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

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).

This rating was given following the comprehensive inspection in July 2015. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

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.

This rating was given following the comprehensive inspection in July 2015. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

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).

Good



# Summary of findings

This rating was given following the comprehensive inspection in July 2015. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

# Summary of findings

## What people who use the service say

As part of this focused desk top review we did not speak to any people who use the service.

# Kingsway Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector reviewed and analysed the documentary evidence submitted.

## Background to Kingsway Medical Practice

Kingsway Medical Practice provides primary medical services in South Manchester, from Monday to Friday. The practice is open between 8.30am – 6.00pm Monday to Friday, with the exception of Wednesday when the practice closes at 4:00pm.

Kingsway Medical Practice is situated within the geographical area of NHS South Manchester Clinical Commissioning Group (CCG). The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Male and female life expectancy in the practice geographical area is comparable to the CCG and national average for males at 79 years and 82 years for females (CCG average 76 and 80 and England average 79 and 81 years).

Kingsway Medical Practice is responsible for providing care to 5882 patients. The practice consists of five GPs, two male

and three female, a nurse practitioner, practice nurse, pharmacist and health care assistant. The practice was supported by a practice manager, receptionists, secretaries, practice administrator and a clerical assistant.

When the practice is closed patients were directed to the out of hour's service GoToDoc.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme on 15 July 2015. This inspection was a planned focused desk top review to check whether the provider had taken the required action and was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now amended by the current legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## How we carried out this inspection

At the inspection in July 2015, we found that well-led required improvement. Following the inspection the practice supplied an action plan with timescales telling us how they would ensure they met Regulation 18 Staffing and Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In line with their agreed timescale the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to Staffing and Good governance.

# Detailed findings

We reviewed this information and made an assessment of this against the regulations.



## Are services safe?

### Our findings

Please note this is a focused desk top review of Staffing and Good governance within the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

# Are services effective?

(for example, treatment is effective)

## Our findings

Please note this is a focused desk top review of Staffing and Good governance within the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following website <http://www.cqc.org.uk/search/services/doctors-gps>

## Are services caring?

### Our findings

Please note this is a focused desk top review of Staffing and Good governance within the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following website <http://www.cqc.org.uk/search/services/doctors-gps>

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

Please note this is a focused desk top review of Staffing and Good governance within the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following website <http://www.cqc.org.uk/search/services/doctors-gps>

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

The practice is rated as good for providing well-led services.

At the inspection in July 2015 we found there was no formal recruitment policy and procedure in place, despite a high turnover of staff. There were no policies or guidance in place for staff where they were required to or had worked overtime. Staff felt due to increased pressures on their time there was insufficient time to liaise face to face with colleagues. Checks had not been put in place to ensure staff were not working excessive hours to meet demands.

We also found there the provider was not operating effective governance systems and processes to make sure they assessed and monitored their service for quality, safety and to maintain staff well-being at a partnership level following changes in the capacity and structure of the GP partnership.

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to staffing and good governance since the inspection carried out in July 2015.

The practice manager told us an away day facilitated by an external consultant had been attended by GP partners, the practice and business manager. This covered the dynamics of the management team and the challenges and risks involved in running a practice. The day enabled the management team to discuss and map out short, medium and long terms goals for the five year business plan. A

practice meeting schedule had been developed with a focussed agenda to ensure topics such as; significant events, safeguarding, the role of the pharmacist and quality and outcomes framework (QOF) were discussed.

In addition the practice sent copies of risk assessments including slips and trips, VDU (computer screen) and dealing with aggression. The practice sent a copy of the health and safety management plan that identified when various safety tests and checks were due or had been completed.

The practice manager submitted a governance framework document that identified individual responsibilities for lead staff such as; governance, Data protection, HR and training and business and finance.

Since the inspection in July 2015 the practice had employed a clinical pharmacist for four sessions a week and two apprentices to the administration team. In addition two new roles had been created of service and QOF co-ordinator and team leader. The service and QOF co-ordinator was responsible for maximising the QOF achievements and ensuring compliance with health and safety requirements. The team leader provided management support to the reception and administration team, they oversee the appointment system, staff rota's and co-chaired the weekly operations meeting with staff.

The practice had employed an external HR consultancy to review the staff handbook, the HR policies and procedures and contracts of employments to ensure compliance with the latest employment guidance.