

Kiltearn Medical Centre

Quality 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 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kiltarn Medical Centre on 11 November 2015. The overall rating for the practice was good, however a requirement notice was made as improvements were needed to patient access. The full comprehensive report on the November 2015 inspection can be found by selecting the 'all reports' link for Kiltarn Medical Centre on our website at www.cqc.org.uk.

This inspection was undertaken on 20 June 2017 and was an announced comprehensive inspection.

Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There were systems in place to reduce risks to patient safety, for example, equipment checks were carried out, there were systems to protect patients from the risks associated with insufficient staffing levels and to prevent the spread of infection.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt supported. They had access to training and development opportunities appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect. We saw staff treated patients with kindness and respect.
- Services were planned and delivered to take into account the needs of different patient groups.
 - Access to the service was monitored and significant improvements had been made.
- There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

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. There were appropriate systems in place to ensure that equipment was safe to use. The practice maintained appropriate standards of cleanliness and hygiene. Staff were aware of procedures for safeguarding patients from the risk of abuse. Staff knew how to report safety issues and these were investigated and overall, appropriate action taken.

Good



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff felt supported and had access to training and development opportunities appropriate to their roles.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients spoken with and who returned comment cards were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Responses to the National GP Patient Survey (July 2016) relating to the caring approach of the practice were in-line with local and national averages.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Since the last inspection of the service a number of improvements had been made to improve patient access. A range of access to the service was provided and this was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with guidance about how to handle a complaint.

Good



Are services well-led?

The practice is rated as good for providing well-led services. The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. There was a clear leadership

Good



Summary of findings

structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance and staff meetings. The practice proactively sought feedback from staff and patients, which it acted on.

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. The practice kept registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. GPs visited three local nursing homes weekly. Visits were carried out by the same clinicians to provide continuity and these clinicians were available for senior care home staff for advice and guidance outside of these visits. Quarterly meetings with other local GP practices were attended to share best practice within the care home setting. Care plans were in place for all care home residents to support their health and well-being. The practice pharmacist undertook reviews of older patients who were prescribed multiple medications and also supported patients who had difficulty accessing their prescriptions. The practice worked with other agencies and health providers to provide support and access specialist help when needed. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to ensure regular reviews of patients with long term conditions. The advanced nurse practitioner and nurse practitioner supported patients with complex long term conditions at home and at the practice. The practice worked with community services to provide chronic disease management outreach services to vulnerable and housebound patients. Patients with long term conditions and who were at risk of an unplanned hospital admission were reviewed by the practice nurse following an unplanned hospital admission. This review included an assessment of clinical needs, medication review and social support. The practice pharmacist provided chronic disease clinics and visited housebound patients with medication related issues. The pharmacist had also completed a pain management and medicines qualification to assist with reviewing patient medication. The practice worked with other agencies and health providers to provide support and access to specialist help when needed.

Good



Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Priority was given to children and young people who needed to see the GP. Child health promotion information was available on the practice website and in leaflets displayed in the waiting area. The advanced nurse practitioner had undertaken a paediatric training course to enable them to manage common childhood conditions. An outreach clinic was provided at a local college and the advanced nurse practitioner liaised with the college to register students away from home for the first time and who had multiple medical needs. The Patient Participation Group had young patients to represent the views of this population group. Family planning and sexual health services were provided. Gynaecological clinics were led by female GPs and longer appointments were available.

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). The practice appointment system and opening times provided flexibility to working patients and those in full time education. The practice was open from 8am to 6pm Monday to Friday. Extended hours were provided Wednesday morning 7am to 8am, Thursday evening 6.30pm to 8pm and Saturday morning from 9am to 12pm. Patients could book routine appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line or by attending the practice. Telephone consultations were also offered. Mobile phone texts were made to remind patients about appointments and reduce missed appointments and for some test results. The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, NHS health checks, contraceptive services, smoking cessation advice and family planning services.

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. A register was kept of patients with a learning disability and there was a system to ensure these patients received an annual health check. This check was offered at home or at the practice and there was flexibility in appointment length. Alerts were placed on the records of vulnerable patients and longer appointments were offered. The staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and children and all staff had safeguarding training relevant to their role. Services for carers were publicised and a record was

Good



Summary of findings

kept of carers to ensure they had access to appropriate services. A member of staff acted as a carer's link and they were working to identify carers and promote the support available to them. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to Alternative Solutions for support with social issues that were having a detrimental impact upon their lives. Alternative Solutions were available at the practice on a weekly basis and were available for support following self or referral by a clinician.

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). GPs worked with specialist services to review care and to ensure patients received the support they needed. The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients to appropriate services such as memory clinics, psychiatry and counselling services. Patients were also signposted to relevant services such as Age UK, and the Alzheimer's Society and were offered resources such as talking therapies and on-line self-help resources.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 (data collected from July-September 2015 and January-March 2016). The practice distributed 220 forms 120 (55%) were returned which represented approximately 0.9% of the total practice population. The results showed that patient's responses about whether they were treated with respect and compassion by clinical and reception staff were overall in-line with local and national averages. For example results showed:

- 86% said the GP was good at listening to them compared to the CCG average of 91% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 92%.
- 91% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 82% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 85%.

Responses relating to GPs involving patients in decisions about their care were below local national averages:

- 71% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.

Results from the national GP patient survey showed that patient's satisfaction with access to care and treatment was comparable to local and national averages for some responses. For example results showed:

- 87% of patients said the last appointment they got was convenient compared to the CCG average of 92% and national average of 92%.
- 67% of patients were satisfied with the surgery's opening hours compared to the CCG average of 74% and national average of 76%.
- 64% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 60% and national average of 66%.

Results from the national GP patient survey showed that patient responses were below local and national averages in other areas:

- 29% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 59% and national average of 73%.
- 47% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 64% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 74% and national average of 76%.
- 57% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 81% and national average of 80%.
- 71% of respondents found the receptionists at the surgery helpful compared to the CCG average of 85% and national average of 87%.

At the last inspection in November 2015 a requirement notice was made that the practice improve its governance systems in relation to patient access to the service. The practice was not demonstrating that it had made improvements to access following feedback from patients about the lack of access to appointments and difficulty getting through to the service by telephone. The national patient survey results were collected 15 months ago and in this period the practice has made significant changes to improve patient access. For example, GP appointment time had been increased through a number of improvements such as an additional clinic being added to the extended hours' sessions on a Saturday and Wednesday morning, additional telephone consultation slots being made available and afternoon clinics now

Summary of findings

started earlier. The appointment of further staff to support the service, such as a physiotherapist and pharmacist, which gave GPs more capacity to see patients with complex needs. The practice had trained existing staff to provide further clinical services, for example the advanced nurse practitioner carried out a minor illness clinic which meant these patients did not need to see a GP. A more effective telephone system had been introduced. Reception staff signposted patients to other services if they did not necessarily need to see a GP and patients awareness of the varied services on offer had been raised through advertising. The GPs had received training in managing patient demand for appointments and the provision of good quality care and there were improved systems to regularly monitor patient access.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection.

We received 34 comment cards which were overall positive about the standard of care received. We spoke with five patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy. Overall feedback from patients indicated that they were satisfied with access to the practice.

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for the last three months showed there had been 47 responses completed. Thirty nine (83%) of the respondents were either extremely likely or likely to recommend the practice.

Kiltearn Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Kiltearn Medical Centre

Kiltearn Medical Centre is responsible for providing primary care services to approximately 13,400 patients. The practice is situated in Nantwich, Cheshire. Services are provided from a purpose built building in Nantwich town centre. Co-located with the practice are other GP practices and a pharmacy. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The practice has an above average number of older patients compared to local and national averages.

The practice is managed by six GP partners. In addition there are two salaried GPs. There is a team of nursing staff including an advanced nurse practitioner and healthcare assistants. There are both male and female clinical staff. They are supported by a team of management, reception and administrative staff.

Kiltearn Medical Centre is open from 8am to 6pm Monday to Friday. Extended hours are provided Wednesday morning 7am to 8am, Thursday evening 6.30pm to 8pm and Saturday morning from 9am to 12pm. Patient facilities are located on the ground floor. There are car parks close to the practice. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, by calling 111.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including avoiding unplanned hospital admissions, minor surgery, timely diagnosis of dementia and flu and shingles vaccinations.

We undertook a comprehensive inspection of Kiltearn Medical Centre 11 November 2016. The practice was rated as good overall and good for all outcome areas. However a requirement notice was made as improvements were needed to patient access.

Why we carried out this inspection

We undertook a comprehensive inspection of Kiltearn Medical Centre on 11 November 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and in all outcome areas however a requirement notice was made as the practice needed to make improvements to patient access. The full comprehensive report on the November 2015 inspection can be found by selecting the 'all reports' link for Kiltearn Medical Centre on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Kiltearn Medical Centre on 20 June 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

Detailed findings

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- 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)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an

announced inspection on 20 June 2017. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting, recording and investigating significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. All staff spoken with knew how to identify and report a significant event. All complaints were regarded as significant events which enabled learning from the investigation of complaints to be shared. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. We looked at a sample of significant events from the practice and found that action had been taken to improve safety in the practice where necessary. The practice held staff meetings at which significant events were discussed in order to cascade any learning points. A number of clinicians had received training to enable them to ensure a thorough investigation of significant events was undertaken. A log of significant events was maintained which enabled patterns and trends to be identified. There was a system in place for the management of patient safety alerts and we were given examples of the action taken.

Overview of safety systems and processes

- Policies and procedures for safeguarding children and vulnerable adults were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and they told us they had received training on safeguarding children and vulnerable adults relevant to their role. The practice met with the health visiting service quarterly to discuss any concerns about children and their families and how they could be best supported. A&E attendances were reviewed to enable possible safeguarding issues to be identified. Clinicians had completed training in supporting patients who were experiencing domestic abuse.
- A notice was displayed advising patients that a chaperone was available if required. Nurses and health

care assistants acted as chaperones and they had received training for this role. A Disclosure and Barring Service (DBS) check had been undertaken for staff who acted as chaperones. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Cleaning standards were audited by the cleaning company employed by the practice. The practice manager also checked on these standards. One of the practice nurses was the infection prevention and control (IPC) clinical lead. They had received training in infection control and liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and we were told staff had received training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice overall kept patients safe. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- We reviewed the personnel files of two staff employed within the last 12 months and one locum GP. Overall the required recruitment information was available. Both records had no evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake. A template to gather this information was in place and the practice manager told us it would be used in the future recruitment of staff. A record of qualification was not held for one member of staff. This was made available during the inspection. to carry out periodic checks of the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff. We looked at an additional three records that showed a DBS check had been undertaken for clinical staff.

Monitoring risks to patients

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice carried out regular fire safety equipment tests. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The electrical wiring certificate for the building showed the installation was unsatisfactory as works were needed. Following the inspection we were provided with evidence from the electrical contractor to confirm that the outstanding works had been carried out and that the electrical wiring was now satisfactory. An up to date check of the emergency lighting had not been carried out but was scheduled for 19 July 2017. A recent test showed the water systems were safe, however a risk assessment to ensure all appropriate action was being taken to prevent the risk of Legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) was not recorded. Following the inspection we were informed that this had taken place on 6th July 2017.
- The practice manager told us that they had recently attended a health and safety at work training course and from this had identified an action plan to update and risk assess the premises and working practices. They were planning to complete this work over the next two months.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms and some had a panic button which alerted staff to any emergency. All staff had basic life support training, some staff were overdue for their refresher training however this had been arranged for later this month. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely. We found that resuscitation medication and equipment was checked regularly but there was no list to show what had been checked and when it was due to expire. The practice manager confirmed this had been put in place following our visit. We identified that a controlled drug was held on the premises and it was unclear whether this was used for emergency purposes. Following the inspection we were informed that it had been decided that this would not be held for use in an emergency following a risk assessment at a clinical meeting. The practice had requested that this be destroyed and until such time had been given advice by NHS England on the safe storage of this controlled drug.

The practice had a business continuity plan which covered major incidents such as power failure or building damage and included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. Clinical staff attended training and educational events to keep up to date with best practice. GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital via a system which ensured an appointment was provided within two weeks. Reviews took place of prescribing practices and referrals to ensure that patients were provided with the most appropriate medications and interventions. The practice had developed care plans to better document patient care and to ensure effective planning for patients with long term conditions.

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. Current results (data from 2015-2016) showed the practice had achieved 100% of the total number of points available which was comparable to local (96%) and national (95%) averages. The practice had a 7.7% exception reporting rate in the clinical domain (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) compared to the Clinical Commissioning Group (CCG) (6%) and national (5.7%) averages. Data from 2015-2016 showed that outcomes were comparable to other practices locally and nationally:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 90% compared to the CCG average of 81% and the national average of 78%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a

comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% compared to the CCG average of 90% and the national average of 89%.

- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 78% compared to the CCG average of 84% and the national average of 84%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 94% compared to the CCG average of 91% and the national average of 90%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 81% compared to the CCG average of 83% and the national average of 83%.
- The percentage of patients with asthma, on the register, who had undergone an asthma review in the preceding 12 months was 73% compared to the CCG average of 75% and the national average of 76%.

We saw that audits of clinical practice were undertaken. Examples of audits included audits of gestational diabetes and an audit of the care of patients with atrial fibrillation who were prescribed a specific medication. The audits showed changes had been made to practice where this was appropriate. For example, the audit of gestational diabetes identified the need for annual screening and a risk register had been set up to enable this. The practice had also carried out audits of medication to ensure appropriate prescribing.

The GPs and nursing team had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, minor surgery, sexual health and family planning. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety,

Are services effective?

(for example, treatment is effective)

health and safety and confidentiality as well as employment related matters. Newly employed staff worked alongside experienced staff to gain knowledge and experience.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. An appraisal system was in place to ensure staff had an annual appraisal. Doctors had appraisals, mentoring and facilitation and support for their revalidation.
- Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff received training that included: safeguarding adults and children, fire procedures, basic life support, infection control and information governance awareness. A record was made of this training. Some staff needed refresher training in several areas. The practice manager was aware of this and had a plan in place to address this. Protected time was being given to enable staff to update their learning. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

Staff worked together and with other health and social care professionals to understand and meet the range and

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people clinical staff told us assessments of capacity to consent were also carried out in line with relevant guidance.

Supporting patients to live healthier lives

New patients completed a health questionnaire and were asked to attend a health assessment with the practice nurse. The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were overall comparable to other practices nationally. For example, the percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was 80% compared to the CCG average of 81% and the national average of 81%.

Childhood immunisation rates for under two year olds ranged between 90% and 93% with the national expected rate being 90%. Immunisation rates for the 5 year age group were comparable to the CCG and national averages. There was a system to ensure that any missed immunisations were followed up with parents or a health visitor.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were overall positive about the standard of care received. We spoke with five patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

Data from the national GP patient survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that overall patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were comparable to local and national averages, results showed for example:

- 86% said the GP was good at listening to them compared to the CCG average of 91% and national average of 87%.
- 84% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 92%.
- 87% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 91% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

The practice reviewed national GP survey results and discussed these with the Patient Participation Group (PPG) to ensure patients were satisfied with the service provided and to look at how any issues raised could be addressed.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by clinical staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were overall in line with local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 82% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 85%.

Responses relating to GPs involving patients in decisions about their care were below local national averages:

- 71% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.

The practice had made significant improvements to access since the last inspection which had resulted in greater access to GP appointments. GPs had also attended a quality forum with particular emphasis on managing patient demand and maintaining quality. It was anticipated that these changes would improve patients views about their involvement in decision making and a further patient survey was planned to evaluate this.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. For example, translation services were available and information could be made available in large print if needed. A hearing loop was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. The practice newsletter and PPG newsletter also provided this information and contact details.

The practice's computer system alerted GPs if a patient was also a carer. The practice maintained a register of carers

and had identified 166 (approximately 1.2%) of patients as carers. The practice offered carers a health check to ensure they were receiving the care and treatment they needed. The practice had a carers' link who was working to identify further carers and who ensured carers were referred to organisations to support them such as Cheshire Carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered enhanced services including, avoiding unplanned hospital admissions, minor surgery, timely diagnosis of dementia and flu and shingles vaccinations. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Extended hours appointments were available to provide flexibility for patients.
- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- GPs visited three local nursing homes weekly. Visits were carried out by the same clinicians to provide continuity and these clinicians were available for senior care home staff for advice and guidance outside of these visits. Care plans were in place for all care home residents to support their health and well-being.
- The advanced nurse practitioner and nurse practitioner supported patients with complex long term conditions at home and at the practice.
- Patients with long term conditions and who were at risk of an unplanned hospital admission were reviewed by the practice nurse following an unplanned hospital admission. This review included an assessment of clinical needs, medication review and social support.
- The practice had employed a pharmacist who undertook reviews of older patients who were prescribed multiple medications and also supported patients who had difficulty accessing their prescriptions. The practice pharmacist provided chronic disease clinics and visited housebound patients with medication related issues.

- The practice had employed a physiotherapist who was available via self-referral.
- There were longer appointments available for patients, for example older patients, patients with a long term condition and patients experiencing poor mental health.
- The advanced nurse practitioner had undertaken a paediatric training course to enable them to manage common childhood conditions.
- An outreach clinic was provided at a local college by the advanced nurse practitioner who liaised with the college to register students away from home for the first time. Clinics were provided on site for assessments of a wide variety of needs including, mental health, physical and sexual health needs.
- The practice referred patients to Alternative Solutions for support with social issues that were having a detrimental impact upon their lives. This service was based in the same building as the practice. GPs actively referred to this service which had reduced the need for repeated GP appointments.
- An in-house phlebotomy service was provided which meant patients could receive these services locally rather than having to travel to another service.
- Travel vaccinations and travel advice were provided by the nursing team.
- The practice produced a quarterly newsletter which provided patients with information such as the services available, health promotion, changes at the practice and support and advice for carers.
- There were accessible facilities, which included a hearing loop and in-house audiology clinic, baby change and translation services.

Access to the service

Kiltearn Medical Centre was open from 8am to 6pm Monday to Friday. Extended hours were provided Wednesday morning 7am to 8am, Thursday evening 6.30pm to 8pm and Saturday morning from 9am to 12pm. Patients could book routine appointments in person, via the telephone and on-line. The appointment system provided pre-bookable and on the day appointments. Routine appointments could be booked up to four weeks in advance. Repeat prescriptions could be ordered on-line or by attending the practice. Telephone consultations were also offered.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey from July 2016 (data collected from July-September 2015 and January-March 2016) showed that patient's satisfaction with access to care and treatment was comparable to local and national averages for some responses. For example results showed:

- 87% of patients said the last appointment they got was convenient compared to the CCG average of 92% and national average of 92%.
- 67% of patients were satisfied with the surgery's opening hours compared to the CCG average of 74% and national average of 76%.
- 64% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 60% and national average of 66%.

Results from the national GP patient survey showed that patient responses were below local and national averages in other areas:

- 29% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 59% and national average of 73%.
- 47% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 64% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 74% and national average of 76%.
- 57% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 81% and national average of 80%.
- 71% of respondents found the receptionists at the surgery helpful compared to the CCG average of 85% and national average of 87%.

At the last inspection in November 2015 a requirement notice was made that the practice improved its governance systems in relation to patient access to the service. The practice was not demonstrating that it had made improvements to access following feedback from patients about the lack of access to appointments and difficulty getting through to the service by telephone. The national patient survey results were collected 15 months ago and in this period the practice has made significant changes to

improve patient access. We met with the Chairperson from the PPG who told us that the practice had consulted with the PPG about proposed changes. The changes to improve patient access included:

- An improved telephone system had been introduced that allowed for call waiting and provided options within the telephone answering system. It was reported that there had been some initial difficulties with the system but that these had been rectified.
- Mobile phone texts were now made to remind patients about appointments and reduce missed appointments.
- GP appointment time had been increased. For example, an additional clinic was added to the extended hours' sessions on a Saturday and Wednesday morning, additional telephone consultation slots were made available and afternoon clinics now started earlier.
- The practice has invested in clinical staff training to enable these staff to care effectively for patients and to decrease the demand for GP appointments. For example, the advanced nurse practitioner had completed training in paediatric and minor illness.
- An in-house physiotherapist, pharmacist and pharmacist assistant had been employed which also decreased the need for patients to have a GP appointment. For example, the pharmacist carried out medication reviews, dealt with medication queries and liaised with community pharmacists, hospital pharmacists and hospital secretaries which gave GPs more capacity to see patients with complex needs.
- Successful bids for funding to improve the services provided. For example, an additional receptionist was employed through Vulnerable Practice funding in February 2016. This provided an additional staff member to manage patient enquiries both at the reception desk and on the telephone. Winter Pressure funding was utilised to help provide additional nurse practitioner hours. Once this funding ceased these additional hours were continued and funded by the practice to provide a minor ailment clinic.
- Introduction of changes to expand and improve administrative support and IT systems.

Are services responsive to people's needs?

(for example, to feedback?)

- Receptionists have been trained to signpost patients who do not necessarily need to see a GP. For example, patients were directed to the physiotherapist for new musculoskeletal problems.
- Patients were now better informed about the range of services on offer and the alternative options to seeing a GP that may be suitable for them. This information was provided through the new telephone system and through written information for patients provided by the practice and the PPG.
- Additional rooms within the building had been made available to clinical and non-clinical staff to support the service. For example, an additional administrative member of staff had been employed as there was now more available space to support this activity.
- GPs had attended a quality forum with particular emphasis on managing patient demand and maintaining quality.
- New staff had been employed and existing staff trained to support the service. For example, a patient experience manager and quality performance manager were closely involved with monitoring access.

The practice carried out a patient survey with PPG support in April 2016 and identified that there had been improvements to patient's views on access but that further improvements were needed. For example out of 376 responses 55% of patients rated getting through to the practice by phone as either fair, good, very good or excellent. Out of 356 responses about making an appointment 96% said the manner in which they were treated by staff was either fair, good, very good or excellent. Out of 364 responses 65% were either extremely likely or likely to recommend the practice to others.

Access was closely monitored to ensure it was meeting patient needs. A monthly access report was completed by a designated member of staff (Patient Experience Manager)

which was discussed at monthly partner meetings. We reviewed appointment data which showed that there had been an increase in the number of appointments offered to patients in the last 12 months.

We met with the Chairperson of the PPG who informed us there had been improvements to access. The practice planned to undertake another survey in the next couple of months to look at the areas where the national patient survey had identified shortfalls to determine patients views about access following the changes introduced.

We received 34 comment cards and spoke with five patients. Overall they reported satisfaction with access to the practice. Patients commented on the helpfulness of reception staff and being able to get an appointment without difficulty. Three said there could be a delay in getting through on the phone, one said they had experienced difficulty getting an appointment and one said there had been a delay in a referral being made.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information signposting patients to the complaint procedure and a designated person was available in the patient information booklet and on the practice website. A copy of the complaint procedure was available at the reception desk. This included the details of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a record of written complaints. We reviewed a sample of two complaints. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice publicised its vision and values for staff and patients to refer to. These included providing the highest possible standard of care to patients, listening to patients, working effectively with other health care providers and ensuring all staff had the skills they needed to competently carry out their roles and ensuring patient safety.

The practice had supporting business plans which reflected the vision and values and were regularly monitored. The management at the practice had clear plans to maintain effective succession planning.

Governance arrangements

Policies and procedures were in place to govern activity, identify and manage risks.

There were clear systems to enable staff to report any issues and concerns. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

There were clear lines of accountability at the practice. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. The partners were visible in the practice and staff told us they were approachable.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at meetings or as they occurred with the practice manager or a GP partner. Staff said they felt respected, valued and supported.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical staff met to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines and review significant events. The reception and administrative staff met to discuss their roles and responsibilities and share information. Partners and the practice manager met to look at the overall operation of the service and future development.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys, complaints and compliments received. The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.
- There was an active PPG which met regularly to discuss the operation of the service and any new developments. The PPG also carried out surveys and submitted proposals for improvements to the practice management. We spoke to the chairperson of the PPG who said members felt they were listened to, kept informed about any changes at the practice and worked with the practice to find solutions to issues raised by patients. For example, the PPG had recommended that changes be made to how the reception was managed and to the waiting area. The PPG supported the practice

Are services well-led?

Good 

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

in running health awareness events for patients. The PPG also produced a quarterly newsletter which was made available to patients. As well as providing information about the PPG, the newsletter provided information about services that patients may find useful.

- The practice gathered feedback from staff through staff meetings and informal discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a clear focus on continuous learning and improvement at all levels within the practice. The practice engaged with local and national initiatives to support the needs of patients such as the Prime Ministers Access Fund. The practice had successfully won new funding bids that had enabled improvements to be made, for example a pharmacy grant to support the costs of an in-house pharmacist. The practice worked with the local CCG to improve outcomes for patients in the area. For example,

the practice offered enhanced services including, avoiding unplanned hospital admissions, minor surgery, timely diagnosis of dementia and flu and shingles vaccinations. The practice had made a number of changes to the service since our last inspection in November 2015 which included staff training and skills development, the introduction of new technologies, employing new staff

The practice was aware of patient feedback regarding access and it had introduced a number of changes to improve this. The practice was continuing to monitor patient access and there was a plan to carry out an audit to identify the impact of the improvements made on patients' experiences. The practice was aware of other challenges such as workforce, finance and workload challenges and it had introduced innovative solutions to address them. This included introducing a range of new technology to support the service, appointing an in-house pharmacist and physiotherapist and operating a separate clinical trials service to run alongside the practice. Succession plans were in place to ensure the practice was appropriately managed and staffed.