

Kenmore 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?

Requires improvement 

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 Kenmore Medical Centre on 26 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff files lacked evidence of necessary checks required to show safe recruitment and selection procedures. Some files lacked any evidence of Disclosure and Barring Services (DBS) check and or evidence of reference checks.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

Summary of findings

- Take action to ensure its recruitment policy, procedures and arrangements are improved to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held.
- Review arrangements for the security of blank loose-leaf prescriptions.

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

The areas where the provider should make improvement are:

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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events and staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons learned from significant events were shared eight times per year during the practice's away days to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse and the lead GP was the named lead for safeguarding within the practice.
- Risks to patients were assessed and well managed. However, some staff files who acted as chaperones lacked evidence of necessary checks required to show safe recruitment and selection procedures. Some files lacked any evidence of Disclosure and Barring Services (DBS) check.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed that outcomes for patients were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and training records were in place for all staff.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients we spoke to and comment cards told us that people were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients were positive about accessing appointments.
- Appointments were well managed and the practice offered in excess of the average numbers expected.
- The practice had good facilities and was well equipped to treat patients and meet their needs including access to disabled facilities.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff during practice away days.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, and it had a very active patient participation group which influenced practice development.

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 offered proactive, personalised care plans with regular reviews, with alerts sent to a web-based application, designed to enhance information sharing and collaborative working for the North West Ambulance Service, including notifications of 'Do Not Attempt Resuscitation' directives. This ensured that emergency services had current information about patients, if required.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice kept up to date registers of patients' health conditions. The practice had identified patients who were at risk of unplanned hospital admissions and supported these patients to stay well at home, avoiding unplanned hospital admission.

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), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, regular reviews of conditions with the practice nurse, treatment and screening programmes. The practice contacted these patients to attend regular reviews to check that their health and medication needs were being met.
- Performance for diabetes related indicators was higher than the national average. For example, the percentage of patients with diabetes, on the register, who had had an influenza immunisation in the preceding 1 August 2014 to 31 March 2015 was 96% compared to the national average of 94%.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of

Good



Summary of findings

A&E attendances. Immunisation rates were comparable or better than Clinical Commissioning Group (CCG) averages for all standard childhood immunisations. For example, measles, mumps and rubella dose two for children upto the age of five was 95% compared to CCG average of 90%.

- In the last 12 months, 73% of patients diagnosed with asthma, had undergone a review of their care compared to the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- In the last 5 years 83% of patients had received cervical screening compared to the national average of 82%.

Appointments were available outside of school hours and the premises were suitable for children and babies

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- The practice maintained a register of patients with mental health problems in order to regularly review their needs and carry out annual health checks and updates to their care plans. The practice staff liaised with other healthcare professionals to help engage these patients to ensure they attended reviews.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had an understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with and at times above local and national averages. 273 survey forms were distributed and 173 were returned. This represented 63% completion rate of surveys sent out by the practice and represented 1% of the patient population.

- 84% of respondents found it easy to get through to this surgery by phone compared to the national average of 73%.
- 63% were able to get an appointment to see or speak to someone the last time they tried compared to the national average 76%. The practice stated that this had now improved due to an additional telephone line.
- 88% described the overall experience of their GP surgery as fairly good or very good compared to the national average 85%.
- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients told us that they were very satisfied with the care provided by the practice.

Areas for improvement

Action the service **MUST** take to improve

- Take action to ensure its recruitment policy, procedures and arrangements are improved to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held.

Action the service **SHOULD** take to improve

- Review arrangements for the security of blank loose-leaf prescriptions.

Kenmore Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Kenmore Medical Centre

Kenmore Medical Centre provides primary care services to its registered list of approximately 12,500 patients. The practice catchment area is classed as within the group of least deprived areas in England relative to other local authorities.

There are seven GPs, three male and four female, of these there are four GP partners and three salaried GPs. They are supported by a nurse practitioner and four practice nurses. There is also a practice manager, assistant manager and administration staff.

The male life expectancy for the area is 82 years compared with the CCG averages of 81 years and the National average of 79 years. The female life expectancy for the area is 85 years compared with the CCG averages of 84 years and the National average of 83 years. The practice had a high elderly population with 23% of practice population aged over 65 years and 362 patients over the age of 85 years.

The practice is situated at 60-62 Alderley Road, Wilmslow, Cheshire. The reception, waiting areas, consulting rooms and disabled toilet

facilities were on differing floors of the practice, however all floors had lift access. There was step free access into the building and easy access for those in wheelchairs or with pushchairs.

The practice is open between 8am and 6.30pm with extended hours on Wednesdays and Thursdays until 8.30pm.

Out of hours care can be accessed via the surgery telephone number and is provided by "GP Out of Hours Primary Care Centre" or by calling the NHS111 service.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 February 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including; GPs, practice nurse, the practice manager, administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

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

- 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 were provided for specific groups of people and what good care looked 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)

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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. All staff we spoke with could describe the process for the reporting of incidents.
- The practice carried out analysis of the significant events and minutes of meetings demonstrated that these were discussed during the practice's away days, which occurred eight times per year.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared during the practice's away days to ensure action was taken to improve safety in the practice. For example, leaflets / information was given to men who did not want to have a prostate examination after having a **Prostate Specific Antigen, (PSA)**, (an enzyme found in the blood produced exclusively by prostate cells) informing them that they must have a rectal examination.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly 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 GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three as required.

- A notice in the waiting room advised patients that chaperones were available if required. We also noted that similar notices, although very small were all treatment rooms we visited by the inspection team. Staff who acted as chaperones were trained for the role, but not all of these staff had received a Disclosure and Barring Service check (DBS check). (DBS 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).
- We reviewed four recently employed non clinical staff files and found one file that contained no references, two with one reference and another that although contained two references one we considered to be unsuitable. On reviewing the practice's recruitment policy we noted that it referred to "satisfactory references" and "referees" and did not provide instruction when only one suitable reference could be obtained.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control 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 kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use, however blank loose-leaf prescriptions were left in computer printers and not stored securely and the practice did not record the serial numbers of blank loose-leaf prescriptions in each office.
- The practice used 'Patient Group Directions' (A Patient Group Direction (PGD) is a written instruction for the sale, supply and/or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

Are services safe?

- There were appropriate systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had an up to date fire risk assessment and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff 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

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, defibrillator checks were not always recorded accurately, in that one of the defibrillator pads had recently expired, although other defibrillators and "in date" pads were available within the practice. A first aid kit and accident book was also available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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). The most recent published results showed that the practice had achieved 97% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was above the national average. For example: the percentage of patients on the diabetes register, who had influenza immunisation in the preceding 12 months (April 2014 – March 2015) was 96% which was comparable to the national average of 94%.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the national average. The practice rate was 85% compared to the national average of 84%.
- Performance for mental health related indicators was above the national average. For example: the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 95% compared to the national average of 88%.

Clinical audits demonstrated quality improvement. For example: a Hyperlipidaemia (raised serum levels of one or more of total cholesterol) audit undertaken in February 2015 which included two cycles of data between 2009 - 2013 and 2012 – 2015. This showed recording of this had improved within the practice. An audit based on aiming to improve the diagnosis of Coeliac disease had also been completed.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updated training for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccinations 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. Staff had access to appropriate training and support to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- 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, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 80%, which was higher than the CCG average of 77% and the national average of 74%. The practice nurse described how the practice followed up patients who did not attend for their cervical screening test with a telephone call. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were higher than the Clinical Commissioning Group. For example, childhood immunisation rates for the vaccination Meningococcal C given to under two year olds was 98% compared to the CCG average of 95% and five year olds was 95% which was comparable to the CCG average.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 18 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments included 'The diabetic clinic is excellent.'

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of respondents said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 89%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 91% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above or comparable with national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%).
- 79% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified that 162 of the practice list were carers, this was 1.3% of the patient list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice provided minor surgery and a phlebotomy service.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and a translation service was available, but the practice did not offer information as routine in other languages. We discussed this with the practice manager who informed us that this was because the practice had very few patients who required information in a language other than English.
- The practice had a passenger lift installed to improve access.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments with GPs could be made from 8.30am until 6pm. Extended surgery hours were offered on Wednesdays and Thursdays until 8:30pm with appointments to see GPs until 8.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable with national averages. For example;

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 84% patients said they could get through easily to the surgery by phone compared to the national average 73%.
- 62% patients said they always or almost always see or speak to the GP they prefer compared to the national average 60%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system with leaflets in the practice's main reception.

We looked at the five complaints received in the last 12 months and found these to have been handled satisfactorily. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Minutes from the practice's away days demonstrated that learning was shared amongst staff.

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 had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had an appropriate strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff via the practice's intranet
- A programme of continuous clinical and internal audit was used to monitor quality and make improvements
- There were effective arrangements for identifying, recording and managing risks and for implementing mitigating actions.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held eight times per year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively 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) which had been in place for 15 years and through surveys and complaints received. The PPG was active and met regularly; a GP was also a designated lead for the PPG and attended all PPG meetings. The PPG attended the practice's away days; carried out patient surveys; submitted proposals for improvements to the practice management team and produced a monthly newsletter "Kenmore Patients Group". An example of changes made to the practice following PPG involvement was the introduction of an additional telephone line into the practice to improve early morning access for patients.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management they also told us that felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local

Are services well-led?

Good 

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

pilot schemes to improve outcomes for patients in the area such as alerts sent to a web-based application, designed to enhance information sharing and collaborative working for the North West Ambulance Service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA (RA) Regulations 2014 Regulation 19)(3)(a) Fit and proper person's employed.</p> <p>How the regulation was not being met:</p> <p>All of the information as specified in Schedule 3 was not always available for each person employed.</p> <p>Specifically, some staff files lacked evidence of necessary checks required to show safe recruitment and selection procedures had been followed. Some more recently employed staff who acted as chaperones had no evidence of DBS checks and other recently employed staff did not have appropriate references.</p>