

Kelsall Medical Centre

Quality Report

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Tarporley

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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 Kelsall Medical Centre on 7 June 2017.

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 and premises checks were carried out and there were systems 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 and 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.
- There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

The areas where the provider should make improvements are:

- The system for reviewing medication should be reviewed to ensure it is more robust.
- Make a record of the in-house checks of cleaning standards.
- Ensure staff recruitment records contain 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.

Summary of findings

- Develop a system to ensure all the required recruitment and training information is available for locum GPs.
- A planned programme of audits should be put in place.
- The salaried GPs should have an in-house appraisal in addition to the external appraisal process.
- Provide a more comprehensive record of the induction provided to staff.

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 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 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 overall positive about the care they received from the practice. 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.

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. A range of access to the service was provided. 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. There was a clear leadership structure, staff were clear about their roles and responsibilities and felt supported by management. The practice had a number of policies and procedures to govern activity and held governance and staff meetings. The practice was aware of its challenges. It had been through a period of staff instability. It had identified the improvements to be made and had plans in place to ensure these were implemented.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. The practice kept up to date 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. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The GPs visited housebound patients to carry out reviews of patients' health. The practice was working with neighbourhood practices and the Clinical Commissioning Group (CCG) to provide services to meet the needs of older people. The practice shared a daily ward round at Tarporley War Memorial Hospital with its neighbourhood practices. This provision meant that patients had access to care and treatment in a timely manner and avoided duplication of visits. A GP visited a local care home weekly to review patients and monitor the progress of patients approaching the end of their lives. The dispensary provided home delivery of medication to patients who were unable to collect them.

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 make sure patients received regular reviews for long term conditions. The clinical team took the lead for different long term conditions. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access to specialist help when needed.

Good



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 young children who needed to see the GP and appointments were available outside of school hours. The staff we spoke with had appropriate knowledge about

Good



Summary of findings

child protection and how to report any concerns. Child health promotion information was available on the practice website and in leaflets displayed in the waiting area. Family planning and sexual health services were provided.

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 practice appointment system and opening times provided flexibility to working patients and those in full time education. The practice was open from 8am to 6.30pm Monday to Friday. Patients could book routine appointments in person, via the telephone and on-line. Telephone consultations were offered and an E Consult system allowing patients to access healthcare advice when the practice was closed. The practice website provided information around self-care and local services available for patients. The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, contraceptive services, smoking cessation advice and family planning services. Reception staff sign-posted patients who did not necessarily need to see a GP. A phlebotomy service was also provided at the practice which meant that patients did not have to travel to receive this service.

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 identified vulnerable patients through multi-disciplinary meetings. A register was kept of patients who were vulnerable. The practice supported a service providing assisted accommodation to men with poor mental health and learning disabilities and provided a clinic every 2-3 months which promoted continuity of patient care. The staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and children and there was a system in place to keep this training updated. Services for carers were publicised and a record was 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 through organisations such as the Carers Trust. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator.

People experiencing poor mental health (including people with dementia)

Good



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 who experienced poor mental

Summary of findings

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 had also identified patients at high risk due to their poor mental health and checked that these patients were seen for a review and that their records were monitored to maintain an overview of their well-being. 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 psychiatry and counselling services.

Summary of findings

What people who use the service say

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards, 15 of which were positive about the standard of care received. The other 4 comment cards made some positive comments about the service. However, one cited an issue with the attitude of a member of staff, one said getting a non-urgent appointment could take a while, one highlighted a mix up with a prescription and one with an appointment. We informed the provider of this feedback.

We spoke with two patients during the inspection. They were satisfied with the care they received and with access to the service.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results from May 2017 showed 22 responses were made. Sixteen were extremely likely to recommend the practice, 5 were likely to recommend it and one did not know.

Areas for improvement

Action the service **SHOULD** take to improve

- The system for reviewing medication should be reviewed to ensure it is more robust.
- Make a record of the in-house checks of cleaning standards.
- Ensure staff recruitment records contain 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.
- Develop a system to ensure all the required recruitment and training information is available for locum GPs.
- A planned programme of audits should be put in place.
- The salaried GPs should have an in-house appraisal in addition to the external appraisal process.
- Provide a more comprehensive record of the induction provided to staff.

Kelsall 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 second inspector and a GP specialist advisor.

Background to Kelsall Medical Centre

Kelsall Medical Centre is responsible for providing primary care services to approximately 5,000 patients. The practice is situated in Church Street in the village of Kelsall, Cheshire. The practice has a medication dispensary. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The practice has a predominantly rural community. Approximately 9% of patients are over the age of 75. The practice was registered with the Care Quality Commission in September 2016.

The staff team includes one partner GP, three salaried GPs, two practice nurses, a health care assistant, a recently appointed practice manager and administration and reception staff. There are both male and female GPs. The nursing team and health care assistant are female.

Kelsall Medical Centre is open from 8am to 6.30pm Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. Patient facilities are on the ground floor. The practice has limited on-site parking.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including, minor surgery, spirometry, near patient testing and anticoagulation.

We identified that the practice is carrying out minor surgery at a location where it is not registered to do so. We were therefore unable to inspect the premises at which this regulated activity takes place. We advised the registered manager to address this without delay to ensure that the registration is legally correct.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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:

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

Detailed findings

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 7 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. 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 the dispensary 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. Emails were also sent to keep staff informed of these events and any action to be taken. 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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies 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 had received training on safeguarding children and vulnerable adults relevant to their role. One GP was due for a safeguarding training update and this had been planned. The practice met with the health visiting service every two months to discuss any concerns about children and their families and how they could be best supported. We noted that alerts were put on patient records where there was a concern about a child or vulnerable adult however not all vulnerable adult concerns were immediately visible. Given the sensitive nature of some of the concerns the safeguarding lead advised that they would look at the best method to ensure these alerts informed clinical interactions with patients. Following the inspection we were informed as to how this had been addressed.
- A notice was displayed advising patients that a chaperone was available if required. Nurses, the health care assistant and two non-clinical members of staff acted as chaperones and they had received guidance 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 however this check was not recorded. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There were IPC protocols and the majority of staff had received training regarding the main principles of infection control and hand washing at a recent team learning event. 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. Prescriptions were securely managed. We looked at the systems in place to review patients prescribed high risk medications and found these were appropriately managed. We looked at a sample of six patients taking medication to manage long term conditions and found four were passed their review date and the other two did not have a review date. The system for reviewing medication should be reviewed to ensure it is more robust.

Are services safe?

- The medication dispensary was managed safely. There was a named GP responsible for the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training and annual appraisals. There were standard operating procedures in place and a system in place to ensure the dispensary staff had read and understood them. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored and destroyed in a safe and appropriate manner. We checked the stock balances of a sample of controlled drugs and found this to be correct. There were arrangements in place for the recording of significant events involving medicines; the practice had acted to adequately investigate these incidents or review dispensing practices to prevent a reoccurrence. We saw records relating to recent medicine safety alerts, and the action taken in response to them. Dispensary staff told us about procedures for monitoring prescriptions that had not been collected. There was a system in place for the management of high risk drugs. We checked medicines stored in the medicines refrigerators and found they were stored securely with access restricted to authorised staff. Fridge temperatures were being recorded in line with national guidance.
- We reviewed the personnel files of three staff employed within the last 12 months. Records showed that most of the necessary information was available however there was 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. Following the inspection the recruitment checklist was revised to ensure this information was gathered and a template for recording information about a candidate's health was developed. We also noted that one reference did not indicate the relationship between the employee and referee. The practice manager had revised the recruitment procedure since this reference was obtained to ensure this information was recorded. A system was in place 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 a sample of a further four records that showed a DBS check had been undertaken for clinical staff. The practice used locum

GPs to cover sickness and holidays. We looked at the records of two locum GPs and found that not all the required recruitment information was available. There was no identity information and no evidence of liability insurance for one GP. The practice manager reported that this had been seen but a copy had not been retained. This was provided to us following the inspection.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and 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. An up to date electrical wiring certificate for the building was available.
- The practice had risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health (COSHH), display screen risk assessments for staff and risk assessments of the premises. 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 held at the practice. We were provided with this information following the inspection.
- We noted that only one patient examination couch could have the height adjusted although all the couches had a step to assist with access.
- 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 which alerted staff to any emergency. All staff had received basic life support training. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency

Are services safe?

medicines available which were all in date, regularly checked and held securely. 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 to ensure that patients were provided with the most appropriate medications.

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 practice also worked towards meeting local targets.

We saw that audits of clinical practice were undertaken. Some were at the first stage and were awaiting a second cycle to evaluate if changes made had been effective. We saw the practice had participated in a national audit of cancer detection rates and that prescribing audits were undertaken. There was no planned programme of future audits to be undertaken which would assist with monitoring the quality of the service.

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 learning disability. 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.

Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs. Patient notes were updated following these meetings.

Effective staffing

- The practice had an induction programme for all newly appointed staff. The induction record was not comprehensive and did not cover all the information that was provided during this period such as role specific training. The induction did not cover reporting significant events or safeguarding issues. The practice manager had identified this and was in the process of reviewing the induction process. Newly employed staff worked alongside experienced staff to gain knowledge and experience.
- An appraisal system was in place to ensure staff had an annual appraisal. The nurses had received an appraisal within the last 12 months. The administrative team were overdue for their annual appraisals which had been planned. Doctors had appraisals, mentoring and facilitation and support for their revalidation. Salaried GPs had an external appraisal however they did not have an in-house annual appraisal. The partner GP had identified that in-house learning opportunities between clinicians could be improved and was planning to address this.
- 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. For example, a nurse was training to become a minor illness nurse practitioner. All 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 and there was a system in place to ensure it was updated as necessary. Clinical and non-clinical staff told us they were provided with specific training dependent on their roles. Clinical staff told us they had received training to update their skills such as cytology, immunisations and minor surgery and that they attended training events provided by the Clinical Commissioning Group to keep up to date. Staff had access to and made use of e-learning training modules, in-house training and training provided by external agencies.

Are services effective?

(for example, treatment is effective)

- Locum GPs were provided with information they needed for their role and a locum pack was in place providing written information and sign posting to support this. The practice manager told us that there was a system in place to ensure locum GPs had completed mandatory training such as basic life support and safeguarding, however certificates demonstrating this were not available for one locum GP.

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.

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. Consent forms for surgical procedures were used and scanned in to medical records.

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 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. Childhood immunisation were given and there was a system to ensure that any missed immunisations were followed up with parents or a health visitor.

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. The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer screening and promoted these services to inform patients about their importance.

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. There was limited privacy at the reception desk due to the small size of the reception and waiting area. However, reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area 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 19 comment cards which were overall positive about the standard of care received. We spoke with two patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

Care planning and involvement in decisions about care and treatment

We spoke with two patients who 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.

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. Information about support groups was also available on the practice website.

Written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 125 (approximately 2.5%) of patients as carers. As a result the Carers Trust had provided these carers with information about support groups and referred them on to support services. The practice was working to identify further carers to ensure they had access to the support services available.

Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement. The most appropriate clinician contacted relatives following a bereavement to offer support.

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, minor surgery, spirometry, near patient testing and anticoagulation. The practice was part of a rural network of practices and met with the CCG to discuss commissioning issues relevant to their patient populations. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of their practice populations. For example, the practices shared a daily ward round at Tarporley War Memorial Hospital. This provision meant that patients had access to care and treatment in a timely manner and avoided duplication of visits.

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

- 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.
- The practice supported a service providing assisted accommodation to men with poor mental health and learning disabilities and provided a clinic every 2-3 months which promoted continuity of patient care.
- There were longer appointments available for patients, for example older patients, patients with a long term condition and patients experiencing poor mental health.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.
- 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.

- Reception staff sign posted patients to local resources such as the Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- The dispensary provided home delivery of medication to patients who were unable to collect them.
- 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.

Access to the service

Kelsall Medical Centre was open from 8am to 6.30pm Monday to Friday. The appointment system provided pre-bookable and on the day appointments. Patients could book routine appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line and by attending the practice. Telephone consultations were offered and an E Consult system allowing patients to access healthcare advice when the practice was closed. An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

We received 19 comment cards and spoke to two patients. Feedback from patients indicated that overall they were satisfied with access to appointments and opening hours. However, one cited an issue with the attitude of a member of staff, one said getting a non-urgent appointment could take a while, one highlighted a mix up with a prescription and one with an appointment.

Receptionists had received training regarding the different aspects of being a receptionist from dealing with confidentiality, how to speak to patients face to face and via the telephone and dealing with complaints.

The practice had a triage system to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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

Are services responsive to people's needs? (for example, to feedback?)

England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available for patients to refer to in the patient information booklet and on the practice website. This included the details of who the patient should contact if they were unhappy with the outcome of their complaint. A copy of the complaint procedure was available at the reception desk.

The practice kept a record of written complaints. We reviewed a sample of three 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 had a statement of purpose which outlined its aims and objectives. These included providing high quality, accessible care for patients, ensuring all staff had the skills they needed to competently carry out their roles and ensuring patient safety. The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these. The statement of purpose was available for patients on the practice website.

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 some audits to evaluate the operation of the service and the care and treatment given. There was no planned programme of future audits to be undertaken which would assist with monitoring the quality of the service

Leadership and culture

We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. The GP partner was visible in the practice and staff told us they were approachable. The practice had systems in place for knowing about notifiable safety incidents.

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 the 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. The practice manager said that due to staff shortages these meetings had not always taken place monthly within the

last 12 months but that a plan was in place to ensure they now occurred monthly. Clinical staff told us they 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 informally to discuss their roles and responsibilities and share information. The GP partner 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 gathered feedback from patients through the complaint system and GP National Patient Survey. The former provider had established a Patient Participation Group (PPG) but in the last 12 months this group had not met regularly and the number of members had reduced. The new practice manager was working to re-establish regular meetings and to increase the membership of the PPG. We met with one new member and one established member who told us that they had met with the practice manager and further meetings were planned. They said that the focus of the PPG was clearer following this meeting and that they were working with the practice to set up a health awareness event for patients and looking at ways to reduce missed appointments. The practice was advertising for patients to become members of a PPG through the website and at 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.
- 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

The practice worked with the local CCG to improve outcomes for patients in the area. The practice team took part in locality meetings. Clinicians kept up to date by attending various courses and events. The practice was aware of future challenges. There had been a number of recent staff changes and the practice was now looking forward to a period of stability so that the plans it had to

Are services well-led?

Good 

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

offer further services to patients could be developed. The practice had limited space and plans were in development to have a new building in conjunction with other practices in the area. As a decision regarding this had not been made the practice was looking at other alternatives to provide

more space and increase the services offered to patients. The practice was also working on re-establishing a PPG which met regularly and could contribute to service development.