

Kenyon Medical Centres

Quality Report

15 Chace Avenue
Willenhall
Coventry
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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



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 Kenyon Medical Centres on 13 December 2016. The practice was rated requires improvement for providing safe services with an overall rating of good. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Kenyon Medical Centres on our website at www.cqc.org.uk.

This inspection was a follow up focused inspection carried out on 10 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 13 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We found the practice had reviewed the previous inspection findings and had made extensive changes which had resulted in significant improvements.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events. The actions taken and learning from events were now documented, monitored and reviewed. Annual reviews of events were scheduled.

- Staff had been trained to ensure they had the skills, knowledge and experience to deliver effective care and treatment. All staff had completed infection control training since the previous inspection.
- Details about and learning from complaints were now shared with staff in full practice team meetings. Minutes were available on the practice's computer for staff to access if they were unable to attend these meetings.
- The practice had improved the management of patient safety alerts such as those from the Medicines and Healthcare products Regulatory Agency (MHRA). Records demonstrated that action had been taken and had been reviewed accordingly. This included recording where no action had been required.
- Infection prevention control audits were carried out in accordance with nationally recognised guidelines and completed every six months.
- Significant improvements had been made to support patients with caring responsibilities. This included: routinely asking if patients were carers at registration; providing a notice board in reception which gave details of support for carers, including young carers; patients could be referred to local caring support agencies for help, for example with equipment and finances; and a carer advisor who was employed by the Carers Trust was assigned to the practice and attended the Brandon Road site on Thursdays from

Summary of findings

12pm to 3pm. Patients that were carers could call in for information about advice and support that could be offered. At the time of this inspection the number of patients identified as carers had increased from 0.5% to 3.23% of the practice patient list.

The practice is now rated as good overall.

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 now rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Actions taken and learning from the significant events were now documented, monitored and reviewed.
- Information about significant events and complaints were now shared in clinical meetings and with all staff in full practice team meetings. Minutes were available on the practice's computer for staff to access if they were unable to attend these meetings.
- The practice had improved the management of national patient safety and medicine alerts. These were disseminated within the practice with evidence to show the actions or any searches taken relevant to alerts. This included records where no action had been required.
- Incoming mail including hospital letters were reviewed by non-clinical staff. Letters that indicated changes to medicines or further actions were passed to a GP. Staff were clinically supervised with routine audits carried out to ensure quality assurance.
- Infection prevention control audits were carried out in accordance with nationally recognised guidelines and completed every six months. All staff had completed infection control training since our previous inspection.
- Improvements had been made to recruitment policies and procedures. We found that all appropriate recruitment checks were now carried out prior to employment which included proof of identity and interview records.

Kenyon Medical Centres

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor.

Background to Kenyon Medical Centres

Kenyon Medical Centres is a three partner practice split over two sites which provides primary care services to approximately 12,000 patients under a General Medical Services (GMS) contract. Services are provided from 15 Chace Avenue, Willenhall, Coventry, CV3 3AD and 108 Brandon Road, Binley, Coventry, CV3 2JF. The inspection team visited Chace Avenue for the inspection.

The practice consists of three partner GPs (two male and one female). The nursing team consists of four practice nurses, and two Health Care Assistants (HCAs). The practice has a business manager who is supported by 17 clerical and administrative staff in the day to day running of the practice.

This practice provides teaching and training for doctors who wish to become GPs and at the time of the inspection they had one trainee GP at the practice. (Trainee GPs are qualified doctors undertaking a period of additional training to qualify as a GP).

The practice has a higher than average deprivation. The practice is registered to provide the following regulated activities: surgical procedures, family planning, diagnostic and screening procedures, maternity and midwifery services; and treatment of disease, disorder or injury.

The practice lies within the NHS Coventry and Rugby Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am to 6.30pm Monday to Wednesday, 8.30am to 5pm Thursdays and 7.30am to 7pm Fridays. The Brandon Road appointments are at the same times other than Wednesdays which are 8.30am to 8pm. The practice also opens Saturday from 8.30am to 12pm alternating across both sites.

GP appointments are available on the day and pre-bookable appointments can be booked up to four weeks in advance. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. When the practice is closed patients are able to use the NHS 111 out of hours service.

Why we carried out this inspection

We undertook a comprehensive inspection of Kenyon Medical Centres on 13 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, with requires improvement in the provision of services that were safe. The full comprehensive report following the inspection in December 2016 can be found by selecting the 'all reports' link for Kenyon Medical Centres on our website at www.cqc.org.uk.

We undertook an announced follow up focused inspection of Kenyon Medical Centres on 10 October 2017. This inspection was carried out to confirm the practice had

Detailed findings

carried out their plans to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 13 December 2016. This report covers our findings in relation to those requirements.

How we carried out this inspection

During our inspection of Kenyon Medical Centre we:

- Spoke with two GPs and the practice manager.
- Reviewed information provided by the practice prior to the inspection.
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 13 December 2016 we rated the practice as requires improvement for providing safe services as improvements were needed to:

- Ensure recruitment arrangements included all necessary employment checks for all staff.
- Ensure staff who reviewed clinical mail were clinically supervised, with audits completed to gain assurance that appropriate procedures had been followed.
- Ensure that all staff completed training identified by the practice as mandatory, such as infection control.

Improvements were recommended to the following areas:

- Regularly review significant events including near misses and complaints to identify trends and themes and ensure that actions and lessons learned in relation to these were documented, appropriate and completed.
- Update action plans accordingly to evidence completed actions as identified in significant events and infection control audits.

During our follow up focused inspection on 10 October 2017 we found that the practice had taken action to address the areas identified in the December 2016 inspection. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

- There was a significant events protocol for all staff to follow in reporting incidents. 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. The incident recording form supported the recording of notifiable incidents under 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).
- At the last inspection we found that details of discussions, actions taken and learning from events and complaints in clinical meetings had not been minuted. We reviewed minutes of meetings and found that improvements had been made and provided a clear

audit trail of these discussions. For example, a review of all the complaints received for the last two years were recorded in the meeting minutes for 9/10/2017. The learning from these had been reviewed during the meeting and was clearly recorded to evidence the discussion.

- Actions taken and learning from significant events and complaints were now documented, monitored and reviewed with annual reviews scheduled. Action plans had also been updated when actions had been completed. Significant events and complaints had been added as standard agenda items for the meetings.
- Details about and learning from complaints were now shared with staff in full practice team meetings.
- Minutes of all meetings were available on the practice's computer for staff to access if they were unable to attend these meetings.

Patient safety and medicine alerts were effectively managed.

- The practice had revised their system and procedures for managing patient safety and medicine alerts providing a clear audit trail that demonstrated the practice's responses to all alerts. This included recording where no action was required or where alerts were not relevant to the practice.
- Patient safety and medicine alerts had been added to clinical meetings as a standing agenda item. We saw minutes of clinical meetings that confirmed this and action taken. For example, a recent alert about an insulin pen which may become unstable when in contact with cleaning products had been actioned. A search had been carried out to identify patients who might be affected and contact made with them to discuss the alert. We spoke with clinical staff who confirmed this.

Overview of safety systems and process

At the previous inspection improvements had been required in the management of infection control monitoring and training. At this inspection we found:

- Improvements had been made to infection control procedures. We reviewed the infection control audit completed in September 2017 with actions required recorded. There was a process the infection control lead

Are services safe?

followed to record when tasks had been completed and for tracking actions awaiting completion. The practice manager confirmed these were kept under review through to completion.

- All staff had completed infection control training (2 October 2017). We saw certificates to confirm this. The practice manager confirmed that refresher training had been sourced and planned for next year specifically for non-clinical members of staff.

Procedures were in place to support non-clinical staff who dealt with incoming mail.

- The staff reviewed the letters received, including hospital letters. Letters which required medicine changes or actions were forwarded to GPs for completion. When non-clinical staff determined that no action was required, the letters were scanned to the patient's record. At the previous inspection it was found

that staff involved had not been clinically supervised and were not audited to ensure quality assurance. The practice provided evidence at this inspection that showed regular audits and quality assurance processes had been implemented, with positive outcomes in all audits conducted. For example, the most recent audit confirmed 100% appropriate responses (as was shown in the previous five audits).

- Procedures had been revised to support the quality assurance monitoring.

The practice had appropriate recruitment policies and procedures.

- We reviewed three personnel files and found that all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity and interview records were available in the files we reviewed.