

# Kenyon Medical Centres

## Quality Report

15 Chace Avenue  
Willenhall  
Coventry  
CV3 3AD

Tel: 02476 307024

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Website: [www.kenyonmedicalcentres.gpsurgery.net](http://www.kenyonmedicalcentres.gpsurgery.net) Date of publication: 31/01/2017

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 Kenyon Medical Centres on 13 December 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However the actions taken and learning from the event were not always documented. The practice had not carried out a review of significant events at the time of the inspection.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment although not all staff had completed infection control training which had been deemed mandatory.

- Patient survey figures showed patients rated the practice higher than others for most aspects of care.
- 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. Although complaints were not always shared with the full practice team.
- 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 provider was aware of and complied with the requirements of the duty of candour.
- National patient safety and medicine alerts were disseminated within the practice. However there was no evidence to show the actions taken or any searches relevant to alerts.

# Summary of findings

- Incoming mail including hospital letters were reviewed by non-clinical staff. On the day of the inspection staff involved were not clinically supervised and were not audited to ensure quality assurance. Audits and quality assurance processes were forwarded following the inspection. Letters that indicated changes to medicines or further actions would be passed to a GP.
- 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 meetings.
- The practice had identified 62 patients as carers (0.51% of the practice list).

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure staff that are reviewing clinical mail are clinically supervised and audits are completed to gain assurance.

- Ensure all staff complete training identified as mandatory, such as infection control.

The areas where the provider should make improvement are:

- Regularly review significant events including near misses and complaints to identify trends and themes and ensure that actions and lessons learned in relation to significant events are documented, appropriate and completed. Update action plans accordingly to evidence completed actions
- Review process and methods for identification of carers and the system for recording this to enable support and advice to be offered to those that require it.
- Review process for patient safety alerts to evidence actions taken and when completed.

**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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Actions taken and learning from the significant events were not always documented. The practice had not carried out a review of significant events at the time of the inspection.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- National patient safety and medicine alerts were disseminated within the practice. However there was no evidence to show the actions taken or any searches relevant to alerts.
- Incoming mail including hospital letters were reviewed by non-clinical staff. On the day of the inspection staff involved were not clinically supervised and were not audited to ensure quality assurance. Audits and quality assurance processes were forwarded following the inspection. Letters that indicated changes to medicines or further actions would be passed to a GP.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mainly at or above average 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. The practice had an induction programme and checklist however this was not been utilised.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

- Not all staff had completed infection control training which was deemed to be mandatory.

## 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 many aspects of care.
- The practice list identified 62 patients as carers (0.5% of the practice list). The practice had identified this as an area for improvement prior to the inspection.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The majority of comment cards said that patients were able to get an appointment and were also able to be seen on the day if required.
- 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 not always shared with staff.
- The practice opened on Saturday mornings and had agreed to alternate this at both sites following requests by staff and patients.

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.
- 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 meetings.

Good



# Summary of findings

- 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 and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There were effective arrangements for identifying, recording and managing risks and issues. Actions in relation to these were at times unclear and there was a lack of evidence to show the actions had been completed.

# 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 to meet the needs of the older people in its population.
- The practice worked at identifying patients at risk of hospital admission to reduce the risk and reduce the amount of unplanned admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.

Good



### People with long term conditions

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

- Nursing staff and GP's had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was above the CCG and national averages. (100% compared to 91% CCG average and 90% national average). The practice offered a bespoke diabetic service which was delivered by a GP and nurse who were both highly experienced in this service.
- Longer appointments and home visits were available when needed.

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 A&E attendances. These were then passed to the safeguarding lead to review.
- Immunisation rates were in line with CCG averages for all standard childhood immunisations.
- 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.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was 78%, which was similar to the CCG average of 81% and the national average of 82%.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## **Working age people (including those recently retired and students)**

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

- The 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 and flexible.
- The practice offered extended hours appointments one evening and one morning per week to facilitate access for working patients.
- The practice had extended hours on Saturday mornings and this was provided alternate weeks at each site.
- Patients could book appointments on line, in person or on the telephone.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

Good



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



# Summary of findings

- 64% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 76% and the national average of 79%.

We spoke to the practice in relation to this figure, this was thought to be due to the high number of patients that had been diagnosed toward the end of the year and capacity of the staff to complete in a short period of time.

- 80% of patients experiencing poor mental health were involved in developing their care plan in last 12 months which was in line with the national average of 77%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had recently carried out a pilot for the diagnosis and treating Alzheimer's within primary care.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above with local and national averages. 285 survey forms were distributed and 109 were returned. This represented a 38% response rate and 0.9% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the CCG average and the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were highly complementary about the service. Four of the comment cards whilst positive also mentioned that at times they did not get to see the GP that they normally saw, sometimes there was a wait for an appointment and that they felt there was a high turnover of GPs. This was thought to be due to the fact that the practice had trainees that were only there for a short period of time. Patients described staff at the practice as friendly and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure staff that are reviewing clinical mail are clinically supervised and audits are completed to gain assurance.
- Ensure all staff complete training identified as mandatory, such as infection control.

### Action the service **SHOULD** take to improve

- Regularly review significant events including near misses and complaints to identify trends and themes

- and ensure that actions and lessons learned in relation to significant events are documented, appropriate and completed. Update action plans accordingly to evidence completed actions
- Review process and methods for identification of carers and the system for recording this to enable support and advice to be offered to those that require it.
  - Review process for patient safety alerts to evidence actions taken and when completed.

# Kenyon Medical Centres

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice nurse 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 to support the day to day running of the practice.
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- This practice provides teaching and training for doctors who wish to become GPs and at the time of the inspection 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 higher than average deprivation and sits in the fourth most deprived centile.
- 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 the same times other than Wednesday 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.

## Why we carried out this inspection

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.

# Detailed findings

## 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 13 December 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice manager, nursing staff and administrative staff).
- Spoke with two members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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 business manager of any incidents and there was a recording form available on the practice's computer system.
- The incident recording forms that had been completed showed the practice were aware 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a review of specific significant events at clinical meetings. However the actions taken and learning from the event were not always documented. The practice had not carried out an annual review of significant events to identify patterns or trends at the time of the inspection.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that some lessons were shared and action was taken to improve safety in the practice. However this was not always clear or detailed. For example, from one significant event form the action was a new protocol would be written however in the clinical meeting where this was discussed the action was changed to a review of the process. The significant event form had not then been updated with what action had been taken or if the action had been completed. There was a review section available on the form however this was not been utilised. Significant events were agenda items at each clinical meeting and we saw minutes of the meetings to show these were discussed. However for staff that were unable to attend the meetings the details of the discussions were not recorded in the minutes. Patient safety alerts were managed in the practice, staff were aware of recent alerts and we saw a file

on the computer system which contained the alerts received. The staff said that alerts were left with the relevant clinicians to action. The practice had a pharmacist employed by the CCG that came into practice and dealt with any medicines alerts. The practice did not have any evidence to show that these had been dealt with and what actions had been completed. We spoke to the practice about this and they said that they would put in a system to assure themselves. We did see that some recent alerts had been received and actioned such as there was a risk assessment completed following a safety alert for the vertical blinds in the practice.

### 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. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3. We saw examples of multi-disciplinary meetings that were held to discuss individual cases. The practice had an administrator for safeguarding and this staff member would bring to the attention of the lead any relevant concerns, such as children non attending hospital appointments, or those attending A&E frequently. The practice were aware of any children that were patients and were at risk and we saw that these were flagged with alerts on the patient's electronic record. Safeguarding was a standard agenda item on the clinical meeting. The practice had six-weekly safeguarding meetings which the health visitor, school nurse and midwives attended.

## Are services safe?

- A notice in the waiting room and on the doors of all treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. The practice was found to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and the infection control lead had received up to date training. The practice completed annual infection control audits and had identified actions to complete. The practice had completed some of these actions however it was not clear from the audit what had been completed and what had not. Not all staff had completed infection control training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were effective systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer influenza, vaccines and medicines against a patient specific prescription or direction from a prescriber.
- Incoming mail was dealt with by non-clinical staff. The staff reviewed the letters including hospital letters and any that had medicine changes or actions required were forwarded to the GP for actioning. However when the non clinical staff deemed there to be no action required, they would then scan the letter to the patient record and not forward to a GP. On the day of the inspection staff involved were not clinically supervised and were not audited to ensure quality assurance. Audits and quality assurance processes were forwarded following the inspection.

- We reviewed five personnel files and found not all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification and interview records were not available in the files we reviewed.

### 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 area which identified local health and safety representatives. The practice had up to date fire risk assessments for both sites and Legionella risk assessments had been conducted at all sites. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that the practice were running and testing the temperature of water in line with their legionella policy. 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 risk assessments in relation to control of substances hazardous to health at the inspection and we were shown safety sheets relating to the products used.
- 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 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

## Are services safe?

- Emergency equipment and medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, contact numbers for other agencies such as gas and water suppliers.

# 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 patients' needs.
- For trainee GPs, NICE guidance was discussed at a trainee tutorial and then if necessary discussed at clinical meetings with other GPs.

### 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 were 99% of the total number of points available. Exception reporting for the practice was 13% which was in line with national and CCG averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was above the CCG and national averages. (100% compared to 91% CCG average and 90% national average).
- Performance for mental health related indicators comparable to CCG and national averages. (96% compared with 90% CCG average and 93% national average).

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed in the last two years, two of these were two cycle audits.

- Audits that had been completed showed actions to be taken such as changes to processes and changes to equipment had improved services to patients.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However the document to record these topics' completion had not been utilised although the induction had taken place. The practice had a comprehensive induction welcome pack for trainee GP's staff which included details of operational delivery and safety issues.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice had a spreadsheet that showed all staff members and the date of training completed.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and Nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Not all staff had completed infection control training which was deemed to be mandatory.

# Are services effective?

(for example, treatment is effective)

## 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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a bi-monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

## 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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were signposted to the relevant service.
- Patients that were receiving end of life care were allocated a named GP to support them through this period.
- Patients could be referred to external support such as stop smoking services.

The practice's uptake for the cervical screening programme was 78%, which was similar to the CCG average of 81% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. The practice had a process for ensuring patients attended for the cervical screening and letters were sent by the practice to those that did not attend. Alerts were added to the patient electronic record system to show those still outstanding. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe 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.

Childhood immunisation rates for the vaccinations given were similar when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged between 93% to 99%, (CCG averages ranged between 96% to 99%) and five year olds from 96% to 100% (CCG averages ranged between 92% to 99%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients 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.
- The waiting area was situated away from consulting rooms.
- 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 when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent and efficient service and staff were helpful and caring and treated them with dignity and respect. Comments said that the GPs were very good and that they always got an appointment when needed and if required this would be on the same day. Four of the comment cards whilst positive also mentioned that at times they did not get to see the GP that they normally saw, sometimes there was a wait for an appointment and that they felt there was a high turnover of GPs. This was thought to be due to the fact that the practice had trainees that were only there for a short period of time.

We spoke with two members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. They said that they could always get an appointment on the same day if they needed one. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to national and CCG average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and the national average of 95%
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and the national average of 85%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards said patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. We also saw that care plans were personalised.

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 in line with local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

## Are services caring?

- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice had a hearing loop for those that required it.

### **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 a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 62 patients as carers (0.51% of the practice list). The practice had identified this as an area for improvement prior to the inspection. The practice routinely asked if the patients were carers at registration. There was a notice board in reception which gave details of support for carers including young carers. The practice had a carer advisor that was assigned to the practice. This person attended the Brandon Road site Thursdays from 12pm to 3pm. Patients that were carers could call in to see if there was any support that could be offered. The advisor was employed by the carers trust and also was able to offer other stress relieving support for carers and young carers. Carers were flagged on the computer system so that appointments could be more flexible to help them with their caring role. The practice could refer to local caring support agencies which could help with equipment and finances for example.

Staff told us that if families had suffered bereavement the normal GP may contact the families and phone calls were 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.

- Patients could book and cancel appointment on line, by phone and in person.
- There were longer appointments available for patients with a learning disability or any patient that felt they required it.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A bypass telephone was provided for patients that were identified at risk of unplanned admission to the hospital.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- Some of the clinical rooms were difficult for those in wheelchairs or limited mobility. Staff we spoke with said that these patients had alerts on their records so they would be booked into a room appropriate for their needs.
- The practice opened on Saturday mornings and had agreed to alternate this at both sites following requests by staff and patients.
- Appointments were reviewed monthly to assess demand and identify any potential situations where increased provision may be required.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8.30am to 6.30pm Monday to Wednesday, 8.30am to 5pm Thursdays and 7.30am to 7pm Fridays. The Brandon Road site appointments were at the same times other than

Wednesday which were 8.30am to 8pm. The practice also opened Saturdays from 8.30am to 12pm alternating across both sites. GP appointments were available on the day and pre-bookable appointments could be booked up to four weeks in advance.

Results from the national GP patient survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was in line with local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.

The majority of comment cards and patients we spoke with said they were able to get an appointment and were also able to be seen on the day if required.

### 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 for example a complaints poster and leaflet in reception.

We looked at complaints received in the last 12 months and found these were handled accordingly in line with the practice policy and dealt with in a timely way. Apologies were given where appropriate and action was taken as a result to improve the quality of care. Response letters were open and transparent with details of what the practice were doing about the concerns raised. We did not see evidence that all complaints were discussed with all the staff at the practice meeting.

# 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 vision to deliver good care and to meet patient expectations.
- The practice had no written plan however plans had been discussed at practice away days and partner meetings. The previous five year plan had recently been completed.

### Governance arrangements

The practice had an effective 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 on the practice computer system or in folders in the administration area.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks and issues. Actions in relation to these were at times unclear and there was a lack of evidence to show the actions had been completed.

Incoming mail processes and management of patient safety alerts were not effective on the day of inspection. However the practice had strengthened these the following day. For example auditing of processes and clinical supervision for the staff dealing with the incoming mail.

### Leadership and culture

On the day of inspection the partners and management in the practice demonstrated a willingness to take the appropriate steps to run the practice and ensure high

quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and management were approachable and always took the time to listen to all members of staff. Following the inspection the practice provided examples of new processes in relation to areas that had been highlighted at the inspection.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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 of which minutes were available.
- 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the management 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.
- Staff said that they enjoyed working at the practice and that they had strong support from their colleagues.

### 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.

# Are services well-led?

Good 

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

- The PPG met bi-monthly and discussed ways that they could look at how the practice could be improved.
- The PPG members that we spoke with said that they were looking at ways to decrease the amount of appointments wasted by patients not attending and not cancelling them. The PPG also raised funds through a book swap and these funds had been used to purchase equipment for the practice such as hydraulic couches for patients that had limited mobility. The practice had reviewed the Saturday clinics that were held at Brandon Road and at the patients suggestion were starting to alternate these fortnightly at both sites.
- The practice had gathered feedback from staff through staff meetings and annual appraisals.
- Following results of patient feedback and complaints the practice had held an away day in November 2016 for all the staff. The staff looked at issues that had been highlighted and split into working groups to come up with suggestions on how they could improve. We saw that there were actions short term and long term that the practice would be following up.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had looked at areas to improve the services that it provided. The CHES (care home enhanced service scheme) that had been set up by the CCG for practices across Coventry was based around best practice from this practice and a number of others. This service gave extended support to patients to prevent hospital admissions and provide better care for those patients to remain at home.

Although the partners were relatively young they had identified that there was a need to look to the future in relation to all staff. The practice was an approved training practice for the training of trainee GPs and medical students. The partners were working with other practices in the area and were looking toward the future of working together to provide better services for their patients.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The registered person did not do all that was reasonably practicable to assess, monitor, manager and mitigate risks to the health and safety of service users.  Non – clinical staff were reviewing clinical mail without clinical supervision and audits completed to gain assurance.  The provider’s system for ensuring that staff completed essential training such as infection control training was not effective.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  The registered person did not ensure all appropriate recruitment checks was available in relation to employed persons, specifically:  Not all information specified in schedule 3 was available, specific proof of identification and interview records.