Dr Srinivas Dharmana

Quality Report

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Date of inspection visit: 30 July 2015
Date of publication: 08/10/2015

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	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Inadequate**
Are services caring?	**Requires improvement**
Are services responsive to people's needs?	**Requires improvement**
Are services well-led?	**Inadequate**

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced follow-up inspection of Dr Srinivas Dharmana, also known as Dharmana's Family and General Practice, on 30 July 2015. This inspection was a follow-up to our inspection of 1 October 2014 when the practice was rated as 'Inadequate', placed into Special Measures and required to make significant improvements.

Whilst we found there were some minor improvements in the responsiveness of the practice to patients' needs, overall we found the practice had not made sufficient improvement in three of the five key domains. The practice is rated as Inadequate for providing safe, effective and well-led care, treatment and services. The practice is rated as Requires Improvement for providing responsive and caring services. The practice has failed to meet any of the regulatory requirements prescribed after the last inspection in October 2014 and no improvement in meeting the fundamental standards has been made.

Following this latest inspection, the provider has submitted an application to cancel their registration with CQC and the practice will close in December 2015. CQC has agreed to cancel the registration. The practice will remain in Special Measures.

In the meantime, NHS England and Liverpool Clinical Commissioning Group continue to support the practice and are taking steps to arrange the transfer of patients to alternative GP services in the local area.

Our key findings were as follows:

- The practice did not have an effective system in place for dealing with incoming patient related correspondence. We found a significant amount of correspondence that had not been read coded or annotated by the GPs working at the practice. No effective plan to address this backlog had been executed by the provider.
- The practice nurse had received some training on the management of patients with long term conditions. However, the nurse had not been booked onto essential update training on the delivery of immunisations and vaccinations, leaving the practice

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unprepared to manage responsibility for all childhood immunisations and vaccinations, which will be passed back to practices from Liverpool Community Health in September 2015.

- Insufficient records were held in relation to clinical staff and key background checks required had not been completed. Systems set up to promote quality checks on record keeping in relation to patient records were not upheld or effectively applied.
- Management and leadership were inadequate; improvements required in relation to infection control had not been made. Key records in relation to buildings maintenance could not be produced. Key parts to the improvement plan submitted to CQC following the inspection of 1 October 2014 had still not been achieved.

Importantly, the provider must:

- Provide care and treatment that meets the needs of patients. Patients seen by accident and emergency departments had not received appropriate intervention and support from their practice GP or nurse. The practice failed to respond in a timely manner to advice from hospital staff on patients' conditions and medication.
- Have suitably qualified, competent, skilled and experienced persons deployed to cover both the emergency and routine work of the service.
- Hold, and have available, information in relation to each person employed for the purposes of delivery of regulated activities. Have records in place that are accessible to authorised people internally and externally, and as necessary to deliver care and treatment in a way that meets patient needs and keeps them safe.
- Address infection prevention and control concerns to ensure that they comply with the 'Code of Practice for health and social care on the prevention and control of infection and related guidance'.
- Maintain records relating to the care and treatment of each person using the service that are fit for purpose.
- Do all that is reasonably practical to mitigate risks. Conduct and evaluate significant event analysis to establish how clerical or clinical errors had occurred.

Insufficient improvements have been made such that there remains a rating of Inadequate overall for this practice. The domains of Well-led, Effective, and Safe remain rated as inadequate and the Responsive and Caring domains are rated as requires improvement. As a result of this overall rating of Inadequate, all population group ratings remain as Inadequate.

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?

Inadequate

The practice is rated as inadequate for providing safe services. The provider had been required to make improvements in relation to the safe care and treatment of patients. Insufficient improvements had been made which placed patients at risk. Significant medication errors which had been brought to the attention of the provider had not been investigated. The safeguarding register for the practice was not up to date. The GP providing services at the time of this inspection, and who had been appointed as the safeguarding lead for the practice, was unable to access the safeguarding register which was held by the provider on a drive on the computer that could not be accessed by this GP. We found minutes of safeguarding meetings had not been scanned onto the record of patients they related to. The provider held no evidence of recruitment checks for a locum GP or for a locum nurse who had been contracted directly and had worked at the practice. The provider could show confirmation of checks carried out by agencies that had supplied two locum GPs, but these did not meet the requirements of Schedule 3 of the Health and Social Care Act 2008.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services. The provider had been required to make improvements in relation to the effective care and treatment of patients. We found insufficient improvements had been made, which compromised the welfare of patients. The practice had no effective system in place to manage patient related correspondence. Staff did not read code patient information consistently, which meant that summary care records, visible to secondary care providers such as ambulance and hospital accident and emergency or casualty departments did not provide key information about patients. We found that systems set up to support quality checks on patient records were not followed. Examples of audit shown to us by the provider had not been through completed cycles so evidence of improvement in patient care was limited.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services. The provider had been required to make improvements in relation to the delivery of caring services to patients. We found insufficient improvement had been made. From patient records we

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saw examples of care that was not compassionate and did not meet the needs of patients. The practice did not take sufficient steps to support vulnerable patients, which increased their attendance at accident and emergency centres locally.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. The provider had been required to make improvements in relation to the delivery of responsive services to patients. We found insufficient improvement had been made. Patients had made complaints in relation to access to the services, for example, the ability to book appointments and to order repeat prescriptions online. The provider had responded to this complaint but failed to show any steps to improve on-line access for patients. The provider had responded to complaints on the NHS Choices website. However, steps to improve services following analysis of complaints had not taken place.

Are services well-led?

Inadequate

The practice is rated as inadequate for providing well-led care, treatment and services. The provider had been required to make improvements in relation to the leadership and management of the practice. We found insufficient improvements had been made. This compromised the welfare of patients. We reviewed a number of policies and procedures, which had been put in place since our October 2014 inspection. We found cases where these procedures were not followed. Where this occurred, risk was posed to patients. A significant backlog of patient related correspondence and read coding was found at our inspection. No meaningful plan had been put in place by the provider to address this.

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

Inadequate

The ratings of inadequate for the domains of safe, effective and well-led impacted on all patient groups. Multi-disciplinary team meetings had been put in place following our October 2014 inspection, to facilitate the care of those patients receiving palliative or end of life care in the community. Some continuity of service to patients had been provided by the retention of two long term locum GPs who were delivering services at the time our inspection.

People with long term conditions

Inadequate

The ratings of inadequate for the domains of safe, effective and well-led impacted on all patient groups. Since our inspection of October 2014, a nurse had received some training in the care and management of those patients with long term, chronic conditions. The nurse had completed an accredited course in the management of asthma. However more training was needed. Specifically, the nurse had not received formal training in the review of patients with diabetes, or in the review of patients requiring travel health advice. The nurse had not been trained in the read coding of patients consultations. The provider could not evidence any plans in place to facilitate the required training.

Families, children and young people

Inadequate

The ratings of inadequate for the domains of safe, effective and well-led impacted on all patient groups. We found that the practice nurse had completed a foundation course on immunisation, which provided a theoretical update in line with the national minimum standards for immunisation training. The nurse was responsible for delivering immunisations and vaccinations at the practice. The provider could show no plans in place to facilitate updated learning required on childhood immunisations and vaccinations, which will be the responsibility of GP practices from September 2015. Of particular concern was the fact that the new meningitis, two stage vaccine for children will be delivered by practices from September 2015 and the nurse had not received the training required for this.

Working age people (including those recently retired and students)

Inadequate

The ratings of inadequate for the domains of safe, effective and well-led impacted on all patient groups. We saw how the failure to

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deal with hospital correspondence effectively had resulted in patients' conditions not being adequately reviewed by a GP, and how gaps in the duties of the practice nurse and the work of the GPs had impacted on patient health and well-being.

People whose circumstances may make them vulnerable

Inadequate

The ratings of inadequate for the domains of safe, effective and well-led impacted on all patient groups. When we made checks on the safeguarding register at the practice, we found it required further work to ensure it was up to date and accessible to all that needed to refer to this document. When asked, we found the full time locum GP at the practice could not access the register as it was on a drive on the computer that he did not have access to. When we reviewed some records of vulnerable patients subject to protection plans, we found information had not been uploaded to their patient records. Some patient records did not have the correct read code applied. This meant other providers of care and treatment, such as paramedics and hospital staff would not have access to significant information relating to these patients.

People experiencing poor mental health (including people with dementia)

Inadequate

The ratings of inadequate for the domains of safe, effective and well-led impacted on all patient groups. We were unable to find systems in place to improve the care and treatment of patients in this group. We reviewed records in relation to treatment of patients, which showed very poor care and a lack of responsiveness to the needs of vulnerable patients. These incidents were not reviewed by the practice staff to see if anything could have been done differently, and the practice did not make efforts to see these patients and address their health concerns.

Summary of findings

What people who use the service say

This inspection was a follow-up to our inspection of 1 October 2014. We did not have the opportunity to directly seek the views of patients during our follow-up inspection.

When conducting follow-up inspections, we do not issue comment cards for patients to complete to share their views. We did review information available to us before the inspection, which included the latest results from the NHS England GP Patient Survey. This contains aggregated data collected from January – March 2015 and July – September 2014. In this survey, 441 questionnaires were distributed and 90 were returned. This gives a response rate of 20.4%. From the results we could see that:

- Of those patients who responded:
- 88.9% said the last GP they saw or spoke to was good at giving them enough time. This compares with a score of 89.4% for practices locally and a score of 86.8% nationally.
- 91.7% said the last GP they saw or spoke to was good at listening to them. This compares with a score of 90.2% locally and 88.6% nationally.
- 82% said the last GP they saw or spoke to was good at explaining tests and treatments to them. This compares with a score of 88.2% locally and a score of 86.3% nationally.
- 79.1% of patients described their overall experience of this surgery as good. This compares with a score of 87.4% locally and 85.2% nationally.
- 96.7% had confidence and trust in the last nurse they saw or spoke to. This compares with a score of 97% locally and 97.2% nationally.
- 81.7% said they found the receptionists helpful. This compares with a score of 87.5% locally and 86.9% nationally.

Areas for improvement

Action the service MUST take to improve

We conducted a follow-up inspection of the practice on 30 July 2015. We found evidence of some improvement in relation to the breach of regulation 17(2)(b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which was applicable until 31 March 2015. Patients could be referred to a local practice for minor surgical procedures, such as contraceptive implants and joint injections. Patients could be seen by a GP from that practice, who was delivering services for the provider.

Some improvements had been made in relation to Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which was applicable until 31 March 2015. Staff had received safeguarding training to the appropriate level and a GP was appointed as the lead for safeguarding for the practice. However, the safeguarding lead GP was unable to access the relevant drive on the practice computer system, where the safeguarding register was held. We also found safeguarding records required updating; when children had been taken off a protection plan, this was not recorded correctly on the patient record. We also found minutes of a safeguarding meeting had not been attached to a patient record.

We found evidence of on-going breaches of Regulations 9, 10, 11, 21, and 24 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, applicable until 31 March 2015.

We found breaches of the updated regulations in relation to the safe, effective, caring and well-led care and treatment of patients and in relation to the management of regulated activities delivered by the provider. Breaches identified were of Regulations 9,12,17,18, and 19 of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014. In summary, the provider must:

- Provide care and treatment that met the needs of patients. Patients seen by accident and emergency departments had not received appropriate

intervention and support from their practice GP or nurse. The practice failed to respond in a timely manner to advice from hospital staff on patients' conditions and medication.

- Have suitably qualified, competent, skilled and experienced persons deployed to cover both the emergency and routine work of the service.
- Hold and have available information in relation to each person employed for the purposes of delivery of regulated activities. Have records in place that are accessible to authorised people internally and externally, and as necessary to deliver care and treatment in a way that meets patient needs and keeps them safe.
- Address infection prevention and control concerns to ensure that they comply with the 'Code of Practice for health and social care on the prevention and control of infection and related guidance'.
- Maintain records relating to the care and treatment of each person using the service that are fit for purpose.
- Do all that is reasonably practical to mitigate risks. Conduct and evaluate significant event analysis to establish how clerical or clinical errors had occurred.

Dr Srinivas Dharmana

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two GP Advisors, a Practice Nurse Advisor, a Practice Manager Advisor and a second CQC Inspector.

Background to Dr Srinivas Dharmana

Dr Dharmana's practice is run by Dr Srinivas Dharmana who operates as a sole GP practitioner. Dr Dharmana has not delivered services personally since September 2013. GP services have been delivered by long term locum GPs. Services are delivered under a General Medical Services (GMS) contract.

The practice is registered with the Care Quality Commission to deliver five regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening services
- Maternity and midwifery services
- Surgical procedures
- Family planning.

Surgical procedures have not been delivered by the practice since September 2013. Some family planning services were not being delivered, for example contraceptive implants. Patients were referred to another provider to receive these services.

The practice is located in a former residential property that has been modified over time for use as a general practice. The layout of the property provides a ground floor consulting room, treatment room, a patient waiting room and reception area. The upper floor provides an office for the practice manager, administrative space and records storage. Toilet facilities are also on the upper floor.

There are approximately 2,400 patients registered with the practice.

The practice retained the services of a male and female locum to meet the needs of the practice population. A practice nurse was working at the practice for 18 hours each week to support patients with the management of long term conditions such as asthma, COPD, diabetes and hypertension (high blood pressure). The lead GP had been working as a practice manager since our inspection of October 2014. The practice had four administrative and reception staff who supported the running of the practice.

The practice is open between 8.00am and 6.30pm, Monday to Friday. The practice does not offer any extended hours surgeries.

Out of hours services were not provided by the practice. These were provided by Urgent Care 24. Patients who called the practice during the out of hours period were diverted by phone to this service.

This was a follow up to our inspection of 1 October 2014, when we found the practice was not delivering safe, effective and well-led care that was caring and responsive to patients' needs. The practice was rated as 'Inadequate', and placed into Special Measures by the Care Quality Commission following the October 2014 inspection. The provider was required to submit an action plan detailing how improvements would be made. Special Measures is for a period of six months. During this time, support from NHS England and the local Clinical Commissioning Group had been available to make the improvements required.

Detailed findings

Why we carried out this inspection

We inspected this service on 30 July 2015 to check required improvements had been made.

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?

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 visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 July 2015. During our visit we spoke with a range of staff including a GP, the practice manager, the practice nurse and spoke with two members of administrative staff. We reviewed the personal care or treatment records of patients. We reviewed feedback from patients, via the NHS Choices website.

Inadequate

Are services safe?

Our findings

Safe track record

At our inspection of October 2014, we found a number of issues in relation to the delivery of safe services to patients. We found there was no specific paperwork or forms for reporting significant events; no meetings to discuss, review and analyse significant events; no review of systems or procedures since incidents had occurred. There were no clear lines of accountability for incident recording and reporting.

In our follow up inspection of 30 July 2015 we found some improvements had been made. We found there was a standardised form for reporting and recording significant events. Staff were clear that anyone could report and record a significant events. We saw that significant events was standing item at practice meetings and minutes showed these were discussed.

We noted that the practice was recording all diagnoses of cancer as significant events. This is recognised good practice, giving clinicians the opportunity to review patient consultation records to establish if any referral for tests or further investigations could have been made earlier.

We selected a significant event record raised by a member of administrative staff in response to incoming correspondence confirming a patient diagnosis of cancer. We tracked this example. We found the patient presented at the practice with symptoms that had worried them. The patient was examined by a locum GP. We noted there was no record of the patient being offered a chaperone. The locum GP did not refer the patient for further investigations or follow the prescribed care pathway for cases such as this. The patient was diagnosed with a serious illness shortly afterwards. The 'learning' from this event was that locum GPs should follow the care pathway for patients who presented at the practice with this set of symptoms. However, there was no evidence of review of patients seen by this locum, or input from the locum to determine if he had been aware of the correct care pathway for these patients, and if further patients could have missed being referred to the correct care pathway.

We had been made aware of medication errors that had come to light following an external audit on prescribing by the practice. The report produced following the audit highlighted that medicines errors had been reported to the provider for significant event analysis. We asked the provider for evidence of significant event analysis in relation to these errors. The provider was unable to provide these. We were told by the provider that they believed the Clinical Commissioning Group (CCG) medicines management team would investigate the errors. There had been no review of repeat prescribing of this particular group of medicines by the provider, after the auditor had brought these errors to their attention.

Learning and improvement from safety incidents

At our inspection of October 2014, we found that there was no evidence of learning from significant events and improvements were not made following significant events. We also found the provider had no policy on lone working in place.

At our follow up inspection on 30 July 2015 we asked the provider about learning from significant events and how this was shared. Particularly, we queried recommendations made in the audit report of prescribing at the practice, and safety measures to be implemented in respect of this. The provider was unable to demonstrate that they had reviewed the report findings or had acted to implement improvements that promoted patient safety. In the initial pages of the report, recommendations had been made. For example, the report stated that documents were scanned on to the practice computer system, before being reviewed and annotated by a GP. Review of the practice Clinical Letter Protocol by the practice could have been done immediately and shared with all staff, to ensure that incoming clinical correspondence was appropriately processed. The current method of working meant that staff were scanning clinical documents onto patient records that had not been commented on by GPs, regarding follow up actions required.

The audit report on prescribing at the practice identified that there were a significant number of examples of poor record keeping by GPs of actions related to hospital correspondence. The report stated that key findings documented in hospital correspondence were not highlighted in patient notes, or concise points from the letters recorded for ease of review by clinicians. This presented risk to patients. The provider was unable to demonstrate that this had been brought to the attention of

staff working at the practice, formally or informally, or through the process of reporting and recording significant events. Steps were not taken to ensure poor recording of patient information was addressed.

At the July 2015 inspection, we noted that the practice had a Lone Working Policy in place and staff we spoke with were aware of this. However, on the day following our inspection, the practice forwarded to us by email, a copy of a risk assessment conducted when inspectors advised that if no Legionella testing was in place, a risk assessment should be conducted to support this decision. At section seven of the risk assessment, the provider recorded that "The cleaner still runs all the water systems during this period". (Christmas and New Year period when the property is unoccupied). It was in relation to the cleaner working alone at 6am that we raised the issue of a Lone Working Policy, in our previous inspection, as all other staff are absent during this holiday period. This demonstrated the cleaner was still working alone.

Reliable safety systems and processes including safeguarding

At our inspection of October 2014, we found the provider had no system in place to receive and share Medicines and Healthcare Products Regulatory Agency (MHRA) alerts. There was no provision of on-line intranet resource which locums and the nurse could use to access updates on best practice. The responsibility for completion of safeguarding update reports for Safeguarding Review Boards had not been delegated by the provider. Staff appointed as chaperones had not received training for these duties and staff had not received training on the Mental Capacity Act 2005.

In our follow up inspection of 30 July 2015 we found some improvements had been made.

The provider was able to show us how MHRA alerts were received and stored on the practice computer system and how these were shared with locums. The locum GPs had access to NICE guidance and the Map of Medicine on-line resource, to follow updates on best practice. The long term locum GP at the practice was the appointed lead for safeguarding and confirmed training in respect of this was to the required level and had been refreshed recently (January / February 2015).

We reviewed safeguarding training for administrative staff and how safeguarding was managed within the practice. All staff had received safeguarding training to the required level. When we spoke to the safeguarding lead at the practice, they were unable to access the safeguarding register. The safeguarding lead told us this was because the register was held on a drive of the practice computer which the safeguarding lead could not open. It was unclear how the safeguarding lead would be able to refer to the register when required to do so in patient consultations.

Flow charts in relation to the safeguarding referral process were displayed clearly in administrative areas and consulting rooms. Administrative staff could access the relevant drive on the computer to view the safeguarding register. Staff were also able to locate and refer to safeguarding policies and procedures.

We asked administrative staff to demonstrate how they would search the computerised patient records system to show all patients subject to a safeguarding plan. This showed the number of children subject to a safeguarding plan, but when cross referenced with patient records, we found the register was not accurate. For example, when we reviewed patient records, we saw that some children removed from a child protection plan were still appearing on the safeguarding list generated by the practice patient records system. We asked staff to perform a further search; this generated a full safeguarding list but this included some parents of safeguarded children.

Staff told us that they were receiving further training on how to perform searches using filters to produce more accurate lists of safeguarded patients. We checked individual patient records to ensure that appropriate markers had been applied, to alert health professionals to the safeguarding status of patients. In two records we selected, we found the alert had been applied, but no coding in the patient summary. This is the part of the record viewed by secondary care providers, for example, hospital staff and paramedics.

We spoke with staff who acted as a chaperone for patients who requested this service. Staff confirmed they had received training in the performance of these duties. We were able to confirm that these staff had a valid Disclosure and Barring Service (DBS) check, which indicated that they were suitable to perform these duties.

Medicines management

At our inspection of October 2014, the provider had no oxygen on site at the practice, and no risk assessment had

been conducted to support this decision. We found emergency medicines could not be located quickly and when they were, we found items that were out of date and unsuitable for use. There was no log in place to support the regular check of stock of vaccinations and immunisations. The practice had not kept a register of patients who were particularly vulnerable to the flu virus and should be asked to attend for annual immunisation.

At our follow up inspection of July 2015 we found some minor improvements. Checks we made showed that oxygen was still not in place at the practice. The provider was still unable to show a risk assessment to support this decision, but commented that they had taken advice from the local medical committee (LMC) on this point. We found adrenaline which would be used in the case of severe allergic reaction was kept in the nurse's treatment room. There were no records in place to show that regular checks of this medicine were carried out, but we found that it was in date and suitable for use. The practice did not have doctor's bags for use in an emergency. The provider was unable to show a risk assessment to support this decision.

The practice nurse told us that they had received training on how to use the vaccine ordering system, Immform in February 2015. The provider had given the nurse access to this system on the day of our inspection. This meant the practice nurse would take over the ordering of vaccinations and immunisations. From records reviewed we could see that the stock of vaccines was checked approximately monthly.

A list of vulnerable patients who should be offered a flu vaccination had been generated by a nurse supporting the practice. The practice nurse planned to invite these patients into the practice to receive this.

The practice nurse was responsible for the delivery of vaccinations and immunisations. We asked to see documents in relation to this, but were advised that these were not kept in her treatment room but were kept by the provider. The nurse could not confirm whether or not she had signed these.

We asked about training the nurse had received on vaccination and immunisation. The nurse told us that they had completed a two day foundation course in September 2014. The nurse was unaware of annual update training that all nurses should attend and confirmed they had not been offered a place on this course. The provider told that the training the nurse had received was sufficient for the delivery of vaccines and immunisations that were delivered by the practice. Following our inspection, the provider emailed the CQC to say that staff were attending a vaccination and immunisations course in September 2015, coinciding with when childhood vaccinations and immunisations would revert back to GP practices. However, we understand this to be the same course which the nurse attended in September 2014, and not the required update course which is held annually. When we checked codes used for recording immunisations on babies medical records, we saw these were not comprehensive or up to date to reflect the new immunisation schedule.

Cleanliness and infection control

At our inspection of October 2014, we found the provider had appointed the practice nurse as lead on infection control. We saw that personal protective equipment was in place. However, the provider had not conducted hand hygiene audits for over 12 months.

At our follow up inspection of July 2015 we found the practice premises were in a poor state of repair. Initial observations recorded by our inspectors included the poor standard of decoration including stained walls and a patched ceiling in the practice manager's office. In the kitchen area, wall paper was coming away from the walls. The area outside the practice manager's office was also in a poor condition, with wallpaper and paint peeling from surfaces. Paint work on skirting boards in the practice treatment room was peeling and chipped.

We were aware that Liverpool Community Health had conducted a full infection control audit and found the practice to be compliant in 50% of the areas covered by the audit. A copy of this report was sent to the provider on 16 July 2015. Instructions to the provider from Liverpool Community Health were that an action plan must be submitted within 14 days, detailing proposed actions to address the areas of non-compliance. This report also highlighted that no hand hygiene audits were being conducted.

The nurse, who was the lead on infection control, told us that the provider had not shared a copy of the report with them and that they were not aware of any action plan to

address concerns raised. The practice nurse showed us a standardised Infection Control Inspection Checklist dated 27 July 2015which they had been given by the provider, to conduct an audit

We referred to a copy of the Infection Control Policy for the practice. In this, it stated that a random and unannounced inspection would take place on at least a bi-monthly basis and the findings would be reported to the partners meeting for (any) remedial action. The checklist asked questions about written daily and weekly cleaning specifications. In the checklist completed by the nurse on 27 July 2015, none of these boxes had been ticked, crossed or annotated as to what check had been performed by the nurse on any cleaning schedules. We saw no evidence to show the infection control policy was followed, and that outstanding matters were picked up and addressed by the provider at a practice meeting. When asked, the practice nurse said she did not feel anything was outstanding.

We asked for evidence of legionella testing, or a detailed risk assessment as to why this would not be necessary. The provider was unable to provide these documents.

On the Monday following our inspection (3 August 2015), the provider sent via email to the CQC, a Legionella Testing risk assessment. In this it is stated that flushing takes place on a regular basis and that in periods of non-occupancy, for example over Christmas or Easter Bank Holiday weekend, the cleaner still ran systems in this period. We saw no records that supported this and the provider was unable to show documents that confirmed this.

Equipment

At our inspection of October 2014, we found the provider had no systems in place to monitor stock of single item disposable equipment. We found checks and calibration were in place for measuring equipment such as scales and blood pressure cuffs.

At our follow up inspection of July 2015, the practice nurse told us there was no designated stock checker in respect of single use items e.g. speculums, and that there was no system in place for checking and replenishing stock. However, items we checked were all in date and suitable for use.

The provider was able to show records in relation to the calibration of equipment and portable appliance (PAT) testing. However, we did find that the practice nurse had their own blood pressure cuff. There was no label on this to say when re-testing and calibration was due.

Staffing and recruitment

At our inspection of October 2014, we found the provider had no systems in place to ensure all the required checks had been conducted in respect of all staff members, temporary and permanent, who worked at the practice.

At our follow-up inspection of July 2015, we found that there had been some improvement in this area. We saw that appropriate recruitment records and checks in respect of clerical staff had been made and kept. However, we found that checks on clinical staff were incomplete. In the case of the two long term locums engaged directly by the provider, key recruitment information and checks were not held, including a DBS check for one of locum GPs. The provider said they would locate this record and send it to us, although this has not been received. The provider could not show evidence whether the performers list for the two locums was checked before they started work at the practice. There were no copies of identity check documents and for one of the locums, no evidence of medical indemnity cover. The provider had also engaged a locum nurse directly on a number of occasions. When we asked to see records in relation to this person, there were none held by the provider. We found the provider had engaged another GP locum directly, for a short period of cover. Again, there were no recruitment records in relation to this locum.

The provider used locum supply agencies for short periods of cover. The provider was unable to immediately access these, as they were stored within an email account that contained personal emails. When the records were retrieved, they were in the form of confirmation of assignment booking forms. We were provided with a single page document in respect of one locum who had agreed to work at the practice. The provider was unable to assure us that the identity of the locum was checked by the provider when the locum reported for work. The confirmation of assignment form sent to the provider by the agency, did not refer to any identity checks made. In the case of another locum supplied by an agency, the provider was not able to show any records, other than an email from the agency, confirming the supply of the locum for a four day

period. The provider was unable to show evidence of any service level agreement between the agency and the practice, which set out clearly what evidence on background checks would be supplied to the provider when booking locums.

Monitoring safety and responding to risk

At our inspection of October 2014, we found the provider had insufficient systems in place to monitor safety at the practice. Arrangements for a safeguarding lead at the practice were not in place. Systems to share and respond to MHRA alerts were not in place. Disease registers were not being kept up to date. Key duties performed by staff members on long term absence had not been picked up by the provider or assigned to another staff member.

At our follow up inspection on 30 July 2015, we found some improvements had been made. One of the long term locum GPs was the designated safeguarding lead at the practice. Duties performed by staff members on long term absence, had been picked up by the provider, who was acting as practice manager.

The provider was able to demonstrate systems in place to receive and share MHRA alerts. The provider was unable to show us how he would search the practice patient record system for patients on a particular medicine. We asked how they would review patients that may be affected by an alert about a particular medicine. The provider told us they would go through each patient record individually to check if patients were on the medicine named in any alert. Also, as patient records were not being read coded in a uniform and consistent manner, the provider and locums would have to go into the detailed notes of each patient individually, as information on particular medicines would not be included in the patient summary record.

Some progress had been made on the creation and maintenance of disease registers. The practice nurse would see newly registered patients for a health check. The practice nurse was using templates to review these patients, so some information would be read coded. However, the nurse had not received training in the read coding of patient notes and consultations and relied on administrative staff to do much of this work. From records we checked, we saw that read coding was not being applied in a uniform and consistent manner, which would impact on the accuracy and maintenance of up to date disease registers.

Some key duties had been picked up by the provider who was acting as the practice manager. This included scheduling of mandatory training for administrative staff, for example, safeguarding training, chaperone training and health and safety training. We saw that training records for administrative staff had been set up and these held evidence of this training.

Arrangements to deal with emergencies and major incidents

At our inspection of October 2014, we found the provider was unable to locate emergency medicines quickly, and when they were located, they were found to be out of date. There was no business continuity plan in place.

The provider had a protocol in place that detailed how the practice would respond and continue to function in the event of major disruption, for example, due to IT failure, electrical failure and flood.

We found that adrenaline for use in an emergency was available in the nurse's room and could be located quickly. Medicines for the treatment of patients with diabetic hypoglycaemic attacks was also readily available. The provider did not have oxygen available at the practice, or a defibrillator for use in an emergency. There was no formal risk assessment in place to support this decision.

When we reviewed training records of staff, we noted from evidence available that the nurse at the practice had last done cardio-pulmonary resuscitation (CPR) training in October 2011. We asked if they had attended any updates on this training. The nurse confirmed that they had not. Due to the limited information available to us on the training updates of locum GPs, we were unable to establish if their training in CPR was up to date.

A number of key tasks had been picked up by the provider, who was acting as the practice manager. We saw checks in relation to health and safety, fire prevention, and buildings and premises were being conducted. However, some actions required had not been taken. For example, in relation to health and safety, no risk assessment in respect of Legionella testing had been carried out. We asked staff about fire prevention training, fire drills and evacuation training. The action plan refers to the provision of torches around the building, as no emergency lighting was in place in the event of fire. When staff were asked about the location of these, they were unaware of why torches would be needed and could not locate them when asked to do so.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

At our inspection of October 2014, we found that not all patients were receiving new patient health checks. Regular and systematic review of patients with long term conditions was not in place. The practice nurse conducting this work was at the practice for seven hours each week when the nursing hours required for the practice was confirmed as being twenty hours per week. We also found that multi-disciplinary team (MDT) meetings had not been in place at the practice for some time.

At our inspection of July 2015, we found some progress had been made. All patients registering with the practice received a health check, which the nurse delivered. We saw that the nurse had worked with a supporting nurse from the local Clinical Commissioning Group (CCG) to establish a register of patients, who due to age, pregnancy, or long term health conditions would require a flu immunisation. The intention was to invite these patients into the practice to receive this treatment. The practice nurse was unable to tell us how this would be planned, or whether additional clinics would be required to support this. The working hours of the nurse at the practice had increased to 18 hours each week, from the middle of July 2015.

The practice nurse had received some in-house training from a mentor nurse in the management of long term conditions and had attended a course on the management of asthma. However further training was required for the management of patients with diabetes. The nurse had not received training in the review of blood test results. The nurse was able to access guidance from the National Institute for Health and Care Excellence (NICE) and from the British National Formulary (BNF). The nurse told us they had access to other practice nurses locally, and that she attended regular link meetings with other nurses on a quarterly basis. The practice nurse told us no MDT meetings were in place, but that they used to be. The nurse was aware of Gold Standard Framework (GSF) meetings held at the practice, in respect of palliative care patients but did not attend these. The practice nurse had no regular meetings with community matrons.

Management, monitoring and improving outcomes for people

At our inspection of October 2014, we found no clinical audit had been carried out at the practice. There was no pro-active work in place to manage the care and treatment of patients with long term conditions.

At our inspection of July 2015 we found some improvement had been brought about by the clinics provided by the practice nurse. However, the nurse had not received the further training required in management of diabetes patients, or in review of blood test results. When we asked about this the nurse told us they had no responsibility for reviewing blood tests. The nurse then went on to say that the provider had taught them to add comments to blood test results and that they would help out if necessary. We noted that in the practice procedure for dealing with incoming pathology reports and results, which was reviewed in January 2015, reference is made to the nurse assessing results and taking necessary action. However, the nurse had not received training in the review of blood test results. .

The provider was able to show some clinical audit. However these did not show fully completed cycles and some represented lists of action points rather than audit cycles. We saw an example of an audit of patients prescribed Lithium. These patients had been recalled for review after eight weeks and their medicines were reviewed before being prescribed again. Another example of audit we were shown was in relation to children presenting at a children's hospital to access primary care (GP) services. This audit was conducted in January 2015. The provider told us it was due to be repeated in July 2015. The provider told us that as a result of the initial review, all un-well children under the age of five would be seen on the day the parent or carer contacted the practice.

A further audit, conducted by a staff member of the clinical commissioning group was carried out in February 2014 and confirmed that all staff had been booked onto training in the summarising and read coding of patient notes. The purpose of the audit was to drive improvement in record keeping in relation to patient records. The audit also provided a system for staff to use to conduct checks on the quality of input and recording in patient notes. The audit used a sample of five letters in relation to patients' attendance at secondary care appointments. The records of these patients were checked to see if all information required and held about the patient, had been input correctly. This checking process had been carried out four

times, giving four sets of results and represented a good analysis of how accurately patient information had been recorded. However, this exercise had not been repeated so staff were unaware of whether their quality of recording of patient information, had improved.

We reviewed patient records to assess the effectiveness of recall and monitoring of patient conditions. We found several examples of patients who had not been recalled for annual or six monthly reviews.

We saw further examples of poor and ineffective patient monitoring and review, specifically in the cases of patients who require close monitoring due to the medicines they were prescribed. In one case, we saw evidence of a shared care agreement between the practice and the local hospital, in relation to patient care, monitoring and treatment. We saw an example where hospital letters advising of revised doses of medication had not been actioned.. There was no system in place at the practice to check that patients' cervical screening results had come back. We were told that consultations could be reviewed to check if results had come back, although there was no effective method in use to filter consultations and identify patients for whom results were still outstanding.

Effective staffing

At our inspection of October 2014, we found the practice relied on a number of different locums. The practice had been without a practice manager for a period of approximately 12 months and no plans were in place to recruit a replacement, either temporary or permanent.

At our follow-up inspection of July 2015, we found that services were still being delivered by locum GPs. However, the two GPs used worked regularly at the practice, and other than unforeseen absences, had provided patients with continuity of care. Patients had access to a male and female locum GP. Both locums worked at other practices locally so were able to access support from those colleagues. The practice nurse had recently increased their working hours to provide 18 hours of nurse led clinics each week.

The practice management was being undertaken by the provider. Although not familiar with all aspects of this role, we saw a number of premises related and health and safety checks were being performed, training for staff had been organised, practice meetings had been put in place and some key administrative tasks were being managed, such as the receipt and dissemination of MHRA alerts. However, other key tasks and matters had not been addressed. For example, the requesting of all information in relation to the employment of locums. The competency checklist of the practice nurse, which had been completed in October 2014, had highlighted further training the practice nurse required which had not been planned or booked.

Working with colleagues and other services

At our inspection of October 2014 we found there were no multi-disciplinary team meetings in place. Administrative support staff were unaware of communications to be sent to out of hours services in respect of terminally ill patients, or patients receiving palliative care that may require the services of a GP in the out of hours period.

At our follow-up inspection, we found some improvements. Staff were aware of information that needed to be sent to out of hours services. Gold Standards Framework (GSF) meetings were in place to discuss the care of patients receiving end of life care and palliative care. However, there were still areas that caused concern. For example, the lack of effective working with other providers on shared care of patients. These patients were particularly affected by the failure to address patient related correspondence effectively.

Checks conducted on the day of our inspection showed that correspondence from hospital clinics received as early as December 2014 still required read coding. We found 695 pieces of patient correspondence in a basket in the practice manager's office. Approximately 50% of this required summarising and read coding onto the patient records. Some required further follow up. When we checked patient records, we found a number of incidents were medicines reviews had not been conducted. We found notifications of bone fracture to the practice from the hospital not coded in patient notes. We also found instances were secondary care providers had requested that GPs make contact with patients for important follow up treatment, which had not been actioned. We found a further pile of correspondence to be actioned in the reception area of the practice although the earliest date on letters in this bundle was in June 2015.

Information sharing

At our inspection of October 2014 we found responsibility for responding to requests for reports and updates on patients subject to safeguarding plans had not been

delegated. We were unable to establish what information had been given to patients who required services that were not being delivered by the practice, such as contraceptive implants and joint injections.

At our follow up inspection of July 2015, the locum GP who worked at the practice full time was the lead on safeguarding. The practice manager acted as their deputy. Staff passed requests for attendance at safeguarding meetings to the locum GP or their deputy to respond to.

The main issues we found with information sharing at our follow-up inspection was the amount of information in relation to safeguarded patients, that was not available to view in the patient summary record. When we reviewed records in relation to safeguarding, we found they required updating to provide an accurate list of children still subject to a safeguarding plan, and for those children who were looked after. The way in which much of this information was held, which was in the main body of the patient record, for example, within consultation notes, meant it was difficult to find for locums at the practice, and not viewable by other care providers. When we spoke to staff they told us they would have to go through individual records to find and show us where a safeguarding report had been requested and /or completed.

Those patients who were not able to receive joint injections or contraceptive implants at the practice could be referred by the locum delivering services, to the practice run by them and their partners which was close by. As the patients would be seen by the locum in Dr Dharmana's practice, they could discuss their needs and consent to receiving those treatments at the locum GP's own practice.

Consent to care and treatment

At our October 2014 inspection, we found staff were aware of the requirement for consent to care and treatment. At our follow up inspection of July 2015 our interviews with the locum GP and the practice nurse confirmed this understanding. The nurse had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) in 2014. We were unable to view the training records of the locum GPs as these were held elsewhere and not made available.

Administrative staff told us they were mindful of sharing information with carers, and would only do this if consent to share information was recorded on patient records. Staff had received training on Caldicott principles and guardianship.

From practice records we reviewed, we could not see that GPs and the nurse were routinely recording consent before interventions, for example, when performing cervical screening.

When reviewing records, we looked at a significant event analysis in respect of patient care. When we cross checked the event with patient records, we saw a locum had not recorded consent to examination and had not offered the services of a chaperone to a patient. We reiterated the importance of recording consent.

Health promotion and prevention

At our inspection of October 2014, we found all health checks were being offered opportunistically by the nurse. These had been difficult to target as disease registers had not been updated. The nurse had been working on one day each week at the practice; some of that time was spent contacting patients to arrange appointments for those health checks, which gave less time to allocate to appointment slots to perform the health checks.

At our follow up inspection of July 2014, we found all newly registered patients were receiving health checks. Information from patient registration forms was used to identify those patients with long term health conditions. The nurse was using a population management tool to better identify patients who required health checks and follow-up appointments. However, issues with the read coding of patients conditions meant the effective management of the practice population in terms of supporting those with smoking cessation or weight management was challenging.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The practice staff were sensitive to the needs of patients. The training given to administrative staff appeared to have increased their confidence when dealing with patients. Our observations were that staff were respectful, courteous and dealt compassionately with patients attending the practice.

When conducting follow-up inspections, we do not issue comment cards for patients to complete to share their views. We reviewed feedback left by patients on the NHS Choices website. From this we could see there was a mixture of responses. Positive responses referred to reception staff being helpful, eager to please and friendly. Negative responses were also posted. Some referred to being able to overhear receptionists in conversation with patients on the phone, and errors made when booking appointments. We did note that all posts on the NHS Choices website had been responded to.

Data available to us from the NHS England GP Patient Survey, showed positive patient responses to questions about how caring the practice was. When asked 88.9% of patients said the last GP they saw or spoke to was good at giving them enough time. The score locally for this was 89.4% and nationally 86.8%. When asked, 91.7% of patients said the last GP they saw or spoke to was good at listening to them. The score locally for this was 90.2% and 88.6% nationally. The survey showed that 87.4% of patients asked said the last GP they saw or spoke to was good at treating them with care and concern. The score for this locally was 87.6% and nationally 85.1%. And of those patients asked. 94.9% of patients said they had confidence and trust in the last GP they saw or spoke to. The score for this locally was 95.9% and nationally 95.3%.

When we reviewed some patient records, we were unclear about the level of compassion and respect afforded to those patients and their carers who had contacted the practice seeking support. A note made on a patient record indicated that a patient was in a state of distress and the carer needed help, advice and support. A member of staff had recorded that the matter had been passed to a GP who would call them back. However, there was no evidence of follow up by the GP, or of a call to the patient or their carer.

Care planning and involvement in decisions abot care and treatment

We were unable to speak to patients on the day of our follow-up inspection. This was due to time constraints on the inspection team, and a reduced number of patients attending the practice on the day.

From records we reviewed we did see examples of poor patient involvement in care and treatment. We saw examples of patients who had attended accident and emergency departments on multiple occasions in a short space of time. This had been notified to the practice but GPs had not followed this up. When a patient had failed to attend specific specialist appointments at the hospital clinics, this was notified to the practice but was not followed up by GPs.

Patient/carer support to cope emotionally with care and treatment

We saw no evidence to show that patients were supported to cope emotionally with care and treatment. We saw examples in patient records, were diagnosis of significant illness was not recorded in patient summary records. For any GP to know about this, they would have to review past consultations to find this information.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

At our inspection of October 2014 we found the needs of patients with long term conditions were not consistently met. We found clinicians were not attending multi-disciplinary team meetings for the support and review of patients receiving palliative care. The provider had not conducted any patient feedback exercises, for example, surveys or the distribution of questionnaires about services at the practice. There was no system in place to book appointments on-line.

At our July 2015 inspection, we found some improvements had been made. The practice nurse had recently increased their working hours to eighteen hours each week, giving greater patient access to disease review clinics. We found multi-disciplinary team meetings in relation to the care of palliative patients were in place. Although the provider had not conducted any patient surveys since our October visit, the practice had started to apply the Friends and Family test. This test asks patients how likely they would be, to recommend the practice to a family member or friend. However, the provider was not sharing the results of this test with patients, for example, displaying them in the practice.

Tackling inequity and promoting equality

The practice nurse offered health checks to a number of patients groups, including those with learning disabilities. When booking appointments for health checks the nurse allowed sufficient flexibility and time for these patients to attend with their carers if required. We saw staff had recently received training in equality and diversity and were aware of the barriers to care some patients may face, for example, in the case of patients who did not speak English as a first language. Staff confirmed how they would access interpreter services for these patients.

Access to the service

The practice had retained the services of a male and female GP, who had both worked at the practice for some time, which gave patients some continuity of care. However, access to a female GP was limited by the fact that this locum only worked for one day each week. Although the practice nurse was trained in cytology screening, access to this staff member had been limited to one day each week until very recently. The practice had a policy of seeing any unwell children under five years of age, on the same day. It was unclear how well this policy worked, or how effective it was as the provider had only conducted a first stage audit on the number of attendances of children at the local children's hospital, so no comparable data was available.

Data from the NHS England GP Patient Survey published in July 2015, showed the practice was not as responsive in terms of access, as other practices locally and nationally. For example, when asked, 70.8% of respondents said they found it easy to get through to the practice by phone. The score for this locally was higher, at 75.1% and nationally the score was 74.4%. When patients were asked if they were able to get an appointment, or see or speak to someone the last time they tried, 69.6% of patients said they could. This compares with a score of 84.4% locally and 85.4% nationally. The practice achieved a good score in relation to patients confirming that the last appointment time they got was convenient, which was 94.7%, with the local score being 92.8% and the national score 91.8%. However, when patients were asked if they waited 15 minutes or less after their appointment time to be seen, just 23.1% of patients confirmed this to be the case. The score locally for this was 62.3% and nationally 65.2%. When patients were asked if they felt they don't normally have to wait too long to be seen, 38.8% of patients said this was the case. The score for this locally was 59.2% and nationally 57.8%. When asked, 60% of patients would recommend the practice to someone new in the area. The score locally for this was 79% and nationally 78%.

Listening and learning from concerns and complaints

The provider had a complaint information leaflet available to patients and a complaint form with further supporting information on how patients should submit their complaint to the practice. We saw that the provider had received complaints on the same subjects, such as problems in getting an appointment. The provider still had no facility in place for patients to book appointments or order repeat prescriptions on-line.

We noted that patients had posted ratings and comments about the practice on the NHS Choices website. We noted that it appeared these posts were not being responded to until around April 2015, which meant patients complaints using this method of communication had not been addressed or responded to for over 12 months. The practice failed to respond to a complaint about booking

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

appointments. The provider had responded to complaints on the NHS Choices website. However, steps to improve services following analysis of complaints had not taken place.

Are services well-led?

Inadequate

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

Our findings

Vision and Strategy

At our October inspection of 2014, we found there was no clear vision for the practice. There was limited support for the locum GPs working at the practice, governance arrangements were poor and leadership was lacking. Staff were unsure of who was the managerial lead for the practice, as the practice manager had been absent for a considerable period. Key duties of the practice manager had not been delegated. There was no formal objective setting for staff, no review of the work of locum GPs, or succession planning in place.

At our July 2015 inspection, we found some improvements had been made. There was some evidence of quality checks and governance arrangements. However, adherence to these was not consistent. The long term locum GPs at the practice were able to access support from their colleagues in the local clinical commissioning group. The provider had taken on the duties of the practice manager and provided support and guidance to administrative staff. However, understanding of the responsibilities of the provider and the management and delivery of these was still lacking. A system for the review of the work of locums was not in place. There was some evidence of a vision for the future of the practice but it was unclear how achievable this would be.

Governance arrangements

Policies were in place although when we reviewed these, we found some were not followed. Examples included the infection control policy and the policy for dealing with incoming pathology reports and results. Further to this, we were aware that a number of policies had been reviewed by NHS England, who had been monitoring the progress of the provider, with an action plan to bring about required improvements. Feedback from NHS England had not been followed up quickly to close gaps on required improvements, such as producing a complaints policy that met the requirements of the NHS Complaint Regulations. The provider could not produce some documents in relation to the management of the premises.

Follow-up on significant events was inadequate. In examples of GPs not referring patients onwards as part of a defined care pathway, the provider had failed to check if any other patients had been affected by this. Systems had been put in place by members of a support team from the local CCG, to support staff with quality checks on patient records. These were not followed. The standard of read coding and summarising of patient notes was not reviewed which placed patients at risk. There were insufficiently robust systems in place to manage and review patients affected by MHRA alerts.

Leadership, openness and transparency

Although the practice services were being dealt with by two long term locums, no effective measures for the recruitment of a practice manager had been delivered. As a result, the provider was still acting as a practice manager. There were aspects of this work that were not fully understood and delivered, which affected patients. The provider had failed to seek advice and guidance from a suitably qualified practice manager, on the areas of work that were not fully understood.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had not conducted any patient feedback surveys, but did take part in the Friends and Family test. This test asks patients how likely they would be to recommend the practice to a friend or relative. However, these results were not displayed in the waiting area. The practice does not have a website, so results could not be shared via this method. When we asked staff about Friends and Family test results, staff told us they were not aware of the results of these but that they were kept in the practice manager's office. We reviewed the minutes of practice meetings and found that results of this test were not shared at these meetings.

Management lead through learning and improvement

We saw very little evidence of the practice applying learning to improve services and the work of the practice. Where the practice had been given information that could have been acted on quickly to bring about improvements, this was not actioned. When we spoke with the provider, we found information brought to their attention in reports was not responded to quickly. The provider told us that information we referred to in a report had been 'disproved' by the practice, indicating that the provider did not accept the findings of the report. There was limited evidence to demonstrate that the provider acknowledged, accepted and responded constructively to findings of teams tasked with helping the provider improve services to patients.

This section is primarily information for the provider

Enforcement actions

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 9 HSCA (RA) Regulations 2014 Person-centred care The provider is failing to comply with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 The provider did not provide care and treatment that met the needs of patients. We saw several examples of patients seen by accident and emergency departments, who had not received appropriate intervention and support from their practice GP or nurse. Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider is failing to comply with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 The provider failed to provide care and treatment in a safe way to service users. The provider failed to respond in a timely manner to advice from hospital staff on a patients' condition and medication. The provider failed to do all that is reasonably practical to mitigate risks. There was no risk assessment in place at the practice to support the decision not to have oxygen available at the practice, or a defibrillator, or for there to be no doctor's bags, which could be taken by GP's conducting home visits. When made aware of medication errors, the provider failed to conduct significant event analysis to establish how errors had occurred.

This section is primarily information for the provider

Enforcement actions

When made aware of a locum who failed to refer a patient for further tests in accordance with a treatment pathway, the work of the locum was not reviewed to see if any further errors of the same type had occurred.

The nurse did not have access to, and could not confirm that she had signed Patient Group Directions for the delivery of all vaccinations and immunisations. The nurse could not confirm if these had been signed by the appropriate GP.

The practice nurse had not been booked a training place for the annual update in relation to the delivery of all vaccinations and immunisations. The provider had not made any provision for the nurse to access this learning.

The provider had not responded appropriately to the audit on infection control by Liverpool Community Health, sent to the practice on 16 July 2015.

Where the responsibility for the care and treatment of service users was shared, the provider failed to make sure that care and treatment remained safe for people using services. Medicines reviews or changes were not actioned as required, and changes to doses of medication and the frequency of prescribing was not reviewed to ensure its accuracy.

Regulation 12(1), 12(2)(b), (c), (h) and (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 provider is failing to comply with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to introduce measures to reduce or remove risks to the health, safety and or welfare of people who use the service. The provider failed to address outstanding patient related correspondence.

This section is primarily information for the provider

Enforcement actions

The provider failed to monitor identified risks and take appropriate action. When made aware of poor record summarising and coding, the provider failed to effectively address this.

The provider failed to have records in place that were accessible to authorised people internally and externally, and as necessary to deliver care and treatment in a way that met patient needs and kept them safe. Safeguarding records were inaccurate and required updating. The safeguarding register could not be accessed by the GP appointed as safeguarding lead.

The provider did not hold records sufficient to allow a search of patient records to identify patients who were prescribed a particular medication. This meant that responses to MHRA alerts would be affected by the lack of information held in relation to each patients medication.

Regulation 17(2)(b) , 17(2)(c), 17(2)(d) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	The provider is failing to comply with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Maternity and midwifery services	The provider did not have suitably qualified, competent, skilled and experienced persons deployed to cover both the emergency and routine work of the service. Administrative staff could not evidence training in CPR; the staff nurse last undertook training in CPR in 2011. The information held by the provider in relation to locum staff failed to assure that they were sufficiently trained and up to date with the provision of emergency CPR.
Surgical procedures	The practice nurse had not received the recommended further training identified by a mentor. The practice nurse was reviewing patients with diabetes, which involved consideration of blood test results, but had not been trained in the review of these. The nurse told us she
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

had no responsibility for this, but told us she would make comments as taught to her by the provider. Further the practice policy on review of pathology states the nurse would review blood test results.

Regulation 18(2)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider is failing to comply with Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 The provider could not show records of checks relating staff employed to deliver regulated activities. There were no checks in place for a locum GP and nurse that had been used by the provider. Records for the long term locums used to deliver services were incomplete. For one directly employed locum, there were no records available. **Regulation 19 (3)(a) and (b)**