

Dr Christopher Steere

Quality Report

Liverpool Road

Neston

Cheshire

CH64 3RA

Tel: 0151 336 4121

Website: www.nestonmedicalcentre.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services responsive to people's needs?

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 of Dr Christopher Steere, also known as Neston Medical Centre at on 20 September 2016. The overall rating for the practice was Good. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Dr Christopher Steere on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 16 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 20 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as Good.

Our key findings were as follows:

- The provider had ensured the premises were safely maintained. Evidence of a satisfactory electrical wiring inspection, up to date fire risk assessment and risk assessment of the premises had been made available.

The following improvements to the service had also been made:

- A formal process for reviewing significant events had been put in place.
- The system for ensuring staff understood how to identify child and adult safeguarding concerns had been reviewed.
- Improvements had been made to the records kept relating to staff recruitment.
- A recording system had been introduced to demonstrate that cleaning standards were being maintained.
- The system for identifying staff training needs and completion of training had been reviewed.
- All staff had either received an annual appraisal or an appraisal had been planned for February 2017.
- An annual review of complaints had been undertaken and the contact details of the Parliamentary Health Service Ombudsman was now included in correspondence sent to complainants.

However, there was an area of practice where the provider should make improvements.

- A proforma should be developed to demonstrate that persons employed were able by reason of their

Summary of findings

health (after reasonable adjustments) to perform the tasks for which they were employed. To ensure a consistent way of gathering and responding to this information.

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?

Improvements had been made to the safety of the premises. Evidence of a satisfactory electrical wiring inspection, up to date fire risk assessment and risk assessment of the premises had been made available. We also found that further improvements had been made to the safety of the practice. A formal system had been put in place to review significant events and the system for ensuring staff understood how to identify child and adult safeguarding concerns had been reviewed. Improvements had been made to the records kept relating to staff recruitment and a record had been developed to demonstrate that cleaning standards were being maintained.

Good



Are services effective?

Improvements had been made to the systems in place for identifying and planning for staff training needs and undertaking appraisals.

Good



Are services responsive to people's needs?

Improvements had been made to the complaint system.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- A proforma should be developed to demonstrate that persons employed were able by reason of their health (after reasonable adjustments) to perform the tasks for which they were employed. To ensure a consistent way of gathering and responding to this information.

Dr Christopher Steere

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a CQC inspector.

Background to Dr Christopher Steere

Dr Christopher Steere also known as Neston Medical Centre is responsible for providing primary care services to approximately 7,400 patients. The practice is situated in Liverpool Road, Neston, Cheshire. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The practice has a slightly higher than average number of patients over the age of 65 and an about average number of patients with a long standing health condition when compared to other practices locally and nationally.

The staff team includes Dr Christopher Steere and three salaried GPs. An advanced nurse practitioner who is also the practice manager, three practice nurses, a health care assistant, an assistant practice manager and administration and reception staff. Two GPs are female and two are male. The nursing staff and health care assistant are female.

The practice is open 8am to 6.30pm Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. Patients are also able to access the out of hours service provided by Wirral Community NHS Trust. All patient facilities are on the ground floor. The practice has a small car park for on-site parking.

Dr Christopher Steere has a General Medical Services (GMS) contract. The practice offers a range of enhanced services including, minor surgery, timely diagnosis of dementia, avoiding unplanned hospital admissions and influenza and shingles immunisations.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Christopher Steere on 20 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good. The full comprehensive report following the inspection on 20 September 2016 can be found by selecting the 'all reports' link for Dr Christopher Steere on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Dr Christopher Steere on 16 January 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of Dr Christopher Steere on 16 January 2017. This involved reviewing evidence that:

- The premises were safely maintained.
- Processes had been put in place to ensure significant events were reviewed and staff understood how to identify safeguarding concerns.

Detailed findings

- Records relating to staff recruitment, training and appraisals, cleaning schedules and complaints had been improved.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 20 September 2016, we rated the practice as requires improvement for providing safe services. Improvements were needed to the management of health and safety to ensure that the premises were safe. An electrical wiring inspection, up to date fire risk assessment and risk assessment of the premises had not been carried out.

When we undertook a follow up inspection on 16 January 2016 we found that the required premises checks had been carried out and the service is now rated as good for providing safe services.

At our previous inspection on 20 September 2016 we identified improvements that should be made to improve the safety of the service. At this inspection on 16 January 2017 we found that these improvements had been made. A formal system had been put in place to review significant events. The practice manager informed us that these events were reviewed at practice or clinical meetings or at an interim meeting convened to discuss a significant event. We were provided with a sample of two significant events that showed that they had been reviewed.

Templates to record that checks were carried out to ensure cleaning standards were maintained had been developed.

The system for ensuring staff understood how to identify safeguarding concerns had been reviewed. A further on-line training course had been completed by all non-clinical staff. A face to face training event with the lead GP for safeguarding had been planned and appraisals were to be held after this event to ensure each staff members understanding of their responsibilities in relation to safeguarding.

At the inspection on 20 September 2016 the staff recruitment records did not demonstrate that persons employed were able by reason of their health (after reasonable adjustments) to perform the tasks for which they were employed. At the follow up inspection on 16 January 2016 recruitment documentation had been updated to ask candidates if they required any reasonable adjustments to be put in place. A proforma to establish the needs of staff should be developed to ensure a consistent way of gathering and responding to this information.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 20 September 2016, we rated the practice as good for providing effective services. We identified improvements that should be made to improve the effectiveness of the service. We found that the system for identifying staff training needs and completion of training should be improved and that all staff should receive a formal appraisal.

When we undertook a follow up inspection on 16 January 2016 we found that the improvements had been made or a plan was in place to make them. All nurses had received an appraisal and the appraisals for non-clinical staff had been scheduled for February 2017. The training needs of staff were being reviewed at appraisals and had been discussed at team meetings. A review of training needs and to plan for future training had been scheduled for March 2017.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 20 September 2016, we rated the practice as good for providing responsive services. We identified improvements that should be made to improve the effectiveness of the service. We found that an annual review of complaints was not undertaken and the contact details of the Parliamentary Health Service Ombudsman

(PHSO) were not routinely included in correspondence sent to complainants. When we undertook a follow up inspection on 16 January 2016 we found that improvements had been made. The provider informed us that an annual review of complaints had been completed and a revised template had been developed for responding to complaints that included the contact details of the PHSO.