Kensington Park Surgery

Quality Report

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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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
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

This is the report of findings from our inspection of Kensington Park Surgery. SSP Health Limited is registered with the Care Quality Commission to provide primary care services.

We undertook a planned, comprehensive inspection on 15 October 2014 at the practice location in the Kensington Neighbourhood Health Centre. We spoke with patients, staff and the practice management team.

The practice was rated overall as Inadequate.

Our key findings were as follows:

- Staff understood their responsibilities to raise concerns, and report incidents and near misses. However, when things went wrong, reviews and investigations were not sufficiently thorough and lessons learnt were not communicated widely enough to support improvement.
- Feedback from patients showed they were overall happy with the care given by all staff. They felt listened to, treated with dignity and respect and had confidence in the GPs and nurses.
- The practice reviewed the needs of their local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice. There was an accessible complaints system with evidence demonstrating that the practice responded to issues raised.
- Staff spoken with were clear about their working values and ethos and how important these were in working in an area of high deprivation.
- Audits focused on medicines management and did not review other patient outcomes. We saw little evidence that audits were driving improvement in

Summary of findings

performance for patient outcomes. Multidisciplinary working was reportedly taking place but this was generally informal and record keeping was limited or absent.
- We did not see transparent and open governance arrangements. This potentially could lead to ineffective systems to manage staff and to identify, monitor and manage risks to patients.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Review the systems for assessing and monitoring the quality and safety of service provision and take steps to ensure risks are managed appropriately. With particular regard to clinical auditing, serious events investigation and analysis.
- Review the support and learning systems in place to support the staff team to learn and develop the competencies and skills required to carry out their roles safely. With particular regard to providing protected learning time and appropriate clinical supervision.
- Review the system in place to maintain the security of prescriptions including the maintenance of records for auditing purposes.

In addition the provider should:

- Review the system in place for complaints handling and investigation to ensure the most appropriately qualified member of staff undertakes the investigation and analysis of the information.
- Review the systems in place to gain feedback from patients.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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 and improvements must be made. Staff understood their responsibilities to raise concerns, and report incidents and near misses and safeguarding patients from risk of abuse. However, when things went wrong, reviews and investigations were not sufficiently thorough and lessons learnt were not communicated widely enough to support improvement.

The staffing numbers and skill mix were set and reviewed to ensure that patients were safe and their care and treatment needs were met.

Reception and administration staff assessed as being competent to act as chaperones during consultations had not had a Disclosure and Barring Service (DBS) check carried out. A risk assessment was in place detailing the reasons why the practice felt a DBS check for reception and administration staff carrying out chaperone duties was not required.

Are services effective?

Requires improvement

The practice is rated as requires improvement for effective as there were areas where improvements should be made. There were limited completed audits of patient outcomes. The audits undertaken focused on mediciens management. For example, referral rates had been discussed at clinical meetings but an audit to determine whether they were appropriate or effective had not been undertaken. Multidisciplinary working was reportedly taking place but this was generally informal and the record keeping was limited or absent. For example we were told a meeting took place with the health visitor team to discuss safeguarding concerns. There were no minutes of the meeting and the clinical lead for safeguarding was not involved in the meeting or aware of what had been discussed.

Are services caring?

Good

The practice is rated as good for caring. Data showed patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. We also saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services as there were areas where improvements should be made. The practice reviewed the needs of their local population

Summary of findings

and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG). Patient feedback reported that access to a named GP and continuity of care was not always available quickly although urgent appointments were available the same day. The practice employed a nurse clinician to support the availability of gender appropriate care. The practice was equipped to treat patients and meet their needs. Information in English was provided to help patients understand the complaints system.

Are services well-led?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made. The practice had a vision and a strategy to deliver this, however staff we spoke with were not clear about their responsibilities in relation to this. There was a leadership structure however some staff did not feel supported by management and at times did not know who to go to with issues. Meetings such as clinical meetings were held regularly, however not all clinicians were able to attend even on a rota basis.

The system in place to learn from incidents and share learning in an open and transparent manner was not robust and consistent.

SSP Healthcare Limited held regular area practice manager meetings to support improvement and learning. However full team practice meetings and reception and administration meetings did not take place to support learning and development from incidents.

Staff had received inductions and nearly all staff had received regular performance reviews All clinical staff had received an appraisal in the last twelve months. However there was not a mechanism in place to offer appropriate support and appraisal to a member of staff carrying out an enhanced clinical role.

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

There were aspects of the practice which were inadequate and this related to all population groups. The practice offered a named GP for those patients who were 75 years and older in line with the new GP regulations. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs.

The practice held monthly Gold Standard Framework meetings to discuss patients who required palliative care with other health care professionals to ensure patients received 'joined up' care appropriate to their needs.

The practice delivered a direct enhanced service to avoid unplanned admissions for those patients with a high risk of admission. The practice also offered over 75 health checks.

Immunisations such as the flu, shingles and pneumo vaccinations were offered to older patients.

People with long term conditions

Inadequate

There were aspects of the practice which were inadequate and this related to all population groups. There were registers of patients with long term conditions which enabled the practice to monitor and arrange appropriate medication reviews. The Practice Nurse supported patients with a variety of long term conditions such as chronic obstructive pulmonary disease, diabetes, and blood pressure monitoring of patients.

The practice used the Quality and Outcomes Framework to monitor patient outcomes and worked on local initiatives.

Families, children and young people

Inadequate

There were aspects of the practice which were inadequate and this related to all population groups. Mothers and babies received their six week checks at the practice. After this visit, babies vaccines and immunisations were provided by another healthcare provider.

The practice worked with other healthcare services to encourage parent to bring children for vaccinations when they had not had them. The Practice Nurse would also carry out opportunistic vaccinations when children were not up to date with the vaccination programme and had attended for other reasons. Immunisation guidelines were available in the GPs surgeries.

Summary of findings

Staff were knowledgeable about child protection and a GP took the lead for safeguarding. Staff put alerts onto the patient's electronic record when safeguarding concerns were raised.

Working age people (including those recently retired and students)

Inadequate

There were aspects of the practice which were inadequate and this related to all population groups. The practice had an extended hours appointment system in place to support and accommodate patients who worked. This provided more flexible appointment times.

All patients were offered referrals to hospitals of their choice by operating a 'Patient Choose and Book' service and appointments were made by the GP or Nurse Clinician at the time of the patient's consultation.

People whose circumstances may make them vulnerable

Inadequate

There were aspects of the practice which were inadequate and this related to all population groups. The practice kept a list of patients with learning disabilities and arranged support and an annual health check. The practice supported patients with no fixed abode to access health services and would signpost them to any relevant service.

The practice used the facilities of a local translation service to ensure patients whose first language was not English could receive GP appointments and also access other local health care services.

People experiencing poor mental health (including people with dementia)

Inadequate

There were aspects of the practice which required improvement and this related to all population groups. The practice maintained a register of patients who experienced mental health problems. The register was used by clinical staff to offer patients an annual health check, seasonal vaccinations and a medication review.

Summary of findings

What people who use the service say

As part of our inspection process, we asked for CQC comment cards for patients to be completed prior to our inspection.

For Kensington Park Surgery we received 11 comment cards and spoke to two patients. All comments received indicated that patients found the reception staff helpful, caring and polite. Patient's experiences of being able to make appointments and being able to see a GP on the same day were good. They also said they felt involved in planning and decision making about their care.

The National GP Patient Survey published in 2013 found that 88.5% of people would recommend the GP surgery to others and 93.8% of patients rated the practice as good or very good. With 83.8% of patients rating their experience of making an appointment as good or very good.

The practice was part of a group of practices that worked within a neighbourhood support network and worked closely with NHS Liverpool Clinical Commissioning Group to support each other and work toward improvements in services.

Areas for improvement

Action the service MUST take to improve

- Review the systems for assessing and monitoring the quality and safety of service provision and take steps to ensure risks are managed appropriately. With particular regard to clinical auditing, serious events investigation and analysis.
- Review the support and learning systems in place to support the staff team to learn and develop the competencies and skills required to carry out their roles safely. With particular regard to providing protected learning time and appropriate clinical supervision.
- Review the system in place to maintain the security of prescriptions including the maintenance of records for auditing purposes.

Action the service SHOULD take to improve

- Review the system in place for complaints handling and investigation to ensure the most appropriately qualified member of staff undertakes the investigation and analysis of the information.
- Review the systems in place to gain feedback from patients.

Kensington Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and the team included a GP specialist advisor and practice manager specialist advisor.

Background to Kensington Park Surgery

Kensington Park Surgery is located near Liverpool City centre and is part of a group of services owned by SSP Health Ltd. The practice registered with CQC to provide primary medical services, which include access to GPs, minor surgery, treatment of disease, disorder or injury and diagnostic and screening services.

The practice is located in the Kensington area of Liverpool which is recognised as one of the most economically deprived areas of the city. The practice serves just over 4,000 patients. The practice treated all age groups but the majority of the patients seen at the practice were under 50 years of age.

The staff team includes three male salaried GPs, one locum GP, one practice nurse, one nurse clinician and administrative and reception staff. The practice has an Alternative Provider Medical Services (APMS) contract.

The practice is open Monday to Friday from 8.00am until 6.30pm with extended hours provided on Wednesdays until 8:30pm. Patients can book appointments in person, by telephone and through the practice's website. Patients can book on the day or in advance, home visits are offered to housebound patients and telephone consultations are available. When the practice is closed patients access the GP out-of-hours provider Urgent Care 24 (UC24).

The practice shares the building with another GP practice and with a number of community services. There is also a private pharmacy located within the building.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Detailed findings

- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We also reviewed policies, procedures and other information the practice provided before the inspection. This did not raise any areas of concern or risk across the five key question areas. We carried out an announced inspection on 15 October 2014.

We reviewed all areas of the practice, including the administration areas. We sought views from patients both face-to-face and via comment cards. During our visit we spoke with a range of staff including: three GPs, one practice nurse, Practice Manager and a number of reception and administration staff and two managers from SSP Health.

Inadequate

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. However a complaint regarding concerns about the clinical care of a patient sent to the practice in August 2014 had not been appropriately investigated by a clinician. A serious event analysis (SEA) had not been completed and the process to disseminate learning to the relevant staff had not taken place.

We reviewed safety records and incident reports and minutes of meetings where these were discussed for the last twelve months. We found a lack of detailed information in incident reports. We heard that the accessibility of this information to other practices had resulted in an unwillingness to share full details of incidents as these were viewed as a failure of the practice. More detailed records with regard to incidents and significant events were asked for. We were informed that there was none available.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, and accidents. Records were kept of significant events that had occurred during the last two years and these were made available to us. A slot for significant events was on the practice meeting agenda. There was some evidence that appropriate learning had taken place however there was limited evidence that the findings were disseminated to relevant staff. For example clinical meetings took place on a set day each month this meant one GP was excluded from attending these meetings as he was unavailable. There was no other formal arrangement in place for the clinicians to meet to support learning and development. This was discussed with the Practice Manager and the lead GP who told us that an informal catch up between GPs took place approximately every six weeks. Some clinicians spoken with felt they were not supported to share and learn from significant events or incidents. The Practice Manager told us she would review the timing of future clinical meetings to include all clinicians.

National patient safety alerts were disseminated to practice staff through the SSP Health internal intranet site to practice staff. Staff spoken with were able to give examples of recent alerts relevant to the care they were responsible for. They also told us alerts were discussed at clinical team meetings to ensure all were aware of any relevant to the practice and where action needed to be taken.

Reliable safety systems and processes including safeguarding

Staff had access to safeguarding procedures for both children and vulnerable adults. These provided staff with information about identifying, reporting and dealing with suspected abuse. We saw that staff had access to contact details for both child protection and adult local authority safeguarding teams.

Staff spoken with confirmed they had received training in safeguarding at a level appropriate to their role. However the training matrix for the staff team identified that a number of staff had not received safeguarding training or an update in the last twelve months. The practice manager told us there had been some issues with some of the training provided in the last twelve months and that all staff would be receiving refresher training in safeguarding before the end of December 2014. Staff spoken with demonstrated good knowledge and understanding of safeguarding and its application. They were able to give us recent examples of raising concerns and the process undertaken.

One of the GPs took the lead for safeguarding. They had regular contact with the safeguarding lead from the commissioning organisation. This meant advice and guidance could be easily sought as needed. Records showed safeguarding reports were provided to partner agencies in a timely manner. Staff put alerts onto the patient's electronic record when safeguarding concerns were raised. A meeting had taken place with Health Visitors to discuss safeguarding concerns and the Practice Manager had attended. There was no clear system in place to record information gathered from this meeting to share with the GP lead for safeguarding. Staff were proactive in monitoring if children or vulnerable adults attended Accident and Emergency or missed appointments frequently. These were then brought to the GPs attention.

We found that there were systems and processes in place to maintain patient safety. This included systems and processes around infection prevention and control, medicines management, equipment and building maintenance and staff recruitment checks. A chaperone policy was on display in consulting rooms but not in the

waiting area that advised patients that service could be requested at reception. Chaperone training had been undertaken by all nursing staff, administration and reception staff. Receptionists spoken with understood their responsibilities when acting as chaperones including where to stand to be able to observe the examination.

Patient's individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system, which collated all communications about the patient including scanned copies of communications from hospitals. There was limited evidence that audits had been carried out to assess the completeness of these records and there was limited evidence as to the actions taken to ensure continued improvement in records management.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. This was being followed by the practice staff, and the action to take in the event of a potential failure was described.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with NHS Liverpool Clinical Commissioning Group guidance.

Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance.

All prescriptions were reviewed and signed by a GP before they were given to the patient. There was no system in place to securely hold and track blank prescription pads. During the inspection we noted that a prescription pad used by Locum GPs was held in an office desk. Prescription forms were given to the Locum GPs with no record of the number of forms given the serial numbers or the name of the GP. The practice did not have a prescription forms stock control system in place. Following the inspection the Practice Manager informed us that records were now being kept when prescription forms were given to Locum GPs.

Cleanliness and infection control

We observed the premises to be clean and tidy. The cleaning of the premises were carried out by the owner of the building and we saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and there after annual updates.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these in order to comply with the practice's infection control policy. We observed one of the nurses prepare the room for their next patient by wiping all surfaces and replacing the protective sheeting on the examination bed.

Hand hygiene techniques signage was displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

NHS Liverpool Community Health carried out an infection control audit at the practice in April 2013. The audit showed the practice was 100% compliant.

We were told the practice did not use any instruments which required decontamination between patients and that all instruments were for single use only. Checks were carried out to ensure items such as instruments, gloves and hand gel were available and in date. Procedures for the safe storage and disposal of needles and waste products were evident in order to protect the staff and patients from harm.

The owner of the building had a policy for the management, testing and investigation of legionella (a bacterium found in the environment which can contaminate water systems in buildings). We saw records that confirmed that regular checks in line with this policy in order to reduce the risk of infection to staff and patients were being carried out.

Inadequate

Are services safe?

Equipment

Staff spoken with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales and the fridge thermometer

Staffing and recruitment

There was limited information available at the practice with regard to the checks undertaken prior to employment. The Human Resource Director for SSP Health told us all recruitment checks were carried out centrally in line with company policy. A recruitment check list was completed and held in the staff files stored at the practice. However, the checklist did not provide information with regard to proof of registration with appropriate professional bodies or criminal record checks via the Disclosure and Barring Service. Following the inspection we received information from SSP that showed they intended to review their recruitment check list to provide more detailed information to be held at practice level.

We noted that publically available information recorded on a professional body's website with regard to a clinician working at the practice had not been shared with the Practice Manager to ensure appropriate support was provided. The Human Resource Director told us that data bases were held centrally and work was being carried out to ensure the Practice Manager was either able to access them or would receive sufficient information to maintain her practice records. A member of the nursing staff was qualified as an independent prescriber and Nurse Clinician we did not see records that showed she received appropriate supervision and support in her role.

We saw there was a rota system in place for all the different staffing groups to ensure there was enough staff on duty on a day to day basis. The practice had three male GPs and a female locum who carried out one session per week, the locum GP was booked to work at the practice until the end of November 2014. This limited the ability of patients to see a GP of the gender of their choice. One of the salaried GPs spoken with told us they were also leaving at the end of November. The Practice Manager and the Lead GP were not aware of any arrangements that had been put in place to cover both GP's work load.

We were told by the Practice Manager that reception and administration staff assessed as being competent to act as chaperones during consultations had not had a Disclosure and Barring Service (DBS) check carried out. This information was confirmed by the Director of Human Resources who told us that a risk assessment had been carried out detailing why the organisation felt a DBS check was not required.

Records showed the practice had not replaced the healthcare assistant who had left over twelve months ago. This had resulted in the practice nurse carrying out those roles including new patient medical assessments.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there were identified health and safety representatives including fire marshals.

There was a system in place to ensure clinical staff were alerted through the electronic system if patients became unwell in the waiting area and needed to be seen urgently.

Arrangements to deal with emergencies and major incidents

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

The practice did not have oxygen. The Practice Manager told us it had run out and a new supplier was being sought. The lead GP told us the practice was less than a quarter of a mile from the Royal Liverpool Teaching Hospital accident and emergency unit. There was a protocol in place for the staff team to call 999 in medical emergencies.

Inadequate

Are services safe?

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details for United Utilities 24 control centre, immunisation advice team and SSP Health emergency contact number.

The owner of the building had undertaken a fire risk assessment that included actions required to maintain fire safety. A copy of the fire risk assessment was provided to the practice manager. The training matrix for the administration and reception staff team showed that two out of the eight had received fire awareness training. The Practice Manager told us all staff would complete this training by the end of December 2014. We saw records that showed regular fire drills were undertaken.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could outline the rationale for their treatment approaches. They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence and from local commissioners. We found from our discussions with the GPs and nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate.

The lead GP led in the specialist area of patients with cancer and attended meetings with the Clinical Commissioning Group (CCG) and other colleagues from neighbouring practices. The other GPs did not take specific leads in any other areas such as diabetes, heart disease and asthma. The Nurse Clinician and the Practice Nurse provided the majority of support to patients with long term conditions.

The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes. We were shown the process the practice used to review patients recently discharged from hospital which required patients to be reviewed within 72 hours by a GP according to need.

National data showed the practice was in line with referral rates to secondary and other community care services for all conditions. All GPs we spoke with used national standards for the referral of patients with suspected cancers referred and seen within two weeks. We were told that information was not available which demonstrated that reviews of referral patterns took place to determine the appropriateness of these to secondary care.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred in response to need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Kensington Park Surgery participated in the Quality and Outcomes Framework system (QOF). This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice. The Practice Manager attended meetings with other SSP Health practices in the area to regularly discuss practice performance and improvements in QOF and to ensure targets were met.

There were limited systems within the practice to effectively evaluate the operation of the service and the care and treatment given. The practice was unable to demonstrate the system in place for completing clinical audit cycles. There were limited completed audits of patient outcomes. The audits undertaken focused on medicines management such as cephalosporin antibiotics and SIPPS audits. For example, referral rates had been discussed at clinical meetings but an audit to determine whether they were appropriate or effective had not been undertaken. Some clinicians we spoke with told us they were not involved in clinical auditing processes and there was not a culture of communication and sharing of continuous learning and improvement

The practice used the information they collected for the QOF and their performance against national and local screening programmes to monitor outcomes for patients. QOF was used to monitor the quality of services provided**.** The report from 2012-2013 showed the practice's performance fell within the top third within the CCG area in relation to registers maintained for adult patients with a learning disability, patients in need of palliative care and carrying out regular multi-disciplinary reviews of patients on the palliative care register.

The practice had systems in place to monitor clinical outcomes for patients. The practice kept up to date disease registers for patients with long term conditions such as asthma and chronic heart disease which were used to arrange annual health reviews. They also provided annual reviews to check the health of patients with learning disabilities and patients on long term medication, for example for mental health conditions.

Effective staffing

We reviewed staff training records and saw that not all staff had completed mandatory training courses such as annual basic life support. The Practice Manager told us there had been issues with the quality of some of the training provided in the last two years and a new training provider had been identified. She told us all mandatory training

Requires improvement

Are services effective?

(for example, treatment is effective)

would be completed by December 2014. The Practice Manager told us she did not have an up to date training record for the nursing staff nor the salaried GPs working at the practice.

The practice offered all staff annual appraisals to review performance at work and identify development needs for the coming year. However we were told that one clinician working at the practice who had an enhanced role had not been offered appraisal or clinical supervision from a clinician with similar experience. The Practice Manager told us that a system of appraisal for reception and administrative staff had been introduced in 2014. GPs had an annual appraisal and they confirmed that revalidations were up to date.

The Practice Nurse and Nurse Clinician had duties they were expected to perform and during discussions they demonstrated they were knowledgeable about these duties. However the practice was unable to provide detailed records that demonstrated they were trained to fulfil these duties.

Some of the clinical and administrative staff told us they felt well supported to carry out their work others told us they did not. Whole team staff meetings did not take place. Clinical meetings took place regularly. Regular GP meetings did not take place to provide peer support and monitor the service provided.

Some of the clinical staff we spoke with told us there were limited systems in place to share advice and seek support. The only formal system in place was the clinical meetings which we were told tended to focus on CCG targets, ill patients, patients attending A&E and patient deaths. There was limited availability to review and discuss new best practice guidelines. Some of the clinicians we spoke with told us there was no protected learning time and on occasions they had taken annual leave to attend specialist training.

Nursing staff told us they worked well as a team and had good access to support from each other and their GP colleagues.

Interviews with some clinical staff identified that training provided by SSP Health was not always easily accessible and at times conflicted with their working sessions.

Information sharing

Information about individual clinical cases was shared at clinical meetings. For example, the practice in conjunction with community nurses and matrons held monthly multidisciplinary Gold Standard Framework meetings for patients who were receiving palliative care and minutes of these meetings were available to all staff involved.

The practice liaised with the out of hours provider Urgent Care 24 regarding any special needs for patients. Information from hospitals indicating patients had not attended any urgent referrals was followed up by the GP.

Consent to care and treatment

We spoke with the lead GP about mental capacity who provided us with an example of their understanding around consent and mental capacity issues. They gave us an example of a case involving a vulnerable adult whereby a multidisciplinary team approach was required. GPs spoken with were aware of Gillick guidelines for children, (Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her treatment, without the need for parental permission or knowledge) .

Health promotion and prevention

Once patients were registered with the practice, the Practice Nurse carried out a full health check. We looked at the information covered in a routine health check and found them to be very comprehensive including information about the patient's individual lifestyle as well as their medical conditions. The Practice Nurse referred the patient to the GP or other clinic within the practice when necessary.

The Practice Nurse and Nurse Clinician looked after patients with long term conditions such as diabetes. The Practice Nurse carried out vaccinations and we could see lists of patients who required follow up vaccinations on the computer system.

We observed there was a poster displayed in the waiting area to inform patients of the availability of flu vaccines at the practice. Any patients who were considered to be at risk because of their health were invited to make an appointment.

There was limited information in the waiting area regarding health promotion and prevention advice leaflets. The Practice Manager told us this was due to the limited space available.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We looked at 11 CQC comment cards that patients had completed prior to the inspection and spoke with two patients on the day of the inspection. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity. Patients we spoke with told us they had enough time to discuss things fully with the GP and that they felt listened to. The two patients we spoke with were unaware that they could ask to speak to a receptionist in private and they were not aware of the chaperone policy. We observed that where the information detailing these services was displayed may not make it readily accessible to all patients.

The National GP Patient Survey published in 2013 found that 88.5% of patients would recommend their GP surgery and 93.8% of patients would rate their practice as good or very good.

The practice had a clear set of values about patients being treated courteously and being well supported. This was reflected in their Patient Charter available on their website and displayed in the reception area.

Staff we spoke with were aware of the importance of providing patients with privacy. They told us there was a room available if patients wished to discuss something with them away from the reception area. A notice advising patients of this was on display. We observed that overall privacy and confidentiality were maintained for patients using the service on the day of the visit. We found that some patient's private conversations with reception staff could potentially be overheard when there was more than one patient at the reception desk.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected they would raise these with the Practice Manager. The Practice Manager told us she would investigate these and any learning identified would be shared with staff.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour.

The practice offered patients a chaperone prior to any examination or procedure. Staff we spoke with were knowledgeable about the role of the chaperone and had received training to carry out this work.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the most recent National GP Patient Survey showed 82% of practice respondents said the GP involved them in care decisions and 80% felt the nursing staff involved them in decisions about their care.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them, treatments were explained and they felt listened to. They told us they felt involved in decision making about the care and treatment they received. Patient feedback on the comment cards we received indicated they felt listened to and supported.

Staff told us that translation services were available for patients who did not have English as a first language. We observed there were no information leaflets available in the waiting area in different languages to support the needs of the diverse patient population using the practice.

Patient/carer support to cope emotionally with care and treatment

Staff spoken with told us that bereaved relatives known to the practice were offered support following bereavement. GPs and nursing staff were able to refer patients on to counselling services.

There was a communal notice board shared between Kensington Park Surgery and another GP practice that

Good

Are services caring?

provided information leaflets and signposting posters to support patients or carers to know where to go to access other health or social care service such as bereavement support, sexual health or addiction services.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs. Local action plans were implemented following agreement with SSP Health the provider of the GP practice.

The lead GP told us that they were the cancer lead for the practice and worked closely with Liverpool CCG and other colleagues to support improvement in cancer care development.

There was no Patient Participation Group (PPG) in place at the practice. The Practice Manager told us she was continuing to work towards setting up a PPG. There was a patients' comments box in the waiting area, which the Practice Manager monitored.

The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example reviews for patients with long term conditions.

Referrals for investigations or treatment were mostly done through the "Choose and Book" system which gave patients the opportunity to decide where they would like to go for further health care support. The referrals were done whilst the GP or Nurse Clinician were with the patient with the clinicians completing the referral letter following the consultation. Administrative staff monitored referrals to ensure all referral letters were completed in a timely manner. Records indicated this system worked well with all referrals receiving prompt attention.

The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss patient's and their families' care and support needs. They regularly updated shared information to ensure good communication of changes in care and treatment.

Tackling inequity and promoting equality

The practice was situated on the first floor and was serviced by a lift to support disabled access. There was comfortable waiting area for patients attending an appointment and car parking was available nearby. There were disabled toilet facilities.

The practice used an interpreting service to support the diverse patient population however there was no information in the waiting area to inform patients of this service. The Practice Manager and members of the reception staff we spoke with told us they assessed the communication needs of patients at the first point of contact and then offered and arranged interpreting service support. Patients' electronic records contained alerts for staff regarding, for example patients requiring additional assistance in order to ensure the length of the appointment was appropriate. If a patient required interpreting services then a double appointment was offered to the patient to ensure there was sufficient time for the consultation.

Staff we spoke with were knowledgeable about how to support patients who were homeless. The staff told us they made sure the patient received urgent and necessary care whatever their housing status. They were also aware of the GP practice in the Clinical Commissioning Group (CCG) that took the lead for managing homeless patients' long term care. They told us they would ensure patients knew how to access this service.

Staff spoken with and training records showed staff had received training around equality, diversity and human rights.

Access to the service

Patients were able to make appointments in person or by telephone. Pre-bookable appointments could be made two weeks in advance. Appointments could be booked on the day and each GP reserved some appointments in the morning and afternoon to see patients who needed urgent attention. Telephone consultations were also available and home visits were made to patients who were housebound or too ill to attend the practice. Patients who were unable to attend during the normal opening hours were able to book in advance to be seen at the 'extended hours' service operated until 8:30pm on Wednesdays. The practice information leaflet had information about how to access GP services when the practice was closed. There was no information on the practice website to direct patients to the local out of hours GP service. All information was provided in English.

The practice manager reported that some patients failed to attend for a booked appointment and had not contacted the practice to cancel which meant that the appointment could not be offered to another patient. In order to manage

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

this the appointment system was being closely monitored and when a patient missed three or more appointments a letter was sent to them to advise them of the consequences of this for other patients.

The National GP survey results published in 2013 showed 83.8% of patients rated their experience of making an appointment as good or very good. 87.7% of people rated the surgery good for it's opening hours (open late until 8.30pm on Wednesday). Both patients we spoke to told us they were happy with the availability of appointments.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system for example a complaints summary leaflet was available by the reception area and a poster was displayed on the practice noticeboard. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had made a complaint about the practice.

We looked at one complaint that had been received in the last twelve months. We found the complaint about the clinical care of a patient had not been investigated appropriately. Records showed the complainant had received a response. We spoke with the Practice Manager who told us that she did not have a clinical background, however, SSP Health required her to investigate all complaints even those that identified concerns about clinical care. We spoke with the GP Lead who told us the complaint regarding the clinical care of the patient had been discussed informally. However records of this were not available to demonstrate shared learning had taken place. He told us this would be arranged.

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

SSP Health's vision statement within practice information leaflets is 'to deliver outstanding clinical services responsive to patient needs. In discussions with the three GPs and the Practice Manager, we were informed that the practice strove to provide a good quality service with an emphasis on meeting the needs of a diverse and transient patient population. However some staff we spoke with were not clear about their responsibilities in relation to this.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. We looked at seven of these policies all had been reviewed annually and were up to date.

The lead GP and the Practice Manager met regularly to discuss the issues relating to the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly reviewed at monthly SSP Health practice manager meetings and the meeting held between the Practice Manager and the lead GP.

The practice had not routinely completed clinical audits. Reviews of the prescribing trends for specific medications had been undertaken.

Leadership, openness and transparency

We were shown a leadership structure for the practice. Discussions with some members of the clinical team indicated that they did not feel valued, well supported or knew who to go to in the organisation if they had any concerns.

Full team meetings did not take place and the administration and reception staff were not given the opportunity to meet collectively to discuss issues and to learn from serious events.

Clinical meetings took place regularly however the timing of these meetings meant one clinician was unable to attend. The minutes viewed provided limited information.

All staff worked hard to provide a good quality service however some members of the staff team told us they did not feel they had clarity of their role within the practice. For example, only one GP was the lead for safeguarding, cancer care, palliative care and was also the named GP for those patients over 75. There were no other lead roles in place to utilise the skills and expertise of the other GPs working at the practice. The Practice Manager was not aware of publicly available information regarding a clinician working at the practice. This lack of knowledge led to a lack of support and mentorship for the clinician.

Some of the staff we spoke with told us they did not feel there was an open culture to raise issues and to learn from incidents and to reflect on their individual and collective practice.

SSP Health managed human resource policies and procedures centrally including the recruitment process. The Practice Manager was involved in the interviewing of prospective candidates. We reviewed a number of policies, for example disciplinary procedures, induction policy and management of sickness which were in place to support staff. We were shown the electronic staff handbook that was available to all staff, this included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

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

The practice did not have a PPG in place the Practice Manager told us she was working to develop this group. The practice had a continuous patient survey. A suggestion box was available at the front reception desk for patients to access.

Management lead through learning and improvement

Some of the staff told us that the practice did not support them to maintain their clinical professional development through training and mentoring. One member of staff told us they had sourced their own training and paid for it to maintain and develop their skills and competencies.

We looked at five staff files and saw that training needs had not been identified and not all appraisals had been completed. The training matrix for the staff team did not

Are services well-led?

Inadequate

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

include the nursing staff. It was unclear how the practice monitored the training and development needs of the nursing staff including the appraisal system Some staff told us that the practice was not supportive of training and there was inadequate mentoring support. For example, the practice had not put a system in place to support clinicians who had on occasions fallen below the required standard. With particular regard to the adequate examination or assessment of a patient, to arrange further investigations and to make an adequate record of the consultation.

The system in place to learn from incidents and share that learning in an open and transparent manner was not robust and consistent. For example SSP require all serious events analysis (SEA) reports to be placed on their internal internet site for shared learning and for auditing purposes. Some staff spoken with told us they had not been involved in this process and limited information was documented as they felt there was a blame culture present. We looked at two SEA reports and found they did not provide detailed information about the incidents and learning gained from them.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers How the regulation was not being met: People who use services were not protected against the risk of inappropriate or unsafe care due to the lack of efficient systems to identify, assess and monitor risks to their health, welfare and safety. Regulation 10 (1) (a) (b)

Regulated activity	Regulation
Surgical procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers How the regulation was not being met: People who use services were not protected against the risk of inappropriate or unsafe care due to the lack of efficient systems to identify, assess and monitor risks to their health, welfare and safety. Regulation 10 (1) (a) (b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers How the regulation was not being met: People who use services were not protected against the risk of inappropriate or unsafe care due to the lack of efficient systems to identify, assess and monitor risks to their health, welfare and safety. Regulation 10 (1) (a) (b)

Regulated activity	Regulation

This section is primarily information for the provider

Compliance actions

Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff How the regulation was not being met: Suitable arrangements were not in place to ensure persons employed were receiving appropriate support to enable them to deliver care and treatment to people who use the service safely and to an appropriate standard. With particular regard to the evaluation and improvement of the service provided through the creation of an environment in which clinical excellence can flourish. Regulation 23(1)(a)(b) (3)(a)(b)

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This section is primarily information for the provider

Compliance actions

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met: Suitable arrangements were not in place to maintain the security of prescriptions including the maintenance of records for auditing purposes. Regulation 13

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