Anfield Health

Inspection 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 location	Requires improvement
Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Requires improvement**

Overall summary

This practice is rated as Requires Improvement overall.

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? - Requires Improvement

We carried out an announced comprehensive inspection at Anfield Health on 14 June 2018 as part of our inspection programme.

At this inspection we found:

- The practice did not have all systems to keep people safe and safeguarded.
- There was an effective system to manage infection prevention and control.
- The practice did not have full arrangements to ensure that facilities and equipment were safe and in good working order.
- Although the practice had a system to manage risk so that safety incidents were less likely to happen, the reporting system to the board was not effective.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The practice had systems for appropriate and safe handling of medicines but the prescribing of high risk medicines was not safe.
- Centralised teams were monitoring the practice to ensure key performance indicators and targets were met and communications were taking place when actions were required for improvements. However, there was less evidence that risks identified were being escalated to board level.
- Clinical audits were not taking place at the practice.
- The practice had operated with GP locums for some time and there was a lack of evidence to show how the provider organisation kept clinicians up to date with current evidence-based practice with robust systems and procedures. There was no formal system for reviewing and monitoring new guidelines and evidence based practice and ensuring these updates were implemented by the GP locums. There was limited opportunity for GP locums to take part in local and national improvement initiatives.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it. However, we found that appointment availability for GPs was not flexible enough to meet patient needs.
- The complaints log book was not available for review and the practice did not know where it was. The practice had failed to secure complainants personal data.
- Staff were well supported in terms of training and they had the skills, knowledge and experience to carry out their roles.
- Staff worked together and with other health and social care professionals to deliver effective care and treatment.
- Local and visible leadership within the practice required improvements.
- There was a focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure patients are protected from abuse and improper treatment.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity

The areas where the provider **should** make improvements are:

- Undertake a risk assessment to ensure that all patients at risk of deterioration and needing urgent medical attention can be identified by staff when attending the lower ground floor patient waiting area.
- Take action to ensure all reception staff receive training and awareness for how to recognise and manage patients with severe infections such as sepsis.

Overall summary

- Develop a Patient Participation Group (PPG) for the practice.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser.

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Background to Anfield Health

The practice website address is primarycareconnect.org.uk The practice is part of NHS Liverpool Clinical Commissioning Group (CCG) and has an Alternative Medical Services (APMS) contract.

The provider is Primary Care Connect Ltd which is a not for profit company run by Liverpool GP federation in partnership with five Liverpool GMS practices and Bridgewater Community Trust. The provider delivers services from five other practices in Liverpool (Everton Road Surgery, Garston Family Health Centre, West Speke Health Centre, Park View Medical Centre and Netherley Health Centre.) The provider has been running the practices since April 2017 and was registered with CQC since March 2018.

The organisational structure consists of a Board and an Executive Team made up of a Finance and Performance Committee, an HR business partner, an operations manager, a Medical Director and a Quality and Risk Committee. There is a centralised contracts and performance team. Each practice is supported by a Deputy Operations Manager and a team leader, front office reception staff trained as care navigators, and back office administration staff. Primary Care Connect Ltd employs a clinical pharmacist for all its practices. Primary Care Connect had set up arrangements for a Mentor practice to support this practice.

At this practice there are regular GP locums. There are two practice nurses.

Anfield Health is registered with the Care Quality Commission to carry out the following regulated activities: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

Anfield Health is situated in a socially deprived area of Liverpool with high unemployment rates. There were 2,425 patients on the practice register at the time of our inspection.

Patient information states that the practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact NHS 111 for the GP out of hours service.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- The practice had some systems to keep people safe and safeguarded from abuse but improvements were required.
- There was no system in place to ensure that equipment used by staff had been appropriately calibrated and during inspection we found that equipment had not been appropriately checked as required.
- Patient referrals had not been adequately monitored by the practice.
- Past medical records for patients were not stored safely.
- There were some risk assessments in relation to safety issues. However, there was a lack of evidence that known risks that were discussed during inspection had been reviewed by the provider risk governance committees.
- The monitoring systems viewed during inspection and the lack of practice level leadership did not provide assurance that a clear, accurate and current picture of risks were known by practice staff.
- The arrangements and medical cover provided by locum GPs did not keep patients safe in an emergency at all times when the practice was open.

Safety systems and processes

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The practice did not have a lead GP for safeguarding and there was a lack of evidence that learning from safeguarding incidents were available to staff. The practice did not have regular safeguarding meetings with a health visitor during which time the safeguarding register would be reviewed. At the time of inspection, the practice had a new children's safeguarding policy they had gathered from another provider but this had yet to be implemented for staff.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. However, we observed that there were no sharps disposal boxes for the safe disposal of equipment contaminated with cytotoxic or cytostatic products (purple lids). These were being disposed of in routine sharps box.
- All areas of the practice looked clean and well maintained by a private landlord. However, at the time of inspection there were significant gaps in the information held and shown to demonstrate the premises was safe and fit for purpose. There was no system in place to ensure that equipment used by staff had been appropriately calibrated and during inspection we found that equipment had not been appropriately checked as required. Overall, there was no practice level or provider level system in place to monitor when essential health and safety checks were due for their premises or equipment and to assure them that any remedial action was taken. Premises information was sent to us following inspection.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. However, we found that the first patient appointment with a GP was 9.30am and the last appointment was confirmed to us as 4.50pm, due to the availability of the locum GPs. Outside of these hours there was no GP cover onsite to respond to medical emergencies.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, this equipment was shared with other providers in the building and there was no shared agreement in place to monitor the equipment.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in

need of urgent medical attention. However, the practice was located on two levels and at the lower ground floor waiting area, if patients became unwell, this would be out of sight of reception staff or the practice medical team.

- Clinicians knew how to identify and manage patients with severe infections including sepsis. Reception staff were aware of how to respond to a seriously patient but they had not received any training specific to sepsis.
- Managers attending the inspection told us that when there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols and there was a referral monitoring system. However, there was limited evidence that the monitoring of patient referrals was completed by the practice team on a regular basis.
- We found the provider did not ensure that past medical records for patients were stored securely and protected against the risk of accidental loss, including corruption, damage or destruction. These were observed being stored in a room which was locked but records were held in facilities that would not prevent accidental damage should an incident occur.

Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines but these required improving.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. We were told the practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance but there was no evidence of this presented during inspection.
- There was no effective system to monitor medication reviews for patients on high risk medicines. The medication review policy did not identify intended frequencies or method to identify when a review was due. We discussed this with the locum GP during inspection who confirmed that medicines were not prescribed without checking that reviews and tests had been completed. However, we observed a number of patients notes and identified that no records had been made of these checks.

Lessons learned and improvements made

The practice had some systems to ensure lessons were learned and improvements made but these required improvements.

- There were some risk assessments in relation to safety issues. However, there was a lack of evidence that known risks that we discussed during inspection, had been reviewed by the provider risk organisation governance committees.
- The provider and the practice monitored and reviewed activity, such as patient safety alerts. However, the monitoring systems viewed during inspection and the lack of practice level leadership did not provide assurance that a clear, accurate and current picture of risks were known by practice staff.
- On the day of inspection, the practice was unable to locate information relating to patient complaints and there was a lack of evidence other than discussions with staff that risks associated with complaints were analysed and actions taken to prevent reoccurrence.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Requires improvement

Are services effective?

We rated the practice and all of the population groups as requires improvement for providing effective services overall.

The practice was rated as requires improvement for providing effective services because:

- The practice did not have a comprehensive programme of quality improvement activity.
- There was no formal system for reviewing and monitoring new guidelines and evidence based practice and ensuring these updates were implemented by the GP locums. Clinical audits were not taking place at the practice.
- The mentor practice was supposed to have a key role in undertaking quality monitoring activities such as audits. However, at the time of inspection there was no evidence this had taken place and the mentor arrangement was under review.

All population groups were rated requires improvement for effective due to the above concerns which impacted on all patients.

Effective needs assessment, care and treatment

The practice had operated with GP locums for some time and there was a lack of evidence to show how the provider organisation kept clinicians up to date with current evidence-based practice with robust systems and procedures. There was no formal system for reviewing and monitoring new guidelines and evidence based practice and ensuring these updates were implemented by the GP locums. However, we spoke with clinical staff, the practice advanced nurse practitioner and found that they had assessed patient needs and delivered care and treatment in line with current clinical pathways and protocols. We found that;

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

All population groups were rated requires improvement for effective but there were some areas of good practice.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice has links with the local Falls Prevention Team and systematically identifies and refers patients (as well as opportunistically) who require a falls assessment.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice had introduced a new patient call and recall system to ensure patients are offered annual reviews.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. Staff were trained to provide lifestyle advice and support and refer into public health commissioned services
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

Families, children and young people:

Requires improvement

Are services effective?

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Some uptake rates for the vaccines given were lower than the target percentage of 90% or above. The practice was aware of this and was predominantly due to staffing issues, such as long-term absences'. Changes had been made but it was too early to assess the impact of these changes.
- There was no evidence that the practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had links with the Abacus services that offers advice and treatment around contraception, STI screening, pregnancy testing. The practice signposted patients where appropriate and they invited the service into the practice to raise awareness for patients.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 73%, which was in line with local and national averages but below the 80% coverage target for the national screening programme. The practice sent reminder letters to patients and encouraged opportunistic uptake whenever possible
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice had a special palliative care register and held regular multi-professional meetings with input from district nurses, GPs, community matrons, palliative nurses and practice staff.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered annual health checks to patients with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice liaised with the Primary Care Mental Health Liaison Practitioner who worked with the practice to provide updates on local referral pathways, services available and training opportunities for clinicians.
- Patients had an annual review with a GP to assess their current health and social care needs.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 97% of patients experiencing poor mental health had received discussion and advice about alcohol consumption.

Monitoring care and treatment

The practice had some systems in place to monitor care and treatment but this should be improved. The senior management team were using the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The provider presented a report to show the achievements made by March 2018 and this showed that the practice had achieved 98% of the total points awarded. However, this was unverified data. We were told that new systems for monitoring QOF were to be introduced along with new systems to recall patients and to reduce the number of patients that do not attend for appointment. This function was a newly developed one for a centralised team and was managed off site from the practice.

Requires improvement

Are services effective?

The practice did not have a comprehensive programme of quality improvement activity and apart from the QOF monitoring there were no routine reviews taking place to look at the effectiveness and appropriateness of the treatment provided. The practice only employed GP locums at the time of inspection and we found there was limited opportunity for them to take part in local and national improvement initiatives. Clinical audits were not taking place at the practice. We were told that the provider organisational model had service level agreements with mentor practices in place to support and monitor patient experience and outcomes. The mentor practice was to have a key role in undertaking quality monitoring activities such as audits. However, at the time of inspection there was no evidence this had taken place and the mentor arrangement was under review. We heard that the organisational clinical director undertook ad hoc audits and reviews but there was no evidence presented to show this during inspection.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances. Monthly meetings were taking place with district nurses to monitor patients at the end of life stage.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

Requires improvement

Are services effective?

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients who completed our comments cards was positive about the way staff treat people.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Arrangements for GP locum cover did not always ensure that patients could be treated by a clinician of the same sex.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- Reception staff had been trained as care navigators. Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The practice respected respect patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Requires improvement

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

The practice was rated as requires improvement for providing responsive services because:

- Staff confirmed to us that the first patient appointment with a GP was 9.30am and the last appointment was confirmed to us as 4.50pm, due to the availability of the locum GPs. This might suggest a risk that patients might not always be able to get an appointment at an acceptable time.
- There was insufficient evidence to demonstrate that complaints were managed effectively.

All population groups were rated inadequate for providing responsive services due to the above concerns which impacted on all patients.

Responding to and meeting people's needs

The practice did not always organise and deliver services to meet patients' needs.

- The practice demonstrated some understanding of the needs of its population and they tried to tailor services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- We were told by patients and staff that access to GP appointments was restricted to between 9.30am to 4.50pm. This indicated that patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs. Staff told us that a GP might be available off site for advice in an emergency outside of these appointment times.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice liaised with the local falls team to support those patients at risk.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice was responsive and followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. For example, diabetic specialist nurses.
- The practice was responsive in how GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Requires improvement

Are services responsive to people's needs?

- The practice was responsive and had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had responsive arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- There were no extended hours and patients who were working were not able to get an appointment to meet their needs.
- The practice sent reminder letters to patients for cervical screening and encouraged opportunistic uptake whenever possible

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had a special palliative care register and held regular multi-professional meetings with input from district nurses, GPs, community matrons, palliative nurses and practice staff.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice was responsive and had a system in place for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was responsive and liaised with the Primary Care Mental Health Liaison Practitioner who worked with the practice to provide updates on local referral pathways, services available and training opportunities for clinicians.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Timely access to care and treatment

Staff told us that the first patient appointment with a GP was 9.30am and the last appointment was confirmed to us as 4.50pm. We were told this was due to the availability of GP locums and outside of these times patients were unable to make a GP appointment. There were no extended hours and patients who were employed were not able to get an appointment at a time that might be convenient for them.

- Patients when they could gain a GP appointment, had access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately.
- Staff confirmed to us that patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The senior management team had collated a complaints report across each of the provider locations. This showed an analysis of complaints practices had received and the trends and themes that had been identified. The report identified some areas to improve the quality of care but there was limited evidence at the local practice level to show this was taking place. Actions plans was not presented for the complaints that had been made at this practice.
- Staff we spoke with indicated the practice took complaints and concerns seriously and responded appropriately to improve the quality of care. However, when we requested the complaints file this was not available and could not be found during inspection. This resulted in a lack of evidence to review the appropriateness of complaint responses.

Please refer to the evidence tables for further information.

Requires improvement

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for providing well led services because:

- There was a lack of effective leadership capacity.
- There was no evidence that Anfield Health was supported as intended by their designated mentor practice.
- Governance structures, processes and systems to support good governance and management required improvements. However, we identified gaps in terms of the impact these governance arrangements were having at practice level.

Leadership capacity and capability

We found that the organisation had leaders and a full management team that had the skills to deliver high-quality, sustainable care. However, local leadership within the practice required improvements. Discussions with operational managers present during the inspection indicated they were knowledgeable about issues and priorities relating to the quality and future of services but there was a lack of evidence for how risks were escalated to board level.

The practice had undergone some recent team leader role changes. New arrangements were in the early stages of development and the deputy team leader was not available at the practice each day to support staff. We talked with GP locums and found they were unclear who was in day to day charge of the practice. Leadership support from senior management including the clinical director for the organisation was not visible and available to staff to gain a clear picture of the challenges and risks practice staff were facing.

Vision and strategy

The practice had a vision and strategy to deliver high quality, sustainable care and this was shared with us at the start of the inspection. The practice was one of a group of six practices that had been taken over in April 2017 by a social enterprise organisation named Primary Care Connect. As a newly formed larger organisation providing services in a number of location at scale, there had been initial challenges for the provider in ensuring that each practice had sufficient staff and effective teams in place.

The management team described a clear vision and set of values and a number of business plans were in place to support the vision and values of the new organisation. Staff we spoke with were aware of the vision, the values and how they would be involved in developing the strategy further. Systems were in place to monitor the strategy at board level but at the time of inspection some of the key elements of the strategy, such as the role of practice mentors were not operating effectively. At the time of inspection there was no evidence that Anfield Health was supported, as intended, by their designated mentor practice.

Culture

The practice had an open and inclusive culture.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing contracted staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The practice was part of a larger organisation and governance and risk management processes were universal across each of the six practices registered. The provider had a board of directors, a senior management

team and a management structure across each of the practices. We found that while some clear responsibilities, roles and systems of accountability were in place to support good governance, aspects of this should be improved both at practice and at a corporate level.

- The provider had established a quality and risk framework and committee to oversee how this was managed across each practice. We looked at minutes of these meetings and found that measures of performance were monitored and honest and open reporting was taking place and reviewed. Centralised teams were monitoring the practice to ensure key performance indicators and targets were met and communications were taking place when actions were required for improvements. However, there was less evidence that risks identified were being escalated to board level. For example, the practice did not have a safeguarding lead and there was no clear evidence for how safeguarding children and young people was integrated into existing practice systems and processes for delivering safe general practice.
- Structures, processes and systems to support good governance and management also required improvements. For example, the governance and management of the role of the mentor practice was not operating effectively at the practice. Staff were not being providing with support from the mentor practice and there was no monitoring responsibility with this as intended. Regular clinical audits of the service were not being used to assess, monitor and improve its quality and safety. At the time of inspection important information such as premises fitness, fitness checks of equipment and complaints information was not available and it was unclear who had responsibility and accountability at practice level to monitor these areas.
- Practice staff had policies, procedures and activities to ensure safety to assure them that they were operating as intended. However, systems and processes were still in the process of being developed and improved across all the practices. We found that policies and the degree of provider oversight could be expanded to improve the safety mechanisms already in place and to keep up to date with best practice.

Managing risks, issues and performance

There were some processes for managing risks, issues and performance but these should be improved.

- The practice had processes to manage current and future performance. Systems were in place at board and practice level for the oversight of safety alerts, incidents, and complaints.
- There were gaps in the processes to fully identify, understand, monitor and address current and future risks including risks to patient safety. For example, we found that annual calibration of medical equipment had not taken place and this was only discovered during inspection.
- Clinical audits were not undertaken at the practice so were unable to have any positive impact on identify risks to patient safety, quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Staff told us about weekly and monthly meetings that took place where they were encouraged to reflect on how the week had gone and what could have been done better. Staff told us they valued these meetings and found them a positive experience.
- Performance information was combined with the views of patients. The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance, such as QOF information was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, we found the provider did not ensure that past medical records for patients were stored securely and protected against the risk of accidental loss, including corruption, damage or

destruction. These were observed being stored in a room which was locked but records were held in facilities that would not prevent accidental damage should an incident occur.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to gain their views about services.

- The practice did not have an active patient participation group but plans were in place to develop this.
- A patient satisfaction survey was undertaken and reported to the board in May 2018. For Anfield Health only three surveys were completed by patients. Positive comments and negative ones were noted and the results were analysed alongside the other provider locations in a comprehensive complaints and feedback report. This report outlines future plans for closer scrutiny of individual practice complaints and how these have been managed.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

The provider was open and transparent about the challenges the practice faced. These included sustainability, the recruitment and retention of GPs, national and local challenges. Despite this there was evidence of systems and processes for learning, continuous improvement and innovation.

- The provider was exploring the potential for extended collaborative working. Plans were in place to widen the multidisciplinary team.
- New roles had been developed for staff such as the GP associate and care navigator role.
- There was a focus on continuous learning and improvement. Permanent staff were well supported with training and support for their continuing professional development requirements.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is 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 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider did not do all that was reasonably practicable to asses, monitor, manage and mitigate risks to the health and safety of service users. This included: • The arrangements and medical cover provided by locum GPs did not keep patients safe in an emergency at all times when the practice was open. • There was no effective system to monitor medication reviews for patients on high risk medicines. • Sharps disposal boxes were not in place for the safe disposal of equipment contaminated with cytotoxic or cytostatic products. • There was no practice level or provider level system in place to monitor when essential health and safety checks were due for their premises or equipment and to assure them that any remedial action was taken. • A shared agreement with other providers in the building for the automated defibrillator was not in place. This was in breach of regulation 12 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 **How the regulation was not being met:** The provider was not ensuring that governance arrangements were operated effectively to assess, monitor and improve the quality of the service: to asses, monitor and mitigate risks relating to the service and to evaluate and improve the service. This included:

This section is primarily information for the provider

Requirement notices

- Effective systems to monitor antibiotic prescribing and good antimicrobial stewardship was not in place.
- The practice did not have a comprehensive programme of quality improvement activity.
- Clinical audits were not taking place at the practice.
- Practice mentor arrangements were not operating effectively.
- There was no formal system for reviewing and monitoring new guidelines and evidence based practice and ensuring these updates were implemented by the GP locums.
- There were gaps in the assurance processes to fully identify, understand, monitor and address current and future risks including risks to patient safety.
- Past medical records for patients were not stored securely and protected against the risk of accidental loss, including corruption, damage or destruction.

This was in breach of regulation 17 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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **How the regulation was not being met:** The provider did not do all that was reasonably practicable to protect service users form abuse or improper treatment. For example, • The practice did not have a safeguarding lead and there was no clear evidence for how safeguarding children and young people was integrated into existing practice systems and processes for delivering safe general practice. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

How the regulation was not being met:

The provider did not have an effective system for identifying, receiving, recording, handling and responding to complaints. For example,

- The practice was unable to locate information relating to patient complaints, so was unable to demonstrate a comprehensive record of all complaints, the outcomes and actions taken.

This was in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.