

Dr S C & A K Thakur Speke Neighbourhood Health Centre

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr S C & A K Thakur Speke Neighbourhood Health Centre on 28 June 2016.

Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There were systems in place to reduce risks to patient safety, for example, infection control procedures, medication management and the management of staffing levels. Improvements were needed to the security of prescription pads, the availability of oxygen and the training records kept for GP locums.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse. However GPs had not attended adult safeguarding training.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt well supported. They told us they had received training appropriate to their roles. The records of all staff training needed to be improved to assist in monitoring and planning for the training needs of staff.
- Patients were positive about the care and treatment they received from the practice. The National Patient Survey January 2016 showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were comparable to local and national averages.
- Services were planned and delivered to take into account the needs of different patient groups.
- The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was generally in line with local and national averages.

Summary of findings

- Information about how to complain was available. There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

The areas where the provider must make improvements are:

- The provider must ensure that they have robust procedures and processes for the safeguarding of vulnerable adults and children. This must include the required training level suitable to all staff roles at the practice.

The areas where the provider should make improvements are:

- Review all significant events annually to identify themes and prevent reoccurrence.

- Ensure all staff have undertaken infection control training.
- Review the medicines procedures for the safe storage of prescription pads.
- Ensure that all comments and verbal complaints made by patients are listened to and acted on effectively.
- A risk assessment for the need to have oxygen on site in an emergency should be undertaken. According to current external guidance and national standards this equipment should be in place in all practices.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. There was a system in place for reporting and recording significant events but annual analysis was not undertaken. Lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However the safeguarding policies required improvement and the GPs required training in adult protection. Risks to patients were assessed and well managed however, the practice did not have oxygen available in an emergency situation and staff had not completed infection control training.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services. Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where

Good



Summary of findings

these were identified. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access specialist help when needed. Care plans were developed for older people with the aim of ensuring all necessary support was provided and reducing hospital admissions. Annual health checks for patients over 75 years of age were carried out.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. The clinical staff took the lead for different long term conditions and kept up to date in their specialist areas. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives. The practice provided support and information to patients to encourage them to manage their long term conditions and provided care plans to patients to assist with this.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Appointments for young children were prioritised. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns. Training records did not clearly show if staff had up to date training relevant to their role. A plan was put in place to address this following our visit. The

Good



Summary of findings

safeguarding lead staff liaised with the health visiting service, school nurses and midwife to discuss any concerns about children and how they could be best supported. Family planning and sexual health services were provided.

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. There was a recall system to ensure patients with a learning disability received an annual health check. The staff we spoke with had appropriate knowledge about adult safeguarding and how to report any concerns. Some staff needed training in adult safeguarding and a plan was in place to address this. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice carried out assessments of patients at risk of dementia to encourage early diagnosis and access to support, this included opportunistic assessments. The practice referred patients to appropriate services

Summary of findings

such as psychiatry and counselling services. The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression.

Summary of findings

What people who use the service say

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that the practice was performing in line with local and national averages. The practice distributed 397 forms, 91 were returned which represents just under 3% of the total practice patient population.

- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. They said staff were helpful and GPs were caring and good at listening to their needs.

We spoke with seven patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure that they have robust procedures and processes for the safeguarding of vulnerable adults and children. This must include the required training level suitable to all staff roles at the practice.

Action the service **SHOULD** take to improve

- Review all significant events annually to identify themes and prevent reoccurrence.
- Ensure all staff have undertaken infection control training.

- Review the medicines procedures for the safe storage of prescription pads.
- Ensure that all comments and verbal complaints made by patients are listened to and acted on effectively.
- A risk assessment for the need to have oxygen on site in an emergency should be undertaken. According to current external guidance and national standards this equipment should be in place in all practices.

Dr S C & A K Thakur Speke Neighbourhood Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Dr S C & A K Thakur Speke Neighbourhood Health Centre

Dr S C & A K Thakur Speke Neighbourhood Health Centre is responsible for providing primary care services to approximately 3070 patients. The practice is a long established GP practice working in the centre of Liverpool in a very deprived area of the city. The practice has a General Medical Services (GMS) contract and offers a range of enhanced services such as flu and shingles vaccinations, unplanned admissions and timely diagnosis of dementia. The number of patients with a long standing health condition is above average when compared to other practices nationally. The practice has two GP partners, a number of long term locum GPs, a practice nurses, administration and reception staff and a practice manager.

The practice is open from 8am to 6.30pm Monday to Friday. Patients can book appointments in person, via the telephone or online. The practice provides telephone

consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance out of hours when the practice is closed.

The practice is part of the Liverpool Clinical Commissioning group. The area is the third most deprived in the city. In addition it is estimated that the average household income is significantly lower than both the Liverpool and national averages. Unemployment is significantly higher than the city rate and 6.7% of the population are long term sick or disabled. People living in more deprived areas tend to have greater need for health services. The population is slightly younger than the city average with a greater percentage of children aged 0-4 years.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 June 2016. During our visit we:

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

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour, (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. However, an annual review of incidents was not taking place and the provider agreed to start this at the time of inspection.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. However, the policy required further update and development. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Administration staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All clinical staff were trained to child protection or child safeguarding level 3. However they had not completed adult protection training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, however, staff had not received training in infection control. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We found that the systems in place for the security of prescription pads was not safe and had not been monitored by the practice. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice premises were within a modern purpose built community shared building and the building had a maintenance officer overseeing the fitness of the premises. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises, however they did not have their own oxygen with adult and children's masks. We were told that the neighbouring practice had this equipment but a risk assessment to support this decision was not in place. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was higher than the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 99% compared to 88% nationally. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 86% compared to 78% nationally.
- Performance for mental health assessment and care was higher than other practices. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (April 2014 – March 2015) was higher than the national averages, at 95% compared to 89% nationally. The percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (April 2014 – March 2015) was 95% compared to 85% nationally.

The practice carried out audits that demonstrated quality improvement. For example, in the last two years medication audits such as the prescribing of medicines for a heart condition (atrial fibrillation) had been carried out. Findings were used by the practice to improve services. For example, changes had been made to patient's medication. The practice also undertook regular audits of patients who had not attended bowel screening to improve uptake and patients with diabetes. The GPs we spoke with told us that the findings from audits were shared across the clinical staff team.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. We found the practice did not routinely collect training information and certificates from their long standing locum GPs.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- The practice offered referral to Health Trainer who held sessions every Thursday morning. The health trainer offered classes on Zumba, Yoga and other physical activities, as well as free gym membership and offers a wide range of activities, chat groups, arts and crafts and social events.
- The practice signposted young people with Mental Health issues to YPAS and CAMHS at Alder Hey Children's Hospital, Addaction for drug problems, LCAS for alcohol problems and Fag Ends for Smoking Cessation Advice.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 79% and the national average of 81%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test and the practice encouraged uptake by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were good when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were at 96% and five year olds were also at 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average mostly for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 88%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 86%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. We saw a small number of notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

Are services caring?

a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice worked with other agencies to support the Liverpool Diabetes Partnership. This was a new service where the practice nurse held monthly clinics with the diabetes specialist nurse for complex patients to attend.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. There were no extended hour's appointments available for patients. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. For example

- 93% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 86% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. If needed the GPs undertook home visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system. There had been no complaints made to the practice however, we identified that only written formal complaints were acted upon. Any negative comments or verbal complaints made by patients had not been recorded.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice and all staff were fully committed to the vision of providing high quality, friendly a personal health care to all patients of the practice. The team set out their guiding principles at the start of the inspection. Included in this was their wish to provide high quality and safe clinical care to all patients registered or temporarily registered at the practice. The practice ethos was to treat all patients with courtesy, respect and dignity at all times irrespective of ethnic origin, religious and cultural beliefs, gender, sexual orientation, social class, disability or age. We heard how this had been achieved from patients we spoke with during the inspection and in our observations made during the inspection.

Staff understood the part they played in delivering this vision, and had a good understanding of how their work contributed to the overall performance of the practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The GPs used evidence based guidance in their clinical work with patients. The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.

The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).

The practice had policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Policies were up to date and had regular review dates. We recommended that a small number such as complaints and safeguarding be updated which the provider agreed to do. The practice held monthly practice meetings during which time governance and risk management issues were discussed.

Risks that had been identified were discussed and actions taken. We looked at minutes from the last three meetings and found that performance, quality and risks had been discussed.

Leadership and culture

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. We spoke with staff with different roles and they were clear about the lines of accountability and leadership. They spoke of good visible leadership and full access to both GP partners and the practice manager. Staff told us they enjoyed working at the practice and they felt valued in their roles. Staff felt supported, motivated and reported being treated fairly and compassionately. They reported an open and 'no-blame' culture where they felt safe to report incidents and mistakes. The practice had a strong team who worked together in the best interest of the patient. All staff were aware of the practice Whistleblowing Policy and they were sufficiently confident to use this should the need arise.

The provider was aware of and complied with the requirements of the Duty of Candour. The management team encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and how to learn from these. When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

Seeking and acting on feedback from patients, the public and staff

The practice actively encouraged and valued feedback from patients. They encouraged patient feedback with patient questionnaires and surveys and they had a Patient Participation Group (PPG) which was found at the time of the inspection to be in the early stages of development. Dates were set for future meetings. On the day of the visit we spoke with one PPG who told us the practice manager and GPs were responsive to suggestions she made and her

Are services well-led?

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involvement in the work of the practice. The practice had recently added to their website information about how members of the public could become a member of the group.

Feedback from staff was gathered on an informal basis and also at newly developed practice meetings held monthly. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They reported an open culture within the practice and said they had the opportunity to raise any issues at team meetings, they felt confident in doing so and felt supported. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice

was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. For example, the practice nurse had recently set up monthly clinics for patients with diabetes to work alongside the diabetes specialist nurse to review complex patients.

We found that mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles. A training matrix was not in place however. Staff were supervised until they were able to work independently but written records of this were not kept. Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at a number of staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had staff away days where guest speakers and trainers attended.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person did not have updated child and adult protection policies and procedures. Some staff members did not have training for the protection of vulnerable adults. This was in breach of regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.