

# High Pastures Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

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

This is the report of findings from our inspection of High Pastures Surgery. High Pastures Surgery is registered with the Care Quality Commission to provide primary care services.

We undertook a planned, comprehensive inspection on 18 November 2014 at the practice location. We reviewed comment cards completed by patients, spoke with patients and staff.

The practice was rated as Good. A caring, effective, responsive and well- led service was provided that met the needs of the population it served.

Our key findings were as follows:

- There were systems in place to protect patients from avoidable harm, such as from the risks associated with medicines and cross infection. However, improvements were needed to the recruitment of staff as the recruitment records did not demonstrate that all necessary checks were undertaken to demonstrate suitability for their roles.
- Patients care needs were assessed and care and treatment was considered in line with best practice national guidelines. Staff were proactive in promoting good health and referrals were made to other agencies to ensure patients received the treatments they needed.
- Patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity, staff were caring, supportive and helpful. Patients felt involved in decision making around their care and treatment.
- The practice planned its services to meet the differing needs of patients. The appointment system in place allowed good access to the service. The practice encouraged patients to give their views about the services offered and made changes as a consequence.

# Summary of findings

- Quality and performance were monitored, risks were identified and managed. The practice ensured that staff had access to learning and improvement opportunities.

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

Importantly, the provider must:

- Take action to ensure its recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure the necessary employment checks are in place for all staff.

The provider should:

- Carry out an assessment of the risks presented by legionella and take appropriate action to address any risks presented.

**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 safe. There were systems in place to protect patients from avoidable harm and abuse. Staff were aware of procedures for reporting significant events and safeguarding patients from risk of abuse. There were clear processes in place to investigate and act upon any incident and to share learning with staff to mitigate future risk. There were appropriate systems in place to protect patients from the risks associated with medicines and cross infection. The staffing numbers and skill mix were reviewed to ensure that patients were safe and their care and treatment needs were met. However, improvements were needed to the recruitment of staff as the recruitment records did not demonstrate that all necessary checks were undertaken to demonstrate suitability for their roles.

Requires improvement



### Are services effective?

The practice is rated as good for effective. Patients care needs were assessed and care and treatment was considered in line with best practice national guidelines. Staff were provided with the training needed to carry out their roles and they were appropriately supported. Staff were proactive in promoting good health and referrals were made to other agencies to ensure patients received the treatments they needed. The practice monitored its performance and had systems in place to improve outcomes for patients. The practice supported patients to manage their health and well-being.

Good



### Are services caring?

The practice is rated as good for caring. Patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity, staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Staff we spoke with were aware of the importance of providing patients with privacy. Patients were provided with support to enable them to cope emotionally with care and treatment.

Good



### Are services responsive to people's needs?

The practice is rated as good for responsive. The practice planned its services to meet the differing needs of patients. They engaged with the local Clinical Commissioning Group (CCG) to identify patient needs and service improvements that needed to be prioritised. The practice worked with other agencies and updated shared

Good



# Summary of findings

information to ensure communication of changes in care and treatment. Patients reported good access to the service. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

## Are services well-led?

The practice is rated as good for well led. There was a clear leadership structure in place. We spoke with eight members of staff and they were all clear about their own roles and responsibilities. They all told us that they felt valued and well supported. Quality and performance were monitored, risks were identified and managed. The practice had systems to seek and act upon feedback from patients using the service. A virtual patient participation group (PPG) was in operation and a member of the group told us how the practice had been improved following patient feedback.

**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 information was held to alert staff if a patient was housebound. The practice had a record of carers and used this information to discuss any support needed and to refer carers on to other services if necessary. The practice offered extended hours appointments to enable working carers to accompany older patients to appointments. Flu clinics for patients over 65 were held on Saturday mornings to encourage maximum attendance. The practice ensured each patient had a named GP and named GPs carried out any home visits to their own patients to ensure continuity of care. The nurse team leader also carried out home visits to patients who were housebound or who had been identified at risk of hospital admission. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice had identified all patients at risk of unplanned hospital admissions and a care plan had been developed to support them. A dedicated number was given to patients who were at risk of unplanned admission to hospital to ensure quick access to clinical services.

Good



### People with long term conditions

The practice is rated as good for the population group 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), cardio vascular 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 and to follow up unplanned hospital admissions in a timely manner. Patients with long term conditions such as cardio vascular disease were given longer appointments to enable all necessary checks to be undertaken. Clinical staff kept up to date in specialist areas which helped them ensure best practice guidance was always being considered. All patients had a named GP to promote continuity of care. The practice had identified all patients

Good



# Summary of findings

at risk of unplanned hospital admissions and a care plan had been developed to support them. A dedicated number was given to patients who were at risk of unplanned admission to hospital to ensure quick access to clinical services.

## **Families, children and young people**

The practice is rated as good for the population group of families, children and young people. Child health surveillance and immunisation clinics were run on a weekly basis. An evening appointment could be booked to enable working parents to attend. The practice monitored any non-attendance of babies and children at these clinics and worked with the health visiting service to follow up any concerns. All patients had a named GP and families were registered with the same GP to provide continuity of care. Staff were knowledgeable about child protection and a GP took the lead for safeguarding. Staff put alerts onto the patient's electronic record when safeguarding concerns were raised. All young people under 16 were offered an appointment on the day.

**Good**



## **Working age people (including those recently retired and students)**

The practice is rated as good for the population group of working-age people (including those recently retired and students). Appointments available included on the day for urgent medical and routine appointments, routine appointments bookable up to six weeks in advance and telephone consultations. Extended hours appointments were offered each week day from 6.00pm – 8.00pm and on Saturday mornings for pre-bookable non urgent appointments. Appointments could be booked and repeat prescriptions ordered on line. The practice monitored patient satisfaction with access to the service through patient feedback. Patient feedback indicated patients were satisfied with the range of appointments available. All patients had a named GP to promote continuity of care.

**Good**



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. For example, a register was maintained of patients with a learning disability and annual health care reviews were provided to these patients. Longer appointments were offered to patients with learning disabilities to ensure their needs were adequately assessed. Home visits were made by the practice nurse to some patients with a physical disability to carry out health care assessments where this was assessed as being in the patients best interests. All patients had a

**Good**



# Summary of findings

named GP to promote continuity of care. Carers were known to the practice, they were offered the flu vaccination and information about support for carers was made available through the practice. Staff were knowledgeable about safeguarding vulnerable adults. They had access to the practice's policy and procedures and had received training in this.

## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). GPs worked with other services to review care, implement new care pathways and share care with specialist teams. The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. The practice referred patients to appropriate services such as psychiatry and counselling services. Referrals were made to Child and Adolescent Mental Health Services (CAHMS) to support younger patients. The practice had information for patients in the waiting areas to inform them of other services available. For example, services for patients who may have experienced a bereavement. All patients had a named GP to promote continuity of care.

**Good**





# Summary of findings

## What people who use the service say

We looked at 22 CQC comment cards that patients had completed prior to the inspection and spoke with five patients. Patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity, staff were caring, supportive and helpful. Patients we spoke with told us they had enough time to discuss things fully with the GPs, treatments were explained, they felt listened to, were involved in decisions about their care and they were generally happy with the system for booking appointments.

The National GP Patient Survey 2013/2014 found that 85% of patients who responded to the survey said the last time they saw or spoke to a nurse they were good or very good at treating them with care and concern. Seventy three percent of patients said that the last time they saw or spoke to their GP, the GP was good or very good at treating them with care or concern. Seventy nine percent of patients described the overall experience of their GP as good or very good.

The National GP survey results for 2013/2014 showed that patients were overall happy with access to the service. Seventy two percent were very satisfied or fairly satisfied with opening hours, 64% rated their ability to get through on the telephone easy or very easy and 54% of patients stated that they always or almost always see or speak with the GP they prefer. These responses were similar to average responses when compared to practices nationally.

We looked at the results of the last patient survey carried out by the practice from November to January 2014 and completed by 100 patients. The results showed the majority of patients found the reception staff professional and polite. The majority were satisfied that the GPs explained their condition and treatment, were happy with the range of services provided and would recommend the practice to others. The results also showed that the majority of patients were satisfied that their GP involved them in decisions about their care and that most were satisfied with the arrangements for making appointments.

## Areas for improvement

### Action the service **MUST** take to improve

- Take action to ensure its recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure the necessary employment checks are in place for all staff.

### Action the service **SHOULD** take to improve

- Carry out an assessment of the risks presented by legionella and take appropriate action to address any risks presented.

# High Pastures Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to High Pastures Surgery

High Pastures Surgery is situated in Maghull, which is in the South Sefton area of Merseyside. The practice is registered with CQC to provide primary care services. The practice treats patients of all ages and provides a range of medical services. The staff team includes five GP partners, 2 salaried GPs, a nurse team leader, health care assistant, practice manager, reception manager, IT systems manager and reception and administrative staff. The practice was in the process of recruiting a practice nurse.

The practice is open Monday to Friday from 8.00am until 8.00pm and on Saturday from 9.00am -11.00am. Patients can book appointments in person, on-line or by telephone. Patients can book on the day for medically urgent and follow up appointments, routine appointments can be made up to 6 weeks in advance, telephone consultations are available and home visits are offered to patients whose condition means they cannot visit the practice. Extended hours appointments are offered each week day from 6.00pm – 8.00pm and on Saturday mornings for pre-bookable non urgent appointments. The practice closes one afternoon per month for staff training. When the practice is closed patients access the GP out-of-hours provider Go2Doc.

The practice is part of NHS South Sefton Clinical Commissioning Group (CCG). It is responsible for providing primary care services to approximately 11067 patients. The majority of the practice population are between the ages of 15 and 64 years of age. The practice has a General Medical Services (GMS) contract.

## Why we carried out this inspection

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

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.

## How we carried out this inspection

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

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

# Detailed findings

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to

share what they knew about the service. We also reviewed policies, procedures and other information the practice provided before the inspection. This did not raise any areas of concern or risk across the five key question areas. We carried out an announced inspection on 18th November 2014.

We reviewed all areas of the practice, including the administration areas. We sought views from patients via comment cards and telephone interviews. During our visit we spoke with two GPs, one nurse team leader, the practice manager, reception manager, IT systems manager and three administrative staff. We spoke with a member of the patient participation group.

# Are services safe?

## Our findings

### Safe Track Record

NHS South Sefton Clinical Commissioning Group (CCG) and NHS England reported no concerns to us about the safety of the service. GPs told us they completed incident reports and carried out significant event analysis as part of their on going professional development in order to reflect on their practice and identify any training or policy changes required.

The practice responded to any information with regards to national patient safety alerts. Staff confirmed that they were informed and involved in any required changes to practice or any actions that needed to be implemented.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring safety incidents. A protocol around learning and improving from safety incidents was available for staff to refer to. We looked at the records of significant events that had occurred in the last 12 months. There was evidence that appropriate learning had taken place where necessary and that findings were disseminated to relevant staff at team meetings. However, we noted there was no record of a regular review of all significant events to analyse themes and trends in order to improve learning and practice and to review if any actions taken continued to be successful.

Staff told us and we saw evidence that significant events, incidents and complaints were investigated and reflected on by the clinical staff and non-clinical staff as appropriate. Staff were able to describe the incident reporting process and were encouraged to report in an open, no blame culture. They told us they felt confident in reporting and raising concerns and felt they would be dealt with appropriately and professionally. Staff were able to describe how changes had been made to the operation of the practice as a result of reviewing significant events and complaints. For example, as a result of a patient's carer being given incorrect information by a member of staff regarding the accepting of a sample an investigation was carried out. The event was discussed at a staff meeting and revised guidance for staff was implemented.

### Reliable safety systems and processes including safeguarding

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

Records and staff we spoke with, including the GP who took the lead for safeguarding confirmed they had received training in safeguarding at a level appropriate to their role. Staff we spoke with demonstrated good knowledge and understanding of safeguarding and its application.

Staff put alerts onto the patient's electronic record when safeguarding concerns were raised. Regular meetings were held with the health visiting service that enabled discussions to take place around any children who were at risk of abuse and to review if all necessary GP services had been provided. Staff monitored if children or vulnerable adults attended Accident and Emergency departments or missed appointments frequently. These were then brought to the GPs attention.

We found that there were systems and processes in place to keep patients safe. This included systems and processes around infection prevention and control, medicines management, equipment and building maintenance

### Medicines Management

There were systems in place for medicine management. The GPs re-authorised medication for patients on an annual basis or more frequently if necessary. A system was in place to highlight patients requiring medication reviews. GPs worked with pharmacy support from the Clinical Commissioning Group (CCG) to review prescribing trends and medication audits.

We looked at how the practice stored and monitored emergency drugs and vaccines, to ensure patients received medicines that were in date and ready to use. Vaccines were securely stored and were in date and organised with stock rotation evident. We saw the fridges were checked to ensure the temperature was within the required range for the safe use of the vaccines. A cold chain policy (cold chain refers to the process used to maintain optimal conditions during the transport, storage, and handling of vaccines) was in place for the safe management of vaccines.

Emergency drugs were listed and checked to ensure they were in date and ready to use. The emergency drugs were

# Are services safe?

stored securely. Prescriptions were managed electronically with any paper prescriptions being securely held. Reception staff we spoke with were aware of the necessary checks required when giving out prescriptions to patients who attended the practice to collect them.

## Cleanliness & Infection Control

Staff we spoke with were able to describe their own roles and responsibilities in relation to infection control. Clinical and non-clinical staff told us they had completed training in infection control. Records showed a number of staff needed to undertake refresher training in this area. An e-learning training course was available and all staff had been made aware of the need to complete this.

The five patients we spoke with commented that the practice was clean and appeared hygienic. We looked around the premises and found them to be clean. The clinical rooms and GP consultation rooms had washable couches, surfaces were intact and they were uncluttered. The clinical rooms had flooring that could be effectively cleaned between patients if necessary. These rooms also had disposable curtains. The GP consultation rooms had carpeted flooring and fabric curtains with cleaning schedules indicating when they were last cleaned. Staff had access to gloves and aprons and there were appropriate segregated waste disposal systems for clinical and non-clinical waste. Patients and staff had access to hand washing facilities and instructions about hand hygiene were on display to promote good standards of hygiene. Antibacterial hand gels were in clinical rooms and in the waiting area.

An infection control audit was carried out by the Infection Prevention and Control team from NHS South Sefton Clinical Commissioning Group (CCG) in 2013. This showed that the premises were 92% compliant with infection control. Where shortfalls had been identified action had been taken to address them. We noted that regular infection control audits were not undertaken by the practice. These should be carried out to ensure that good infection control practices are promoted.

The practice used an external cleaning company. A log of cleaning works undertaken was maintained. We found that the cleaning company regularly carried out checks of their own work. These checks should be undertaken by the practice to ensure an objective assessment.

The majority of instruments used were for single use. Peak flows (a small, hand-held device used to monitor a person's ability to breathe out air) were sterilised to ensure patient safety. Checks were carried out to ensure items such as instruments, gloves and hand gel were available and in date. Procedures for the safe storage and disposal of needles and waste products were evident in order to protect the staff and patients from harm.

The practice did not undertake regular testing and investigation of legionella (a bacterium found in the environment which can contaminate water systems in buildings). A risk assessment determining the risks presented had not been undertaken. Following our visit the practice manager told us that they were sourcing a service to undertake regular testing and management of legionella to reduce the risk of infection to staff and patients.

## Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly. We were shown a certificate to demonstrate that equipment such as the weighing scales, vaccine fridge, spirometers and pulse oximeters had been tested and calibrated. All portable electrical equipment was routinely tested.

## Staffing & Recruitment

The practice had a written procedure for the safe recruitment of staff. This included seeking references and obtaining Disclosure and Barring service (DBS), formerly Criminal Records Bureau (CRB) checks (these checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post). We noted that the procedure did not refer to making identity checks, checking qualifications or checking an applicant's registration with professional bodies such as the General Medical Council (GMC) or Nursing and Midwifery Council (NMC).

We looked at the recruitment files for four reception/administrative staff. We found that appropriate checks had been carried out to show the applicants were suitable for the posts. This included checks of identity and references. A risk assessment to indicate why a DBS check had not been carried out was in place. Employment contracts and job descriptions were in place. We found that not all interview records were held on the recruitment files we looked at.

## Are services safe?

We looked at the recruitment files for two GPs. These contained contracts, job descriptions, curriculum vitae and evidence of professional registration (General Medical Council). However, no references, evidence of physical and mental fitness, information to confirm identity or DBS checks were held. The registered manager told us that verbal references had been sought for both GPs but that this information had not been recorded. The practice manager told us that she had confirmed with South Sefton Clinical Commissioning Group that all GPs at the practice had a CRB or DBS check as they needed this information to be included on the NHS Performers List (a record held by NHS England of all GPs suitable to practice). Confirmation from the CCG that this check had been undertaken was not available. The practice manager told us that some CRB checks of GPs had been undertaken several years ago. A risk assessment to indicate when follow up DBS checks were to be undertaken was not in place.

### Monitoring Safety & Responding to Risk

Patient demand was monitored through the appointment system, staff and patient feedback to ensure that sufficient staffing levels were in place. Staffing levels were reviewed to ensure patients were kept safe and their needs were met. Duty rotas took into account planned absence such as holidays. Reception and administrative staff were multi-skilled which meant they could cover each others duties if necessary. Staff we spoke with felt staffing levels and the skill mix of staff were appropriate and met the needs of the service and patients.

The practice had other systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included checks of the fire fighting equipment, medicines management, dealing with emergencies and monitoring the safety of equipment. Health and safety information was displayed for staff to see around the premises. The practice manager was the lead

for health and safety. Health and safety issues were discussed at staff meetings. We found that risk assessments were in place with actions to reduce risks identified.

### Arrangements to deal with emergencies and major incidents

Emergency medicines were available and staff knew of their location. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. The practice had an automated external defibrillator (used to attempt to restart a person's heart in an emergency) which was new. The practice also had access to oxygen. We found that the tubing that is connected to the oxygen needed to be replaced as it was 12 months out of date. The registered manager and practice manager told us that this would be attended to without delay.

Staff told us they had up to date training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR). Samples of training certificates confirmed that this training was up to date.

A disaster recovery and business continuity plan was in place. The plan included the actions to be taken following loss of building, loss of telephone system, loss of computer and electrical equipment and loss of utilities. Key contact numbers were included for staff to refer to. We noted that a plan for the risks presented by unplanned staff absence were not detailed.

Records showed that the fire alarm, emergency lighting and fire fighting equipment were checked to ensure they were operating safely. An annual fire evacuation took place to ensure staff knew what to do in the event of a fire. Panic buttons were available for staff in the treatment rooms and in the reception area for staff to call for assistance.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff we spoke with told us how they accessed best practice guidelines to inform their practice. GPs and nursing staff attended regular training and educational events provided by the Clinical Commissioning Group (CCG) and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. GPs and nurses discussed new clinical protocols at regular clinical meetings. These meetings also provided the opportunity to review complex patient needs and keep up to date with best practice guidelines and relevant legislation.

The GPs used national standards for the referral of patients for tests for health conditions, for example records showed that patients with suspected cancers were referred to hospital and the referrals were monitored to ensure an appointment was provided within two weeks.

The practice was addressing the risk to patients of unplanned admissions to hospital. The practice had identified all patients at risk and had developed a plan of care. A telephone number was given to these patients to enable them to make direct contact with a specific member of staff to ensure ease of access to clinical services. The nurse team leader was allocated a day per week to update the care plan register and to provide home visits to housebound patients with long term conditions to prevent hospital admissions.

The practice had a palliative care register and had regular internal meetings to discuss patient and their families care and support needs. The practice regularly liaised with district nurses and Macmillan nurses to discuss patient's and their families' care and support needs. They updated shared information to ensure communication of changes in care and treatment.

Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications.

The practice nurses managed specialist clinical areas such as diabetes, heart disease and asthma. This meant they were able to focus on specific conditions and provide

patients with regular support based on up to date information. Nurses met with nurses from other practices which assisted them in keeping up to date with best practice guidelines and current legislation.

We saw data from the local CCG of the practice's performance dashboard. This showed the practice was meeting the target threshold across the indicators, for example, for preventing patients dying prematurely, enhancing quality of life for people with long term conditions and helping people recover from illness following an injury.

### Management, monitoring and improving outcomes for people

There were systems in place to evaluate the operation of the service and the care and treatment given. The practice had a system in place for completing clinical audits. Examples of clinical audits seen included the prescribing of hormone replacement therapy, anti-coagulant and antimicrobial medicines and an audit of minor surgery undertaken. The audits identified what was working well and whether actions needed to be taken to improve practice. For example, the audit of hormone replacement therapy showed that all GPs were performing appropriate checks before prescribing this medication. We saw that audits of clinical practice were based on best practice national guidelines. The GPs told us clinical audits were often linked to medicines management information, safety alerts, clinical interest or as a result of Quality and Outcomes framework (QOF) performance. We discussed audits with two GPs and found evidence that the results could be better communicated. For example, the GPs were not aware of all the recent audits carried out by their GP colleagues and any improvements needed to practice as a result.

The Clinical Commissioning Group (CCG) pharmacist worked with clinical staff to ensure medication was effectively managed. This included carrying out audits of medication to ensure prescribing met patients' needs. We spoke to the CCG pharmacist who told us that the practice engaged effectively with any prescribing audits and initiatives run by the CCG. For example, the pharmacist was working with the practice to ensure 12 weekly international normalisation ratio (INR) results (a way of measuring how fast your blood clots) were obtained for patients prescribed warfarin (a commonly prescribed anticoagulant medicine).

# Are services effective?

## (for example, treatment is effective)

The practice used the information they collected for the QOF and their performance against national and local screening programmes to monitor outcomes for patients. QOF was used to monitor the quality of services provided. The report from 2012-2013 showed the practice was meeting national targets and was performing above the national targets in some areas such as cholesterol checks for patients with diabetes, providing the flu vaccine to high risk patients and maintaining a register of patients aged 18 and over with learning disabilities.

The practice had systems in place which supported GPs and other clinical staff to improve clinical outcomes for patients. The practice kept up to date disease registers for patients with long term conditions such as asthma and chronic heart disease which were used to arrange annual health reviews. They also provided annual reviews to check the health of patients with learning disabilities and patients on long term medication, for example for mental health conditions. All patients had a named GP which meant that there was continuity of care for patients. GPs carried out home visits to their own patients to further ensure continuity of care.

The practice belonged to a quality improvement scheme operated by South Sefton Clinical Commissioning Group (CCG). The CCG worked on quality indicators with neighbouring practices which enabled the practice to measure their service against others and identify areas for improvement. These meetings also helped to identify patient needs and to look at strategies to meet these needs.

### Effective staffing

An induction protocol and check list were in place which identified the essential knowledge and skills needed for new employees. We spoke to a new member of staff who confirmed that they had received an induction. However, we noted that on the staff files we looked at inductions had not been formally recorded.

An appraisal policy was in place. Staff were offered annual appraisals to review performance and identify development needs for the coming year. We looked at the records relating to three reception/administrative staff which indicated they had received an annual appraisal and that a personal development plan had been drawn up as a result which identified any training needed. We spoke to three reception/administrative staff who told us the

practice was very supportive of their learning and development needs. A system was in place to monitor staff training to ensure essential training was completed each year.

We spoke to two GPs and one nurse who told us they had annual appraisals and we saw records to demonstrate that they undertook training/learning to inform their practice. Revalidations of GPs had either taken place or were due. Revalidation is the process by which all registered doctors have to demonstrate to the General Medical Council (GMC) that their knowledge is up to date, they are fit to practise and are complying with the relevant professional standards.

The staff we spoke with told us they felt well supported in their roles. Regular meetings took place to share information, look at what was working well and where any improvements needed to be made. Reception/administrative staff met monthly. GPs and nursing staff met monthly to look at new protocols, to review complex patient needs and keep up to date with best practice guidelines and relevant legislation. GP partner meetings took place on a weekly basis where the overall operation of the service was discussed. The practice manager told us they met with one of the registered managers on a regular basis to discuss the operation of the practice and any changes that were needed.

Records were kept of staff mandatory training. An e-learning programme had been introduced and staff were in the process of completing this which was monitored through team meetings and the appraisal process. We noted that the role specific training undertaken by GPs was held individually by each GP and would therefore not support management overview and forward planning.

### Working with colleagues and other services

The practice worked with other agencies and professionals to support continuity of care for patients. The GPs described how the practice provided the 'out of hours' service with information, to support, for example 'end of life care.' Information received from other agencies, for example A&E or hospital outpatient departments were read and actioned by the GPs in a timely manner. GPs described how blood result information would be sent through to them and the system in place to respond to any concerns



# Are services effective?

## (for example, treatment is effective)

identified. Administrative staff described how hospital discharge letters were scanned onto electronic patient records on the day of receipt and a hard copy given to one of the GPs to action.

The practice manager and registered manager told us how they worked with the Community Matron, district nursing team and health visitors to support patients and promote their welfare.

GPs were invited to attend child and vulnerable adult protection conferences and reviews of patients with mental health needs and where they were unable to attend they supplied a report about their involvement with the patient.

GPs attended meetings with the Clinical Commissioning Group and GPs from other practices in the area where they shared information, good practice and national developments and guidelines for implementation and consideration.

### Information Sharing

There was a confidentiality policy and data sharing policy which gave guidance to staff. The practice was implementing the electronic Summary Care Record and information was available for patients to refer to (summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours). There was also information on display for patients about data protection and access to records.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. This software enabled scanned paper communications, such as those from hospital, to be saved in the computer system for future reference. All members of staff were trained on the system, and could demonstrate how information was shared.

The practice had systems in place to communicate with other providers. For example, there was a shared system with the local out of hour's provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals.

### Consent to care and treatment

The practice had a consent to treatment policy which set out how patients were involved in their treatment choices

so that they could give informed consent. The policy identified where best interest decisions may need to be made in line with the Mental Capacity Act when someone may lack capacity to make their own decisions. The policy also included consent to treatment by children and young people. Patients completed consent forms for minor surgical procedures. Verbal consent was documented in patient notes.

### Health Promotion & Prevention

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, children's immunisations, long term condition reviews and provided health promotion services to patients, for example about smoking cessation and improving physical fitness. They provided information to patients via their website and in leaflets in the waiting area about the services available.

New patients registering with the practice completed a health questionnaire and were given a new patient medical appointment. This provided the practice with important information about their medical history, current health concerns and lifestyle choices. This ensured the patients' individual needs were assessed and access to support and treatment was available as soon as possible.

The practice identified patients who needed on-going support with their health. The practice kept up to date disease registers for patients with long term conditions such as diabetes, asthma and chronic heart disease which were used to arrange annual health reviews. The practice also kept registers of vulnerable patients such as those with mental health needs and learning disabilities and used these to plan annual health checks.

Quality and Outcomes Framework system (QOF) information showed the practice performed at or above the national average regarding health promotion and ill health prevention initiatives. For example, in providing flu vaccinations to patients aged 65 and older and providing physical health checks for patients with diabetes.

The practice had a newsletter. We saw the current newsletter was available at the reception desk. The newsletter provided information about any changes to the practice and provided information to patients about healthy living for example, improving physical fitness and keeping warm over the winter.

# Are services caring?

## Our findings

### Respect, Dignity, Compassion & Empathy

We looked at 22 CQC comment cards that patients had completed prior to the inspection and spoke with five patients. Patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity, staff were caring, supportive and helpful. Patients we spoke with told us they had enough time to discuss things fully with the GPs, treatments were explained and that they felt listened to.

The National GP Patient Survey 2013/2014 found that 85% of patients who responded to the survey said the last time they saw or spoke to a nurse they were good or very good at treating them with care and concern. Seventy three percent of patients said that the last time they saw or spoke to their GP, the GP was good or very good at treating them with care or concern. Seventy nine percent of patients described the overall experience of their GP as good or very good.

We looked at the results of the last patient survey carried out by the practice from November to January 2014 and completed by 100 patients. The results showed the majority of patients found the reception staff professional and polite. The majority were satisfied that the GPs explained their condition and treatment and the majority were happy with the range of services provided and would recommend the practice to others.

Staff we spoke with were aware of the importance of providing patients with privacy. They told us there was a room available if patients wished to discuss something with them away from the reception area. A notice advising patients of this was on display. We observed that overall privacy and confidentiality were maintained for patients using the service on the day of the visit.

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

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

### Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and rated the practice well in these areas. Data from the most recent National GP Patient Survey showed 71% of practice respondents said the GP involved them in care decisions and 85% felt the nurse involved them in decisions about their care. These responses were average when compared to other practices nationally.

We looked at the results of the last patient survey carried out by the practice from November to January 2014 and completed by 100 patients. The results showed that the majority of patients were satisfied that their GP involved them in decisions about their care.

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

### Patient/carer support to cope emotionally with care and treatment

Information was on display in the waiting area about the support available to patients to help them to cope emotionally with care and treatment. This included, information about the bereavement support service, the Reablement Service, which supported people who were isolated, lonely and at risk of admission or re-admission to hospital and support services for carers. Clinical staff referred patients on to counselling services. The patients we spoke to following our inspection told us staff were compassionate and understanding when they needed help and provided support when required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The needs of the practice population were understood and systems were in place to address identified needs. The practice engaged regularly with NHS South Sefton Clinical Commissioning Group (CCG) and other practices to discuss local needs and service improvements that needed to be prioritised. The practice had a current development plan to improve the services offered.

The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions. The practice was proactive in contacting patients who failed to attend vaccination and screening programmes.

Referrals for investigations or treatment were mostly done through the "Choose and Book" system which gave patients the opportunity to decide where they would like to go for further health care support. Administrative staff monitored referrals to ensure all referral letters were completed in a timely manner. Records indicated this system worked well with all referrals being sent out promptly.

The practice worked to the National Gold Standard Framework in end of life care (The National Gold Standards Framework (GSF) Centre in End of Life Care provides training to enable generalist frontline staff to provide a gold standard of care for people nearing the end of life). The practice had a palliative care register. The GP lead for palliative care last met with the multi-disciplinary team in November 2014, however, regular formal meetings were not taking place with the district nursing team to discuss palliative care patients due to a re-organisation of the district nursing services in the area. The practice regularly liaised with district nurses and Macmillan nurses to discuss patient's and their families' care and support needs. They updated shared information to ensure communication of changes in care and treatment.

The practice offered patients a chaperone prior to any examination or procedure. GPs, nurses and health care

assistants acted as chaperones. A sign was available in both waiting areas informing patients that a chaperone could be requested. This information was also in the patient information leaflet and on the website.

A virtual Patient Participation Group (PPG) had been established since 2011 to review the services provided, develop a practice action plan, and help determine the commissioning of future services in the neighbourhood. Records and a discussion with a representative from the PPG showed the changes made to the practice as a result of feedback from surveys and meeting with the PPG. For example, on-line appointment booking had been introduced and access to phone lines had been improved.

### Tackling inequity and promoting equality

The practice was on two floors. One of the waiting areas and seven of the consultation rooms were on the ground floor. The GPs told us that they would see any patients who were not able to access the stairs in one of the ground floor consultation rooms. A ramp and a handrail were provided at the front entrance to the building. There were disabled toilet facilities. An audio loop system was in place in reception.

Staff were knowledgeable about interpreter services for patients where English was their second language. Information about interpreting services was available in the waiting area.

There were policies for staff to refer to about promoting equality, diversity and human rights. Some staff had received training around equality, diversity and human rights and it was planned that further staff would undertake this training.

Patients' electronic records contained alerts for staff regarding, for example patients requiring additional assistance in order to ensure the length of the appointment was appropriate. If a patient had a learning disability then a double appointment was offered to the patient to ensure there was sufficient time for the consultation.

### Access to the service

Patients were able to book appointments on the day in person, on-line or by telephone. The practice was open Monday to Friday from 8.00am until 8.00pm and on Saturday from 9.00am -11.00am. Patients were able to book on the day for medically urgent and follow-up appointments, routine appointments could be booked up

# Are services responsive to people's needs?

(for example, to feedback?)

to 6 weeks in advance, telephone consultations were available and home visits were offered to patients whose condition meant they were unable to visit the practice. Extended hours appointments were offered each week day from 6.00pm – 8.00pm and on Saturday mornings for pre-bookable non urgent appointments. The practice closed one afternoon per month for staff training. The practice information leaflet and website provided information to patients about making appointments and about where to access GP services when the practice was closed. Out of hours medical assistance was provided by Go2Doc.

The appointment system was monitored to ensure that any issues around access to appointments were identified. Access to appointments was also monitored through the systems for patient feedback and from feedback from staff.

The National GP survey results for 2013/2014 showed that patients were overall happy with access to the service. Seventy two percent were very satisfied or fairly satisfied with opening hours, 64% rated their ability to get through on the telephone easy or very easy and 54% of patients stated that they always or almost always see or speak with the GP they prefer. These responses were average when compared to practices nationally.

We looked at 22 CQC comment cards that patients had completed prior to the inspection and spoke to five patients. A number of the comments indicated that patients were generally happy with the system for booking appointments and that they could get an appointment when one was needed. Two patients said it could sometimes be difficult to get an on the day appointment.

We looked at the results of the last patient survey carried out by the practice from November to January 2014. The results showed the majority of patients said they were able to get an appointment at a time that suited them and most were satisfied that they were able to get through to someone on the phone.

## Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. We saw that the complaint policy was displayed in the waiting area and reference was made to the policy on the practice's website. The steps to take to make a complaint were also referred to in the patient information leaflet. The policy included contact details for the Patient Advice and Liaison Service (PALS), the Health Service Ombudsman and NHS England should patients wish to take their concerns outside of the practice. There was a designated responsible person who handled all complaints in the practice.

We looked at the record of complaints and found documentation to record the details of the concerns raised and the action taken. There was a central log/summary of complaints to monitor trends and ensure any changes made were effective. Staff we spoke with were knowledgeable about the policy and the procedures for patients to make a complaint. We found that changes had been made to the practice as a result of patient complaints. For example, the way in which patient needs were communicated with district nurses had been improved. We noted that a record was not made of verbal complaints. A record should be made of all complaints to enable any patterns to be identified and to demonstrate actions taken in response to issues raised by patients.

# Are services well-led?

Good 

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

## Our findings

The aims and objectives of the practice were to provide clinically effective medical care for patients, to meet contractual obligations, to have a financially thriving business by maximizing existing and potential income streams and ensuring all expenses are cost effective and to strive for a harmonious, team-orientated working environment.

The aims and objectives of the practice were not publicised on the practice website or in the waiting areas. The staff we spoke with knew and understood the aims and objectives of the practice and knew what their responsibilities were in relation to these.

### Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the computer shared drive and in hard copy in the offices. Policies and procedures were dated and reviewed appropriately. Staff confirmed they had read them and were aware of how to access them.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with and exceeded national standards in some areas. The GPs spoken with told us that QOF data was regularly discussed and action plans were produced to maintain or improve outcomes.

The practice participated in a local peer review system with neighbouring GP practices within the local CCG. At these meetings the practice had the opportunity to benchmark their service against others and identify areas for improvement. Local action plans were developed and the practices were supported by the CCG.

The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. Examples of clinical audits seen included the prescribing of hormone replacement therapy, anti-coagulant and antimicrobial medicines and an audit of minor surgery undertaken. The audits identified actions taken to be taken to improve practice.

The practice had systems in place for identifying, recording and managing risks. We looked at examples of significant incident reporting and complaints and actions taken as a

consequence. Staff told us and minutes from practice meetings indicated that the outcome of significant incidents and how they were to be learned from were discussed.

### Leadership, openness and transparency

There was a clear leadership structure in place which had named members of staff in lead roles. For example, the practice manager was the lead for health and safety, the nurse team leader was the lead for infection control and one of the GPs was the lead for safeguarding. We spoke with the practice manager and seven other members of staff and they were all clear about their own roles and responsibilities. They all told us there was a friendly, open culture within the practice and they felt very much part of a team. They all felt valued, well supported and knew who to go to in the practice with any concerns. They felt any concerns raised would be dealt with appropriately.

Regular meetings took place to share information, look at what was working well and where any improvements needed to be made. Reception/administrative staff met monthly. GPs and nursing staff met monthly to look at new protocols, to review complex patient needs and keep up to date with best practice guidelines and relevant legislation. GP partner meetings took place on a weekly basis where the overall operation of the service was discussed. The practice manager told us they met with one of the registered managers on a regular basis to discuss the operation of the practice and any changes that were needed.

We reviewed a number of the policies and procedures that were available for staff to refer to. This included human resource policies and procedures, for example, the induction, whistle blowing and sickness and absence procedures. These procedures had been recently reviewed and the staff we spoke with knew where to find these policies if required.

The practice worked with the Clinical Commissioning Group (CCG) to share information, monitor performance and implement new methods of working to meet the needs of local people. GPs attended prescribing and medicines management meetings and shared information within the practice.

### Practice seeks and acts on feedback from users, public and staff



# Are services well-led?

Good 

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

Patient feedback was obtained through carrying out surveys, reviewing the results of national surveys, the complaint procedure, feedback via email and through a Patient Participation Group (PPG).

We looked at the results of the last patient survey carried out by the practice from November to January 2014 and completed by 100 patients. The results showed the majority of patients were overall happy with the care and treatment received and there were no trends identified that indicated improvements were needed to the service.

A PPG had been established since 2011 and had 33 patient members. The purpose of the PPG was to review the services provided, develop a practice action plan, and help determine the commissioning of future services in the neighbourhood. The practice had a virtual PPG which meant that rather than meet with PPG representatives they were communicated with via email to find out their views about the practice, to establish what questions to ask patients in the annual patient survey and to consider the practice action plan in response to the survey results. We saw that information about the PPG, annual report and survey results were available on the practice website and on display in the waiting area. We spoke to a member of the PPG who told us they felt listened to and that improvements had been made to the practice as a result of their suggestions. For example, on-line appointment booking had been introduced and access to phone lines had been improved.

Staff told us they felt able to give their views at practice meetings. Staff told us they could raise concerns and felt they were listened to.

## **Management lead through learning & improvement**

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. We saw the records of three reception/administrative staff that showed that appraisals took place which included a personal development plan. We spoke to three reception/administrative staff who told us that the practice was very supportive of their learning and development needs. GPs and nurses received an annual appraisal and we saw records to demonstrate the training/learning undertaken. The practice manager monitored staff training to ensure essential training was completed each year. We noted that the role specific training undertaken by GPs was held individually by each GP and would therefore not support management overview and forward planning.

Procedures were in place to record incidents, accidents and significant events and to identify risks to patient and staff safety. The results were discussed at practice meetings and if necessary changes were made to the practice's procedures and staff training.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers  <b>Patients were not protected against the risks associated with unsuitable staff because the provider did not ensure that information specified in Schedule 3 was available for all staff employed. Regulation 21(a), (b) and (c)</b>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	