Dr SS Sapre and Partners

Quality Report

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr S S Sapre & Partners (Maghull Health Centre) on 2 February 2016. Overall the practice is rated as requires improvement.

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

- The practice had a system in place for the management of Medicines and Healthcare Products Regulatory Agency (MHRA) alerts.
- Arrangements for managing medicines kept patients safe.
- The practice had completed a number of clinical audits which evidenced safe prescribing.
- Assurances given by the provider in response to the findings of an infection control audit at the practice had not been acted upon.
- At the time of inspection, the practice was carrying a vacancy for a permanent GP.
- Some references for staff had not been followed up. Some staff had not received an induction, appraisal or the appropriate employment contracts.
- There was no oxygen available for use on site.
- The practice performed well in terms of QOF (Quality and Outcomes Framework) performance, achieving 97% of points available for 2014-15.
- The practice had introduced a simple system to mark records of those patients who had declined the offer of cytology screening, which made exception reporting for this intervention transparent.
- The practice did not have an efficient system in place to manage the health checks for patients aged 40-74 years. The practice gave the figure of 273 health checks completed on patients between 40-74 years, out of a total patient list for the two practices within the same building owned by Dr Sapre, of approximately 4,800 patients.

Summary of findings

- Comment cards completed by patients before our inspection indicated that the practice and staff were caring, and treated patients with dignity and respect.
- Complaints submitted to the NHS Choices website were not followed up and acted upon.
- The provider had failed to deal effectively with an IT issue which had been ongoing for six months.
- The division of responsibilities between leaders was unclear. Staff were unsure of how patient registers were produced. The carers register was inaccurate.
- The registration of the practice with the Care Quality Commission (CQC) did not reflect the way in which the practice was being run. This had not been addressed.

There were areas were the provider MUST make improvements. The provider must:

- Ensure there is access to oxygen for use in medical emergencies.
- Effectively address points raised in the infection control audit by Liverpool Community Health.
- Record, investigate and respond to all complaints made about the practice, whether they are verbal, written, or registered anonymously.
- Keep sufficient records in relation to staff recruitment.
- Keep sufficient records in relation to the management of regulated activities.
- Ensure the registration of the practice with the Care Quality Commission (CQC) accurately reflects the way in which the practice is being run.

There were areas were the provider SHOULD make improvements. The provider should:

- Provide a hearing loop facility for those patients with impaired or reduced hearing.
- Review patient deaths (death audit) to ensure patient's wishes around final place of care are are observed.
- Have care plans are in place for patients aged 75 and over.

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?

Requires improvement

The practice is rated as requires improvement for the provision of safe care and treatment.

- There was no system in place for identifying children who are frequent A&E attenders.
- The practice did look at attendances at A&E but said they did not have resources to complete the exercise.
- Arrangements for managing medicines kept patients safe.
- Systems had been put in place recently to manage the receipt, sharing and distribution of safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). These were now also being held for future reference.
- The practice recorded, investigated and reviewed significant events and shared any learning from these.
- The practice had failed to replace curtains around examination couches with disposable ones as indicated in an action plan submitted following an infection control audit by Liverpool Community Health.
- There were no references in place for some key staff or health questionnaires. Many staff had not received an induction.
- There was no oxygen on site available for use in an emergency. The practice told us that this was being ordered.
- There were no spillage kits available to practice staff.

Are services effective?

Requires improvement

The practice is rated as requires improvement for the provision of effective services.

- There were no designated clinical leads within the practice other than for safeguarding. For example, there was no one GP who took the lead in the review and care of patients with learning disabilities or for patients with poor mental health.
- There was no accurate carers register available.
- The systems in place to ensure all patients aged between 40 and 74 years received a health check were unclear as the figure given by the practice of 273 health checks delivered was in respect of patients from both practices in the building, which were both owned by Dr Sapre.
- Data from the Quality and Outcomes Framework showed patient outcomes were in line with averages for the locality and compared to the national average.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- The GP on call each day reviewed discharge letters for patients who had been admitted to hospital unexpectedly. GPs decided whether to contact the patient by phone or face to face. There was no regular discussion and review of unplanned admissions by clinicians.
- Some staff had not received annual appraisals.

Are services caring?

Good

The practice is rated as good for providing caring services. Although some scores from the last GP Patient Survey were slightly lower than local and national averages, feedback from patients in the 42 comment cards we received and the four patients we spoke with balanced this.

- 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.

Are services responsive to people's needs?

Good

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 these were identified. For example the practice had started work to identify those patients who were at risk of frailty, with a view to providing more focussed care on elderly patients.
- Patients said they found it easy to make an appointment and when required, 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. Learning from complaints was shared with staff and other stakeholders. However complaints received verbally and those posted on the NHS Choices website were recorded. Complaints on the NHS Choices website were not reviewed and investigated as far as it was possible to do so.

Summary of findings

Are services well-led?

Requires improvement

The practice is rated as requires improvement for providing well-led services.

- The registration of the practice with the Care Quality Commission did not reflect the way in which the practice was being run. The provider was unable to demonstrate that they were in overall direction and control of the practice on a day to day basis. Some effort had been made to rectify this but applications received from the provider had been rejected by CQC due to being incomplete and not having the correct supporting paperwork in place.
- The provider had made some improvements to management of the practice; for example, calls to engineers to address problems with an IT system had been logged and kept for reference although this problem and not been brought to an effective resolution.
- Although an administrator had been appointed to support the practice manager, the division of responsibilities was unclear. We saw examples of when some work had been done by both the practice manager and the practice administrator which resulted in confusion. The data sources used to generate registers was not fully understood by staff.
- The practice was very reliant on the CCG medicines management team to run searches of patients affected by MHRA alerts.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The ratings of requires improvement in the domains of safe, effective and well-led impacted on all population groups.

The practice had a slightly higher than average population of people who were older; for example 22.6% of patients aged over 65 compared to the England average of 16.7%, and 10.6% of patients aged over 75, compared to the England average of 7.6%. However, we found there were no care plans in place for patients aged 75 and over. Only those patients receiving shared care in the community had a care plan in place, for example those patients on the virtual ward run by the district matron and nursing team.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long term conditions. The ratings of requires improvement in the domains of safe, effective and well-led impacted on all population groups.

The nurse had a lead role in chronic disease management. Longer appointments were available to those that needed them and home visits were available for housebound patients.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care and treatment of families, children and young people. The ratings of requires improvement in the domains of safe, effective and well-led impacted on all population groups.

The practice had a policy to see any child under five on the day, when this was required. However, feedback on this was mixed; some patients we spoke with told us when they had requested this, they had been directed to the walk in centre at Litherland. Other patients told us that the nurse had given appointments as and when requested to ensure children received all vaccinations and immunisations. The policy to see any unwell child on the day was not displayed in the reception and waiting area of the practice. The practice has access to Food Vouchers for use at a local food bank, for those patients deemed to be classed as in urgent need.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care and treatment of working age people, including those recently retired and students. The ratings of requires improvement in the domains of safe, effective and well-led impacted on all population groups.

At the time of inspection, the practice had completed 273 health checks on patients aged 40-74 years. However it was not clear whether these were patients of the practice we were inspecting, or of a practice based in the same building which is also owned by Dr Sapre & Partners. Work to forecast how many patients from the practice should receive health checks in each month was not available so it was difficult to say when all patients from the practice would have received this health check. The practice could not show us an accurate carers register. The one produced had three patients names on which indicated that markers on patient records were missing or incorrect.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care and treatment of people whose circumstances may make them vulnerable. The ratings of requires improvement in the domains of safe, effective and well-led impacted on all population groups.

A locum GP who had been working for the practice for a considerable time said registers were in place for vulnerable patients. However, there was no appointed lead for the care of patients with learning difficulties and clinicians could not say how many of health checks for these patients had been completed. The practice had a lead for safeguarding of children and vulnerable adults and all staff knew who this was. Safeguarding registers were kept by the practice. However this lead did not review frequent child attenders at A&E departments to identify any potential concerns.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care and treatment of people experiencing poor mental health (including people with dementia). The ratings of requires improvement in the domains of safe, effective and well-led impacted on all population groups.

The practice was screening patients at risk of dementia on an opportunistic basis. We could see from work recently completed that the majority of patients with a diagnosis of dementia had received a face to face health review recently. The practice had a mental health register and care plans were in place for these

Summary of findings

patients. Although clinicians had all received recent training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, one GP had difficulty explaining the provisions of this legislation and on how it could impact on their daily work.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing below local and national averages in the majority of indicators, but did score highly for one indicator. 320 survey forms were distributed and 108 were returned. This represented a response rate of 33.8%, representing the viewpoints of 3% of the practice's patient list.

- 86.6% found it easy to get through to this surgery by phone compared to a CCG average of 64.8% and a national average of 73.3%.
- 79.6% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81.1%, national average 85.2%).
- 69.8% described the overall experience of their GP surgery as fairly good or very good (CCG average 79.2%, national average 84.8%).
- 47.1% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 68.7%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were nearly all positive about the standard of care received. Patients commented that it was easy to get through to the practice by phone, that GPs and nurses were caring and supportive and that appointments could be booked in advance with a GP of their choice.

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

Areas for improvement

Action the service MUST take to improve

- Ensure there is access to oxygen for use in medical emergencies.
- Effectively address points raised in the infection control audit by Liverpool Community Health.
- Record, investigate and respond to all complaints made about the practice, whether they are verbal, written, or registered anonymously.
- Keep sufficient records in relation to staff recruitment.
- Keep sufficient records in relation to the management of regulated activities.
- Ensure the registration of the practice with the Care Quality Commission (CQC) accurately reflects the way in which the practice is being run.

Action the service SHOULD take to improve

There were areas were the provider SHOULD make improvements. The provider should:

- Provide a hearing loop facility for those patients with impaired or reduced hearing.
- Review patient deaths (death audit) to ensure patient's wishes around final place of care are are observed.
- Have care plans are in place for patients aged 75 and over.

Dr SS Sapre and Partners

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 a practice manager specialist adviser.

Background to Dr SS Sapre and Partners

Dr S S Sapre and Partners (the practice) is located in Maghull, Merseyside and falls within South Sefton Clinical Commissioning Group. All services for this practice are delivered under a Personal Medical Services (PMS) contract. The practice serves approximately 3,500 patients and is located in a building with a second practice, also owned by Dr Sapre.

The practice clinical team consists of two GP partners (male) and one none clinical partner, supported by two long term locum GPs, (one male and one female). A further (male) locum GP is available on an ad hoc basis for additional cover as and when required. These GPs provide services to both practices in the building. The service has a practice nurse who works four days a week at the practice, although this time is split between the two surgeries on this site. The clinical team is supported by a practice manager, a practice administrator and seven administrative and reception staff. All staff support the other practice located in the same building which is also owned by Dr Sapre. The practice clinicians provide approximately 60 GP appointments per day, but this is between the two practices on the site. It was not possible to say how many appointments each week were used by each practice, or to gauge whether access to appointments for patients was fair and equitable.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 11.30am every morning and from 3.30pm to 6pm daily. Extended surgery hours are offered at the practice on Tuesday of each week, from 6.30pm to 8pm.

The practice is in a facility shared with Maghull Community Health Centre. Community midwives, health visitors and nurses are based in this building. The practice has a slightly higher than average population of older patients, with 22.6% of patients being aged 65 and over, compared to the England average of 16.7%, and the practice had 10.6% of patients over age 75 years, compared to the England average of 7.6%. There is a small amount of car parking available outside the practice.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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 2 February 2016. During our visit we:

- Spoke with a range of staff including two GP partners, the practice manager, practice administrator, practice nurse and members of the reception and administration team. We were able to speak to three patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The practice had a 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. However there was no annual review of significant events to see if there was any emerging pattern and trends.

The practice had recently made improvements to the handling, receipt, management, sharing and discussion of alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). These were being received by several designated people at the practice, rather than just the practice manager. Once shared with all staff, they were held for future reference. We saw that the subject of MHRA alerts and significant events were now standard items on each clinical meeting agenda. This meant that minutes of these meeting could be sent to locum GPs working at the practice to ensure they were updated of any changes to practice. We did note that the practice was very reliant on the CCG medicines management team to action searches in respect of those patients affected by safety alerts.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs did not attend safeguarding meetings but provided reports where necessary for other agencies or communicated with social workers by phone. We noted that the GP partner we spoke with told us there was no register kept of vulnerable adults.

The practice did not have a system in place for identifying children who are frequent attenders of A&E units. GPs we spoke to said they did look at unplanned attendances but said they did not have the resources available to complete this work.

Administrative staff said they had received safeguarding training relevant to their role. GPs were trained to Safeguarding level three.

A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had been trained for the role by the practice manager. We noted that leaders had recently reviewed the allocation of chaperone duties, to ensure that all staff acting as chaperones had undergone 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). This reduced the risk of assigning these duties to staff who may not be suitable for this role.

Monitoring risks to patients

We found the practice premises to be clean and tidy. Following an infection control audit by Liverpool Community Health in July 2015, recommendations were made in relation to the laundering of privacy curtains around examination couches. These curtains were to be laundered at least every six months. Spare curtains were to be available for use in the case of spillage or staining. The practice gave assurances following the infection control audit that the curtains were being replaced by disposable ones. However, on inspection we found the curtains around examination couches were not disposable, and had not been laundered every six months, with no spare set available.

The practice manager was the infection control clinical lead, although a GP at the practice told us they were the lead. We were told confusion was due to arrangements to start handing over some areas of responsibility, including

infection control, to the clinicians at the practice. There was an infection control protocol in place. We were told staff had received up to date training and this was confirmed by staff records provided after the inspection.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use.

When we reviewed staff files, we saw that record keeping in relation to staff recruitment had been revisited recently. However, a number of items required by Schedule 3 in relation to staff recruitment, were still outstanding. (Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, details information any provider must confirm before allowing staff to work in the provision of health care and health care supporting roles). There were no references taken in respect of the recently recruited practice administrator, who acted as a deputy practice manager. The provider was able to evidence mandatory training for all staff, for example updates to safeguarding training, infection control, information governance, health and safety and fire risk and prevention.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available to all staff on the practice computer system. The practice had fire risk assessments held 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 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. However there had been no audit conducted to see how many appointments were taken up from the 60 appointments available each day, by patients of this practice. The practice retained two regular locums directly and was able to call on a third regular locum to cover planned absences such as annual leave. The practice nurse had recently started working four days a week at the practice, which GPs felt was sufficient to meet the needs of patients. The practice had a trained health care assistant working at another practice who would support the practice nurse on a part time basis.

Arrangements to deal with emergencies and major incidents

The practice had some 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.

We were told that all staff received annual basic life support training. The provider was able to evidence this from staff training records. There were emergency medicines available in the treatment room. We saw that these were in date and suitable for use.

The practice did not have oxygen available for use in an emergency. The practice manager told us oxygen was being ordered for use at the practice. We were told in the meantime that oxygen was available in the community health centre but staff could not show any evidence of agreement to shared use of this.

The practice manager said that spillage kits were not immediately available to staff but could be found in the community health centre which was linked to the practice building. When we asked a staff member to show us these, they could not find the correct key to the store cupboard where they were kept.

The business continuity plan for the practice had recently been updated, using recognised tools from the First Practice Management programme. The plan covered circumstances which could prevent the practice from opening, such as fire, flood, IT failure and power failure.

Requires improvement

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 peoples' needs. We saw that the practice had recently started to keep standard items on the agenda of clinical meetings and this included relevant updates in NICE guidance, which gave GPs and the practice nurse the opportunity to discuss these.

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 showed the practice had achieved 98.5% of the total number of points available, with 6.6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice appeared as an outlier for clinical targets on reported versus expected prevalence for chronic obstructive pulmonary disease (2013-14 data). However, when we checked this on inspection we found numbers of patients identified was in line with expected prevalence.

QOF data from 2014-15 showed;

Performance for diabetes related indicators was similar to the CCG and national average. For example:

- The percentage of patients with diabetes on the register, in whom the last IFCC-HbA1c is 64mmol/mol or less in the preceding 12 months was 81.94% (national average 77.54%).
- The percentage of patients with diabetes on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140.80mmHg or less was 78.75% (national average 78.03%).
- The percentage of patients with diabetes on the register who have had an influenza immunisation in the preceding 1 August to 31 March was 93.88% (national average 94.55%).
- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 78.81% (national average 80.53%. And;
- The percentage of patients with diabetes on the register with a record of a foot examination and risk classification within the preceding 12 months was 92.5% (national average 88.3%).

Performance for mental health related indicators was generally better than or in line with the national average:

- 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 was 100% (national average 88.47%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 91.67% (national average 89.55%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face to face review in the preceding 12 months was 81.82% (national average 84.01%)
- The percentage of patients with physical and or mental health conditions whose notes record smoking status in the preceding 12 months was 95.72% (national average 94.1%).

Clinical audits demonstrated improvement. There had been three clinical audits undertaken in the last two years, two of these were completed audits where improvements were implemented and monitored. The practice participated in local audits, many of which were performed by the CCG medicines management team.

Requires improvement

Are services effective?

(for example, treatment is effective)

Findings were used by the practice to improve services. For example, to ensure antibiotic prescribing follows national and local guidelines and that the appropriate antibiotics are used in each patient.

Dementia screening was done opportunistically. There was no plan in place which demonstrated screening in line with expected prevalence, or showing that all patients at risk of dementia would be screened in a timely fashion.

Multi-disciplinary team assessments were compiled by the virtual ward team, ran by the community matron. (A virtual ward is a list of patients who the community health teams provide care and support to, along with a GP). When we asked staff to produce a carers register, the list generated showed the details of three patients which was inaccurate. It was unclear how the practice was managing to deliver interventions for these patients, for example, calling these patients for a flu vaccination each year.

The practice nurse delivered health checks for patients aged between 40-75 years old. The practice was unable to tell us whether the 273 health checks completed on patients were from the practice we were inspecting, or from the practice based in the same building which is also owned by Dr Sapre and Partners. Out of a total patient list for the two practices of approximately 4,800 patients, 273 health checks had been completed. Following our visit we were told that this was due to a coding error caused by the practice nurse not coding each part of the intervention correctly. The practice was unable to say how this was going to be addressed.

Effective staffing

We were told staff had access to appropriate training to meet their learning needs and to cover the scope of their work through various training events held by the CCG, or by delivery of training through e-learning. We saw some support staff had received annual appraisal but not all staff. The practice said it had an induction programme for all newly appointed staff however checks of staff records showed some staff did not receive this induction. In the case of a recently recruited member of staff we saw that their staff file contained a confidentiality agreement, but no contract, no appraisal, no references and no record of induction.

Records submitted showed the practice nurse had received regular training updates and that they had the skills, experience and knowledge to support and treat patients. The nurse administered vaccinations and took samples for the cervical screening programme had received specific training which had included an assessment of competence. The nurse had received annual appraisals.

Coordinating patient care and information sharing

The GP on call each day reviewed patients who had been admitted to hospital unexpectedly by checking discharge letters. Cases were not discussed as a standard agenda item at clinical meetings. GPs decided whether to contact the patient by phone or face to face. This was not done as a matter of routine. GPs told us that sometimes they would refer these patients to the community matron for inclusion on the virtual ward system within the area.

The practice held multi-disciplinary team meetings although minutes of these were limited. We were told that the practice GPs attended meetings which covered patients on the virtual ward system and patients on the Gold Standard Framework of palliative care, held at Maghull Town Hall.

The practice showed us that patients experiencing poor mental health were identified in the electronic patient record system. When we asked about interventions for these patients we were told by GPs we spoke to that they gave advice and encouraged self-referral, for example, for bereavement counselling.

There were no designated clinical leads within the practice other than for safeguarding. For example, there was no one GP who took the lead in the review and care of patients with learning disabilities or for patients with poor mental health. The practice could not say how many health checks had been delivered to these patients. We saw that there were 16 patients on the learning disability register, which were correctly coded but alerts were not set on the individual patient record. This could hinder a locum GP who may not be familiar with patients, when preparing to start a consultation. There were 16 patients on the dementia register; 15 of these had received an annual review, some of which had been conducted in secondary care settings (hospitals and clinics).

The practice staff told us they used QOF registers to identify cancer patients. We queried this as the only indicator in

Requires improvement

Are services effective?

(for example, treatment is effective)

QOF for cancer patients is in relation to annual health reviews. Staff then referred to the Gold Standard Framework (GSF) register, which is a list of patients receiving palliative and end of life care. Administrators seemed to be confused about which registers should be used for particular patient groups, and which data can be generated from QOF activity.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. We saw that before any procedures were undertaken, for example joint injections, a formal consent form was given to patients to sign.

- Most staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Although clinicians had all received recent training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, one GP had difficulty explaining the provisions of this legislation and on how it could impact on their daily work.
- 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 GPs or the practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Patients experiencing poor mental health were coded on the electronic patient record system but did not have markers on their records which readily identified them to any clinician accessing the record.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 80.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice had introduced a 'one key stroke' system to record those patients who had declined the offer of cervical screening, which made any exception reporting in this area more transparent and provided an accurate code on records of patients who failed to attend these screening programmes.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.2% to 100% and five year olds from 92.3% to 100%.

Flu vaccination rates for the over 65s were also above the national average at 77.25% compared to the national average of 73.24%, and for at risk groups were in line with national averages, with 50% of patients receiving this vaccination, compared to 51.34% nationally.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. It was difficult to identify what proportion of the 273 health checks to this patient group, were from the practice we were inspecting. We were also told that figures were misleading as coding of all interventions had not been completed accurately by the practice nurse.

Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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.

Of the 42 patient Care Quality Commission comment cards we received, 39 were positive about the service experienced. Patients said the practice offered a good service and staff were helpful and treated them with dignity and respect. Three comment cards expressed less positive views for example on the change in GPs at the practice and on waiting times when arriving for appointments.

We were unable to speak with members of the patient participation group. The practice had one patient participation group between the two practices .The one person who had attended an inspection of the other practice of Dr Sapre, based within the same building had 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 patients needed help, and that the nurse and GPs at the practice encouraged patients to book a double appointment if their needs required this.

Results from the national GP patient survey showed that in the main, patients felt they were treated with compassion, dignity and respect, although scores for the practice were below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81.3% said the GP was good at listening to them compared to the CCG average of 87.2% and national average of 88.6%.
- 71.6% said the GP gave them enough time (CCG average 84.7%, national average 86.6%).
- 88.4% said they had confidence and trust in the last GP they saw (CCG average 94.3%, national average 95.2%)
- 68.9% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85.1%).
- 86.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.7%, national average 90.4%).
- 83% said they found the receptionists at the practice helpful (CCG average 83.3%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients told us they were involved in decision making about the care and treatment they received. They also told us they felt listened to by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on 39 of the 42 the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, but that scores were below local and national averages. For example:

- 74% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.9% and national average of 86%.
- 64.8% said the last GP they saw was good at involving them in decisions about their care (CCG average 79.9%, national average 81.4%)
- 73.7% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84.6%, national average 84.8%)

The provider did not have an action plan in place to improve patient satisfaction rates.

We saw that translation services were available for patients who did not have English as a first language although the practice population was largely made up of English speaking patients. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Many of these were available on self-referral.

The practice's computer system alerted GPs if a patient was also a carer. However the carers list produced by the practice showed just three patients and appeared to be inaccurate. We were shown written information available to direct carers to the various avenues of support open to them. GPs could refer on to bereavement services or other outside organisations that were able to support families and carers through bereavement. In the case of bereaved carers and family members, where a GP felt it was appropriate to do so, they would contact the bereaved relative or carer. We noted that the practice did not conduct any reviews of patient deaths or death audits, to establish if patients' wishes on their final place of care were being observed.

Good

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, the practice had signed up to an number of enhanced services, for example proactive assessment of patients at risk of dementia and for delivery of flu vaccinations for over 65's and other patients identified as being at risk of influenza.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. However the practice did not record all requests for home visits in a central location, so it was difficult to establish how many of these requests were received from patients of this practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice premises were accessible but did not have automatic entrance doors which made entry to the premises more difficult for patients in wheelchairs and others with reduced mobility.
- Language line was available for any patient requiring translation services.

Access to the service

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 11.30am every morning and from 3.30pm to 6pm daily. Extended surgery hours' are offered at the practice on Tuesday of each week, from 6.30pm to 8pm.

In addition to pre-bookable appointments that could be booked up to fifteen days in advance, urgent appointments were also available for people that needed them.

Under the extended hours access scheme the practice should offer 15 minutes consultation time per 1,000 patients. For this practice, this equates to 52 minutes of patient consultation time in the extended hours surgery, offered on Tuesday of each week from 6.30pm to 8pm.

Another practice belonging to Dr Sapre, which is based in the same building, has a late surgery on the same evening. Under the extended hours access scheme, that practice should provide 20 minutes of patient consultation time. As both practices have the extended hour's surgery on the same evening, Dr Sapre and partners should deliver 72 minutes of patient consultation time during the extended hours' surgery. At the moment, the practice only offers a total of 60 minutes of patient consultation time in the extended hour's surgery.

The practice had not carried out any audit of appointments during normal opening hours and of extended surgeries to check that the distribution of appointments to each practice is correct, and that access to appointments is fair and equitable between the two practices.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed when compared with local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 70.4% and national average of 74.9%.
- 86.6% patients said they could get through easily to the surgery by phone (CCG average 64.8%, national average 73.3%).
- 50.2% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 60%).

People told us on the day of the inspection that they were were generally able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. However, we noted that although verbal complaints were investigated and responded to, they were not recorded. Complaints posted on the NHS Choices website were not recorded and investigated as far as it was possible to do so.

In relation to written complaints received directly by the practice, we found these were handled in line with the practice complaints policy and that all complaints were responded to.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The 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 from the practices own website.

We looked at all complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision to deliver quality care and promote good outcomes for patients.

The practice had a mission statement which was shared with us during a presentation on the day of inspection. Staff we spoke to on the day of our inspection displayed a commitment to delivering a good service to all patients who used the practice, and were genuinely helpful towards patients.

Governance arrangements

The practice had a governance framework which supported the delivery of services by the practice. However, the level of good governance was weak.

There was a clear staffing structure and staff were aware of their own roles and responsibilities, although the division of duties between the practice manager and the recently appointed practice administrator was at times unclear.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This had been improved since our inspection of the other practice located in the same building, also owned by Dr Sapre.

Staff had an understanding of performance at the practice although there was confusion as to where, for example, a cancer register for the practice would be generated from.

There were members of staff who had not received a contract; the practice was relying on the services of two long term locum GPs and arrangements to take on a GP permanently as an additional partner had not been progressed or finalised.

The practice had recently engaged a business manager, who had reviewed all policies and procedures for the practice. However, there were key issues that had not been addressed such as incomplete recruitment records and the registration status of the practice, which did not reflect the current way in which the practice was operating. The lead GP described the practice as being run as a partnership. The registration of the practice with the Care Quality Commission did not reflect this arrangement. The two clinical sessions worked by the lead GP on Tuesday of each week, meant they were not in day to day control of the service, which is what the current registration with CQC requires. The support of the non-clinical partner assisted the management of the service but this required improvement.

It was clear that there was a significant amount of work entailed in running the three practices owned by Dr Sapre. It was Dr Sapre's intention to run the practice we inspected, along with the practice based in the same building which was also owned by Dr Sapre, as one partnership. However, the amount of work involved in this, for example in strong governance processes which were uniform to both practices, required urgent attention. The incorrect registration status of the practice required addressing. Following inspection, we found application forms to change the operating status of the practice had been rejected. At the time of writing this report, the corrected application forms had not been received by CQC Registrations staff. There was also a lack of focus, for example on recruitment matters and other areas of governance. IT problems referred to by the practice had still not been effectively addressed.

Leadership and culture

The provider was aware of and complied with the requirements of the Duty of Candour. (Duty of Candour is one of CQC's new regulations. It requires that any person harmed in the provision of a health care service is informed and a remedy offered, regardless of whether a complaint has been made or a question asked about it.) Staff told us the practice held regular team meetings.

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice had set up a Patient Participation Group (PPG) in October 2015. From this they had identified a key member of the group who acted as a spokesperson and had attended three meetings since the group was started. The practice were keen to listen to ideas on how the services to patients could be improved or made more user friendly. The practice had conducted a patient survey in relation to the other practice based in the same building

Are services well-led?

Requires improvement

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

and owned by Dr Sapre, but not for this practice. We were told that patients would be canvassed personally when attending the practice by the PPG lead member, to share their thoughts on how they would like to see services delivered.

The practice had regular staff meetings which all staff were encouraged to contribute to.

Continuous improvement

The practice used QOF data to drive improvements and other national data which highlighted areas for improvement. However, we were told there were problems with QOF data. For example, a coding error by the practice nurse could have led to inaccuracies in how many check-ups for 40-74 year olds had been delivered. The practice had conducted some audits aimed at monitoring and improving patient safety and we saw that essential audits were conducted, for example in relation to patients on methotrexate. There were further audits that were required, for example on patient appointments and resource allocated to the practice to deliver these, and that access to appointments was fair and equitable.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider was failing to comply with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **Safe care and treatment.** **The provider did not have oxygen available for use in an emergency. 12(2)(b)** **The provider had failed to action points raised in an infection control audit, when they indicated that they had done this. 12(2)(h)** **Spill kits could not be located by staff. 12(2)(f)**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **The provider was failing to comply with Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **Complaints** **The provider did not record and investigate verbal complaints, or those received via the NHS Choices website. 16(1)**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

The provide was failing to comply with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good governance.

The provider did not maintain records necessary to be kept, in relation to the management of the regulated activity, such as

the uptake of appointments by patients of the practice we were inspecting to ensure that access was fair and equitable both in terms of access to bookable appointments and to appointments available in the extended hours surgery for the practice;

And in relation to registers of vulnerable adults.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider was failing to comply with Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed. The provider is failing to comply with regulation 19(3)(a) and (b). All information required in respect of a locum GP and other administrative support staff, was not held in staff files and had not been taken up by the provider.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 CQC (Registration) Regulations 2009 Notifications – notice of changes The provider was failing to comply with Regulation 15 of the Care Quality Commission (Registration) Regulations 2009. Notice of changes.

This section is primarily information for the provider

Requirement notices

The provider is registered with the Commission as a single handed practitioner and had not informed the Commission of changes to this, or that a person other than the registered person was carrying out or managing the regulated activities.