

West Wirral Group Practice - AR Johnston

Quality Report

The Warrens Medical Centre
Arrowe Park Road
Wirral
CH49 5PL

Tel: 0151 929 5555

Website: <http://www.westwirralgrouppractice.nhs.uk>

Date of inspection visit: 3 May 2017

Date of publication: 31/05/2017

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 well-led?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to West Wirral Group Practice - AR Johnston	5
Why we carried out this inspection	5
How we carried out this inspection	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West Wirral Group Practice - AR Johnston on 19 April 2016. The overall rating for the practice was good, however we found improvements were needed under the key question is the service well led. The full comprehensive report for the April 2016 inspection can be found by selecting the 'all reports' link for West Wirral Group Practice - AR Johnston on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 3 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 19 April 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings were that the provider had met the legal requirements and had made the following improvements:-

- An effective clinical audit programme had been implemented to assess, monitor and improve the quality and safety of services.

- An effective system was in place to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- An effective system had been implemented by which patient views were analysed, acted on and feedback was used to help improve services.
- All staff were trained to an appropriate level for their role in safeguarding of children and protection of vulnerable adults.
- Records relating to staff now included information relevant to their employment in the role including information relating to the requirements under Regulations 4 to 7 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in particular Disclosure and Barring Service checks relevant to the role.
- Records relating to staff were stored safely and securely in accordance with current legislation and guidance.

In addition the practice had made the following recommended improvements:

- Practice policies and procedures had been reviewed and revised to reflect current guidance and legislation.

Summary of findings

- The process for learning from significant events and complaints included regular reviews to learn from themes and trends and to monitor completion of action plans.
- Arrangements for receiving and recording the response to patient safety alerts, recalls and medication safety alerts.
- The format of staff meetings had been reviewed to include documented dissemination of lessons learnt from significant incidents, events and complaints and sharing improvements from audits and patient feedback.
- Infection control audits were undertaken six monthly and action plans were documented and complete.
- The cleaning schedule had been reviewed and was now displayed. Cleaning equipment was found to be stored appropriately.
- Training, learning and development needs of staff members was reviewed at appropriate intervals (annual appraisal) and a process was in place for the on-going assessment and supervision of all staff employed which included ensuring staff are up to date with mandatory training including safeguarding, infection control.

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 well-led?

There was a programme of review and revision of practice policies to reflect current guidance and legislation.

The practice had a staff training and development plan in place. Staff received annual appraisals and performance development reviews.

Practice meetings, clinical meetings and partner business meetings were held and had improved in order to promote dissemination of learning from audits, significant events and complaints.

Systems were in place to monitor and improve quality and to identify risks. A clinical audit programme had been established that was based on local and national priorities.

Infection control audits took place every six months. General health and safety and environmental risk assessments had been completed, fire risk assessments were up to date and fire evacuation drills took place on a regular basis.

Patient satisfaction survey results were collated and reported on and feedback given to staff and displayed for patients and the public to view. The patient participation group was active in gathering views about the service and worked well with the practice.

Good



West Wirral Group Practice - AR Johnston

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector.

Background to West Wirral Group Practice - AR Johnston

West Wirral Group Practice - AR Johnston is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 13,600 patients living in Wirral and is situated in a purpose built medical centre. The practice has five female GPs, six male GPs, an advanced nurse practitioner, three practice nurses, four healthcare assistants, administration and reception staff and a practice management team. It is a teaching/training practice and occasionally has medical students and trainee GPs working at the practice. West Wirral Group Practice – AR Johnston holds a General Medical Services (GMS) contract with NHS England and is part of the NHS Wirral Clinical Commissioning Group (CCG).

The hours of practice are:

Monday 7am – 5.45pm

Tuesday 8am – 5.45pm

Wednesday 7am – 5.45pm

Thursday 8am – 5.45pm

Friday 8am – 5.45pm (normal core hours for GMS contract are 8am – 6.30pm)

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Wirral Clinical Commissioning Group (CCG) and is situated in an affluent area. The practice population is made up of a mostly working age and elderly population with 48% of the population aged over 65 years old. Sixty one percent of the patient population has a long standing health condition and there is a lower than national average number of unemployed patients.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hours service provider via the NHS111 service. Information regarding out of hours services was displayed on the website and in the practice information leaflet.

Why we carried out this inspection

We undertook a comprehensive inspection of West Wirral Group Practice - AR Johnston on 19 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good; however we found breaches of a regulation that required improvement. The full comprehensive report following the inspection in April 2016 can be found by selecting the 'all reports' link for West Wirral Group Practice - AR Johnston on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of West Wirral Group Practice - AR Johnston on 3 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

The inspector :-

Carried out a site visit and

- Spoke with the practice manager and other staff
- Reviewed documents
- Observed the premises and storage areas

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

Are services well-led?

Good 

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

Our findings

At our previous inspection on 19 April 2016, we rated the practice as requires improvement for providing well-led services as they lacked robust governance systems.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 3 May 2017. The practice is now rated as good for being well-led.

Governance arrangements

A range of practice policies and procedures were in place. These were programmed for review and were up to date. The issue and review date was evident. In particular safeguarding, infection control and recruitment policies had been reviewed and reflected local, national and professional guidance. However the practice's safeguarding policies for children and adults did not refer or link to other pertinent guidance and legislation that the practice had available for staff to refer to. We were sent evidence following the inspection which demonstrated all relevant links to local and national guidance and legislation were now embedded in the practice safeguarding policies.

We saw evidence that significant events, incidents and complaints were discussed and reviewed at various meetings. An annual review demonstrated identification and learning from themes and trends.

There was an audit plan based on local and national priorities and evidence that changes in practice took place as a result and demonstrated improvements. Audits were discussed and disseminated throughout the practice for learning to occur. However non-clinical staff did not participate in formal audits. They undertook data collection and reviews but these did not evidence quality improvements made as a result. Infection control audits took place on a six monthly basis and we saw evidence of action plans and improvement following these.

Staff meetings at all levels took place and we saw evidence that the format and documentation of these had improved to include governance issues such as audit, patients' feedback, significant events and complaints.

Staff personnel records such as appraisals were stored safely and securely.

Patient survey results were reported and displayed on the website and in the practice. The patient participation group (PPG) were active in gathering patient views and worked well in feeding back to the practice.

We saw that staff appraisals were up to date and a training plan and matrix were used to ensure staff were up to date with their training and development.

General health and safety and environmental risk assessments were in place, fire risk assessments were up to date and fire evacuation drills were taking place on a regular basis.