

# Westmoreland GP Centre

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?	Requires improvement		
Are services effective?	Good	Good	
Are services caring?	Good	Good	
Are services responsive to people's needs?	Good	Good	
Are services well-led?	Good	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Westmoreland GP Centre on 17 June 2016.

Overall the practice is rated as good but requires improvement for providing safe services.

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

- The practice is situated in old hospital buildings within the grounds of Aintree Hospital, Liverpool. The premises were in need of redecoration and refurbishment. The reception area was too cramped for reception staff and signage for patients to direct them to the correct consultation room was confusing. The practice did have a ramp and a wheelchair, but disabled patients would require assistance to enter the building. There were translation services and a hearing loop. We were advised that the practice were exploring options and was meeting with the hospital estates management to discuss refurbishment plans.
- The practice was very busy and provided services for 12,567 patients. Patient survey information and comments reviewed showed well below average patient satisfaction rates with regards to making appointments and being able to get through to the practice on the telephone. The practice was aware of the results and had installed extra telephone lines in March 2016 and was planning to introduce a call waiting system. The practice told us evaluation of the actions was to take place at the end of June 2016.
- The practice had recently had a new computer system installed and there were on going issues relating to data management to enable the practice to have an effective recall system in place for patients with long term conditions. Plans were in place to overhaul the recall system and appointments including employing a pharmacist to assist with medication reviews.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding. However, some risk assessments and monitoring systems to ensure the safety of staff and patients were incomplete.

# Summary of findings

- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service; including having a patient participation group (PPG) and acted, where possible, on feedback.
- The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff worked well together as a team and all felt supported to carry out their roles. The practice had various plans to help the more vulnerable patients including setting up a charitable organisation.

However, there were areas where the provider must make improvements.

The provider must:

- Ensure that the documentation for practice nursing staff to carry out vaccinations is complete.

- Monitor stock and expiry dates for emergency medications kept in GP rooms.

The provider should:

- Include the correct details in patient information literature regarding who patients can complain to as an alternative to the practice i.e. NHS England.
- Continue to liaise with the local IT support team to help with data management issues.
- Have risk assessments in place for staff who do not have recruitment checks i.e. disclosure and barring checks.
- Continue to liaise with the hospital estates management to improve the décor and improve the layout of the reception area and signage to improve patient safety, access and staff welfare. Any changes made require the input of patient and staff views and appropriate risk assessments.
- Have their own monitoring systems in place for cleaning the premises and equipment.
- Check all staff know who the lead members of staff are for 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 safe?

The practice is rated as requires improvement for providing safe services. This was because there were issues with the premises, some risk assessments and monitoring systems for health and safety were incomplete, and there were gaps in the authorisation process for practice nurses to administer vaccinations.

The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Some clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role. However, the practice had recently had new computer systems installed which was causing data management issues. This in turn was affecting current performance and the recall system was under review.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Good



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

The practice is rated as good for providing responsive services. However, there were poor patient satisfaction levels relating to getting through to the practice by telephone and making appointments. The practice was aware of these concerns and had put some plans in place to address and remedy these issues. The practice was due to evaluate whether actions taken had improved access, at the end of June 2016.

Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



### Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The

Good



# Summary of findings

practice had a number of policies and procedures to govern activity. The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received inductions and attended staff meetings and events.

# 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

Good



The practice is rated as good for providing services for older people.

The practice offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

### People with long term conditions

Good



The practice is rated as good for people with long term conditions.

The practice had registers in place for several long term conditions including diabetes and asthma. The practice had recently had new computer system installed but there were data issues. The practice currently had a limited recall system in place and was seeing patients for only one condition per appointment. We were advised that the recall system was being overhauled and there would be appointments for patients with more than one clinical need. The practice also had plans to employ a pharmacist to assist with medication reviews. There were in house phlebotomy services for diabetic and rheumatology patients.

### Families, children and young people

Good



The practice is rated as good for providing services for families, children and young people.

The practice did regularly liaise with health visitors to review vulnerable children and new mothers. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice provided after school appointments.

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

Good



The practice is rated as good for providing services for working age people. The practice had an online system for booking appointments and offered pre bookable appointments until 7pm.

# Summary of findings

## People whose circumstances may make them vulnerable

Good



The practice is rated as good for providing services for people whose circumstances make them vulnerable.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. The practice had an emergency taxi fund for patients.

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

Good



The practice is rated as good for providing services for people experiencing poor mental health.

Patients experiencing poor mental health received an invitation for an annual physical health check. However, the uptake was low. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice was planning on working with local mental health teams to help improve performance in this area.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 (from 105 responses which is approximately equivalent to 0.8% of the patient list) showed the practice was performing in line with local and national averages in certain aspects of service delivery. For example,

- 90% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 87% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

However, patient satisfaction about making appointments showed below average performance, for example,

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 58% of patients described their experience of making an appointment as good (CCG average 76% national average 73% )
- 75% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 85%, national average 85%).

- 38% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).

In terms of overall experience, results were comparable with local and national averages. For example, 88% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards, most of which were very complimentary about the caring service provided. However, 13 specifically mentioned how difficult it was to get an appointment especially via the telephone.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results for March to May 2016 from 424 responses showed that: 344 patients were either extremely likely or likely to recommend the practice, 36 responses said unlikely, and 44 were neither likely nor unlikely or did not know. There were comments expressing satisfaction with the care received but in response to the question, what one thing patients would change, there were 178 comments regarding difficulty in making appointments and being able to access appointments by telephone.



# Westmoreland GP Centre

## Detailed findings

### Our inspection team

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

a CQC Lead Inspector and included a GP and practice manager specialist advisor.

## Background to Westmoreland GP Centre

Westmoreland GP Centre is based in the grounds of Aintree Hospital in Liverpool. There were 12,567 patients on the practice register at the time of our inspection.

The practice is a training practice managed by five GP partners, (2 male, 3 female). There are four salaried GPs and two GP registrars. There are two practice nurses, two advanced nurse practitioners and a health care assistant. Members of clinical staff are supported by two practice managers, reception and administration staff.

The practice telephone lines are open 8am to 6.30pm. Normal clinic times for GP appointments are 9am-12am, 1pm-3pm, 3pm-6pm and offered extended hours from 6.30pm-7pm Monday to Thursday. Pre-bookable appointments for GPs could be booked up to two weeks in advance and for the practice nurses up to four weeks.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

The practice has a Personal Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

## 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.

## How we carried out this inspection

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

# Detailed findings

- 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)

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group (CCG)
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 17 June 2016.
- Spoke to staff and representatives of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents. 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. Significant events were discussed at staff meetings but not discussed annually to identify any trends to drive improvement. The practice did action any improvements needed. For example after one incident, the practice put notices in the waiting room for patients to check they have received their test results.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice had systems in place to cascade information from safety alerts which were discussed in staff meetings and were aware of recent alerts.

### Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Health visitors were invited to attend clinical meetings to discuss any concerns. The practice kept minutes of meetings, but we found some were not accessible to all staff to promote shared learning.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice was situated in old hospital buildings within the grounds of Aintree Hospital, Liverpool. The premises allocated to the practice were in need of redecoration and refurbishment. For example, we found

some of the plaster work was coming away in some areas, there were bits of the ceiling that was damaged and the vinyl chairs and some flooring had been patched with tape. The practice was aware of the need for redecoration and were exploring options and had meetings planned with the hospital to discuss this.

- The practice had a contract with the hospital to provide domestic cleaners. The practice management did perform spot checks, although there were no formal monitoring records for cleaning or any system in place for monitoring the cleaning of equipment.
- The infection control policy outlined that one of the GPs and one of the nurses were the clinical lead for infection control and the deputy manager as staff member lead. None of the staff questioned were aware who the clinical leads were but there was a list available for staff to refer to. Staff had received up to date training. Infection control audits were undertaken and action plans were in place to address any shortfalls. There were spillage kits and appropriate clinical waste disposal arrangements in place. However, the health care support worker's room contained no facility to dispose of clinical waste.
- 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. The practice was planning on employing a pharmacist from July 2016 to help with prescribing. Blank prescription forms were securely stored and monitored.
- Emergency medications were stored in the reception area and these were monitored for expiry dates. However, there was no monitoring system for expiry dates/stock levels of emergency medications kept in GP rooms. Some vials of different medications were kept together in a small jar and the labels were very difficult to read. There was therefore, the potential the wrong medication could be given. In addition there was no sharps disposal container for use for GPs on emergency call outs. The practice advised us this would be rectified.
  - The practice nurses carried out vaccinations but we found the authorisation documents and systems in

## Are services safe?

place were incomplete. For example, we could not find any authorisation documents for the MMR vaccination to be given by practice nurses and other vaccination authorisation forms were not signed.

- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, there were no risk assessments in place for those staff that did not have DBS checks.

### Monitoring risks to patients

- There was a health and safety policy available with a poster in a staff room which identified local health and safety representatives. The practice had commissioned an external company to carry out a health and safety assessment on 31 May 2016. We were shown some risk assessment paperwork that had been completed after the report, but these were lacking specific details. In particular, we noted that no display screen equipment or work station risk assessments had been carried out for staff since 2012. We saw that two members of staff in one area of the reception were sharing a desk that was not big enough to ensure they were working safely at their computers.
- There were fire risk assessments, regular fire safety equipment tests and annual fire drills. Staff were aware of what to do in the event of fire and had received fire safety training.

- 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 recently had new computer systems installed and there were issues with data management.
- The hospital was responsible for certain aspects of safety of the building including legionella risk assessments (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, following our inspection, the practice arranged a review of risk assessments themselves.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in reception and clinical rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was a first aid kit available but no monitoring system to check the contents.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice also had access to local guidelines such as 'the map of medicine'. Updates in NICE guidance were discussed in clinical staff meetings.

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

The practice held regular gold standard framework meetings with other health care professionals.

### 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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had systems in place to ensure they met targets and the most recent published results were 94% of the total number of points available. The practice also worked towards meeting local key performance targets.

However, the practice had recently had new computer systems installed that was causing data management issues. There were plans to overhaul the recall system which was not currently effective causing delays in achieving key performance targets. The practice planned to employ a pharmacist to help with medication reviews and extend appointment times to allow patients with various diseases to be seen at one appointment rather than the current system of only addressing one condition per appointment.

Patients experiencing poor mental health received an invitation for an annual physical health check. However, the uptake was low. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice was planning on working with local mental health teams to help improve performance in this area.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits and clinical audits. One audit reviewed for the gold standard framework evidenced that improvements were made.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. The practice had GP locums and locum induction packs were available.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Training included: safeguarding, fire procedures, equality and diversity and basic life support, equality and diversity and information governance awareness. Staff had access to and made use of e-learning training modules. Staff told us they were supported in their careers and had opportunities to develop their learning.

### Coordinating patient care and information sharing

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

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

# Are services effective?

(for example, treatment is effective)

- Patients who required to be referred under the two week rule in urgent cases had their appointments arranged for the referral during their appointment at the practice.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

There were in house phlebotomy services for diabetic and rheumatology patients.

## Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs were aware of the relevant guidance when providing care and treatment for children and young people. Consent forms for treatment were available.

## Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service or referred to the in house health trainer. The practice web site had information available and also on the TV screens in each of the waiting rooms.

The practice carried out vaccinations (since June 2015-prior to this date, local nursing teams carried out children vaccinations) and screening. Performance rates were higher compared with local and/or national averages for example, results from 2014-2015 showed:

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 90% to 97 % compared with CCG averages of 83% to 97%. Vaccination rates for five year olds ranged from 93% to 98% compared with local CCG averages of 88% to 97%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 80% compared to a national average of 82%.

# 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.

Results from the national GP patient survey published in January 2016 (from 105 responses which is approximately equivalent to 0.8% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 90%, national average 87%).
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 87% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

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

Patients told us they felt involved in decision making about the care and treatment they received. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 77% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).

Staff told us that telephone translation services were available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Information was available on the practice's website to direct carers to the various avenues of support available to them.

There was a designated member of staff who called families who had suffered bereavement and sent a card or offered a longer appointment to meet the family's needs or signposted those to local counselling services available.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was a hearing loop available.
- The practice had an emergency taxi fund for more vulnerable patients.

### Access to the service

There was a ramp for disabled access, but no automatic doors, and patients had to ring a door bell for assistance. There was a wheelchair available. As patients walked into the building, there was a long corridor to the left and right where the consultation rooms were. In front was a main reception area that partly extended into the corridor and partly around one of three waiting areas. A sign on the main wall indicated where the treatment rooms were. However all were not labelled. There were some consultation rooms at the back of one of the waiting areas too. There was yet another sign with more room numbers on. The signage was not clear. We watched four patients being called in and we could see they had difficulty in finding where they should be. Each waiting room had a TV screen that displayed patients names when being called in and there was also a tannoy system. The health care assistant did not have a room number and they went into the waiting room to call patients in. The practice advised us they were in negotiations with the hospital to seek improvements.

The practice telephone lines are open 8am to 6.30pm. Normal clinic times for GP appointments are 9am-12am, 1pm-3pm, 3pm-6pm and offered extended hours from 6.30pm-7pm Monday to Thursday. Pre-bookable appointments for GPs could be booked up to two weeks in advance and for the nurses up to four weeks.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

Results from the national GP patient survey published in January 2016 (from 105 responses which is approximately equivalent to 0.8% of the patient list) showed that patient's satisfaction with how they could access care and treatment were much lower compared with local and national averages. For example:

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 58% of patients described their experience of making an appointment as good (CCG average 76% national average 73%).
- 75% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 85%, national average 85%).
- 38% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).

The practice was aware of the results and had plans in place to tackle this issue. They had installed extra telephone lines in March 2016 and was planning to introduce a call waiting system. The practice had also taken on an extra nurse practitioner for urgent appointments to free up more time for the GPs to spend with patients who had more complex needs. The practice used text reminders for appointments.

Patients could call either at 8am onwards or from 12.30pm onwards to obtain on the day appointments. However, between 8am-8.30am there were only two members of staff available to take calls and deal with patients at the desk. The practice manager told us they helped out during this time. We discussed this with the practice and they confirmed that an additional member of staff had been allocated to take incoming calls after our inspection which had resulted in positive feedback. The practice told us they would evaluate the changes made to ascertain whether the improvements made had made any difference to patient satisfaction at the end of June 2016.

Home visits requests were vetted by a GP for their urgency and allocation of the GP to attend.

### Listening and learning from concerns and complaints



## Are services responsive to people's needs? (for example, to feedback?)

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in a practice information leaflet at the reception desk. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy

with the outcome of their complaint. However, there was no information for the patient that they could complain direct to NHS England as an alternative to complaining to the practice.

Complaints were discussed at staff meetings. We reviewed a log of previous complaints and found written complaints were recorded and written responses included apologies to the patient and an explanation of events.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice described their purpose as to provide their patients with high quality personal health care, continually seeking improvement in the health status of the practice population overall. The practice mission statement was 'always caring, teaching and learning together'.

The practice had a business plan for 2016-2019 which identified the premises and telephone access/appointment systems as key challenges.

### Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- An overarching clinical governance policy and practice specific policies that all staff could access on the computer system.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: daily GP meetings, weekly reception meetings and monthly nurses meetings. Other meetings included: palliative care meetings with other healthcare professionals and monthly team meetings.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare. For example, medication audits and clinical audits.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

### Leadership, openness and transparency

There were lead members of staff for various areas for example, safeguarding and various medical conditions. There was a list of lead members of staff available in the reception area. Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had a Duty of Candour policy and had recently attended a training event.

The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service when possible.

- There was an established PPG and the practice had acted on feedback. For example, the practice had detailed the numbers of failed appointments to try to encourage patients to cancel appointments if they were not needed so that other patients could attend.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

The practice team took an active role in local neighbourhood meetings with other practices. The practice worked with other practices and was involved in the Healthy Liverpool Programme to encourage physical exercise for patients. Clinicians kept up to date by attending various courses and events. One GP was involved in research projects. The practice had plans to set up a charitable trust and provide extra support for vulnerable patients.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>There were insufficient systems in place to ensure the safe administration of medicines. There were gaps in the authorisation process for practice nurses to administer vaccinations.</p> <p>It was unclear how stock levels of emergency medicines and expiry dates were managed for some medication stored in consultation rooms.</p> <p>Regulation 12 (2) (g)</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	