

Prenton Medical Centre

Quality Report

516-518 Woodchurch Road
Prenton
Merseyside
CH43 0TS

Tel: 0151 608 7666

Website: www.prentonmedicalcentre.nhs.uk

Date of inspection visit: 20th January 2015

Date of publication: 23/04/2015

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Prenton Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

This is the report of findings from our inspection of Prenton Medical Centre which is registered with the Care Quality Commission to provide primary care services.

We undertook a planned, comprehensive inspection on 20 January 2015 at the practice location. We spoke with patients, staff and the practice management team.

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

Our key findings were as follows:

- There were systems in place to protect patients from avoidable harm, such as from the risks associated with staff recruitment, equipment and cross infection. Improvements should be made to records of medication reviews, security of prescription pads and the management of significant events.
- Patients care needs were assessed and care and treatment was being considered in line with best

practice national guidelines. Staff were proactive in promoting good health and referrals were made to other agencies to ensure patients received the treatments they needed.

- Feedback from patients showed they were happy with the care given by all staff. They felt listened to, treated with dignity and respect and had confidence in the GPs and nurse. Patients felt involved in decision making around their care and treatment.
- The practice planned its services to meet the differing needs of patients. The appointment system in place allowed good access to the service. The practice encouraged patients to give their views about the services offered and made changes as a consequence.
- There was a leadership structure in place and clear lines of accountability. The practice ensured that staff had access to learning and improvement opportunities.

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

The provider should:

Summary of findings

- Improve the management of significant events by ensuring that lessons learned and actions taken are fully recorded. A review of significant events should also be carried out to demonstrate that any actions taken have been effective.
- Record serial numbers of prescription pads to minimise the risk of inappropriate use.
- Ensure that all medication reviews are fully documented in patients' medical records.
- Revise the consent form for minor surgical procedures and guidance around seeking consent to ensure patients' rights are fully promote

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 good for safe. There were systems in place to protect patients from avoidable harm and abuse. Staff were aware of procedures for reporting significant events and safeguarding patients from risk of abuse. There were appropriate systems in place to protect patients from the risks associated with staff recruitment and cross infection. The staffing numbers and skill mix were reviewed to ensure that patients were safe and their care and treatment needs were met. We found that improvements should be made to the systems in place for managing patient medication to ensure all patient medication reviews were fully documented. We found improvements should be made to the systems for managing prescription pads and to the management of significant events.

Good



Are services effective?

The practice is rated as good for effective. Patients care needs were assessed and care and treatment was being considered in line with best practice national guidelines. Staff were provided with the training needed to carry out their roles and they were appropriately supported. Staff were proactive in promoting good health and referrals were made to other agencies to ensure patients received the treatments they needed. The practice worked with health and social care services to promote patient care.

Good



Are services caring?

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

Good



Are services responsive to people's needs?

The practice is rated as good for responsive. The practice had systems in place to respond to and meet the differing needs of patients. They monitored the service to identify patient needs and service improvements that needed to be prioritised. The practice was accessible for people with a physical disability. Staff were knowledgeable about interpreter services for patients where English was their second language. Patients reported good access to the service. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

Good



Summary of findings

Are services well-led?

The practice is rated as good for well led. There was a clear leadership structure in place. Staff told us they felt the practice was well managed with clear leadership from clinical staff and the practice manager. Staff told us they could raise concerns and felt they were listened to. The practice had systems to seek and act upon feedback from patients using the service. A patient participation group (PPG) was in operation and members of the group told us how the practice had been improved following patient feedback.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and information was held to alert staff if a patient was housebound. The practice had a record of carers and used this information to discuss any support needed and to refer carers on to other services if necessary. The practice ensured each person who was over the age of 75 had a named GP. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice had identified all patients at risk of unplanned hospital admissions and a care plan had been developed to support them.

Good



People with long term conditions

The practice is rated as good for the population group of people with long term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and asthma. This information was reflected in the services provided, for example, reviews of conditions, screening programmes and vaccination programmes. The practice had a system in place to make sure patients attended regular reviews for long term conditions. The practice had implemented the gold standards framework for end of life care. One of the GPs took the lead for this group of patients. They had a palliative care register and liaised regularly with other health care professionals to discuss the care and support needs of patients and their families.

Good



Families, children and young people

The practice is rated as good for the population group of families, children and young people. Child health surveillance and immunisation clinics were run on a weekly basis. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns. Staff were knowledgeable about child protection and a GP took the lead for safeguarding. Staff put alerts onto the patient's electronic record when safeguarding concerns were raised. Regular meetings were held with the health visiting service to discuss any children who were at risk of abuse and to review if all necessary GP services had been provided.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for the population group of working-age people (including those recently retired and students). The practice was open Monday to Friday and offered a walk-in service each day where no appointment was needed. Extended hours GP appointments were available on a Thursday evening. The practice also offered bookable appointments on the day, up to two weeks in advance and telephone consultations. Appointments could be booked and repeat prescriptions ordered on line. The practice monitored patient satisfaction with access to the service through patient feedback. Patient feedback indicated patients were overall satisfied with the range of appointments available. Health checks were offered to patients over 40 years of age to promote patient well-being and prevent any health concerns.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. For example, a register was maintained of patients with a learning disability and annual health care reviews were provided to these patients. Staff were knowledgeable about interpreter services for patients where English was their second language. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance in order to ensure the length of the appointment was appropriate. Staff were knowledgeable about safeguarding vulnerable adults. They had access to the practice's policy and procedures and had received training in this. Monthly meetings took place with the community nurse lead for safeguarding to discuss any concerns about vulnerable patients.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). GPs worked with other services to review and share care with specialist teams. The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. The practice referred patients to appropriate services such as psychiatry and counselling services. Referrals were made to Child and Adolescent Mental Health Services (CAHMS) to

Good



Summary of findings

support younger patients. The practice had information for patients in the waiting areas to inform them of other services available. For example, for patients who may experience depression or those who would benefit from counselling services for bereavement.

Summary of findings

What people who use the service say

We looked at 46 CQC comment cards that patients had completed prior to the inspection and spoke with six patients. Patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity, staff were caring, supportive and helpful. Patients we spoke with told us they had enough time to discuss things fully with the GP, treatments were explained, they felt listened to, involved in decisions about their care and they were happy with the system for booking appointments.

The National GP Patient Survey in March 2014 found that 88% of patients at the practice stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. Eighty nine percent of patients stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. Eighty six percent of patients who responded to this survey described the overall experience of their GP surgery as fairly good or

very good. Eighty five percent of patients said the GPs were good or very good at involving them in decisions about their care and 81% felt the nurses were good or very good at involving them in decisions about their care. A lower than national average number of patients said they did not always see the GP they preferred.

We looked at the results of the last patient survey undertaken by the practice in January 2014. Fifty nine surveys were completed and the results showed that a high percentage were satisfied with the service provided. Patients indicated satisfaction with the service provided with 100% indicating the practice opening times, ease of contact by telephone and information provided by the practice about its services were either good, very good or excellent. One hundred percent of patients had overall confidence, trust and satisfaction with the GP, 98% had confidence, trust and satisfaction with the practice nurse and 100% said their overall satisfaction with reception staff was very good or excellent.

Areas for improvement

Action the service SHOULD take to improve

- Improve the management of significant events by ensuring that lessons learned and actions taken are fully recorded. A review of significant events should also be carried out to demonstrate that any actions taken have been effective.
- Record serial numbers of prescription pads to minimise the risk of inappropriate use.
- Ensure that all medication reviews are fully documented in patients' medical records.
- Revise the consent form for minor surgical procedures and guidance around seeking consent to ensure patients' rights are fully promoted.

Prenton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Prenton Medical Centre

Prenton Medical Centre is based in Prenton a suburb of Birkenhead in the Wirral area. The practice treats patients of all ages and provides a range of medical services. The staff team includes one GP partner, one salaried GP, a non-clinical partner, a practice manager, a practice nurse and three administrative and reception staff.

The practice is open Monday to Friday. From 08:30 until 10:00 walk in appointments are offered where a GP is able to see patients without an appointment. Bookable appointments are offered after 10:00. In the afternoon appointments are offered to patients from 16:00 – 18:00 Monday and Thursday and from 14:00 - 16:00 on a Tuesday and Friday. Extended hours GP appointments are available on a Thursday evening from 18:30 – 19:30. No afternoon appointments are provided on a Wednesday. Nurse consulting times are available Monday, Tuesday and Thursday from 8:30/9:00 – 13:00 and 14:00 – 17.30/18.00 and from 09:00 – 13:00 on a Friday. Patients can book appointments in person, by telephone or on-line. Telephone consultations are available and home visits are offered to patients whose condition means they cannot visit the practice. When the practice is closed patients access the GP out-of-hours provider operated by Wirral Community NHS Trust.

The practice is part of NHS Wirral Clinical Commissioning Group. It is responsible for providing primary care services to approximately 1,718 patients. The practice is situated in an area with average levels of economic deprivation when compared to other areas nationally. The majority of the practice population are between the ages of 15 – 64. Seventy percent of the practice population have a long standing health condition and 22 percent have caring responsibilities. The practice has a General Medical Services (GMS) contract.

The CQC intelligent monitoring placed the practice in band 5. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

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

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We also reviewed policies, procedures and other information the practice provided before the inspection. This did not raise any areas of concern or risk across the five key question areas.

We carried out an announced inspection on 20 January 2015. We reviewed all areas of the practice, including the administration areas. We sought views from patients via comment cards and talking to patients. During our visit we spoke with two GPs, the non-clinical partner, the practice nurse, the practice manager and three administrative/reception staff and with members of the patient participation group.

Are services safe?

Our findings

Safe Track Record

NHS Wirral Clinical Commissioning Group and NHS England reported no concerns to us about the safety of the service. GPs told us they completed incident reports and carried out significant event analysis as part of their on-going professional development in order to reflect on their practice and identify any training or policy changes required. We looked at a sample of significant event reports and saw that significant events were recorded, however there were inconsistencies in recording what was learnt from the event and the action taken.

Alerts and safety notifications from national safety bodies were dealt with by the clinical staff and the practice manager. Staff confirmed that they were informed about and involved in any required changes to practice or any actions that needed to be implemented. For example we could see the alert regarding the Ebola outbreak in Africa had been actioned and notices were on display in the waiting room.

Learning and improvement from safety incidents

The practice had a procedure in place for reporting, recording and monitoring safety incidents. We looked at a sample of records of significant events that had occurred in the last 12 months and found that the practice was not consistently following the procedure. We found there were inconsistencies in recording what was learned from the event and the action taken. For example, a breach of patient confidentiality and an incident of mismanagement of patient data were recorded as significant events. Records did not show the action taken or what was learned from the event. A formal system of review of significant events was not in place which would enable the practice to demonstrate that any actions taken as a consequence of a significant event had been effective.

Staff told us that they actively reported any incidents that might have the potential to adversely impact on patient care. We were told there was an open and 'no blame' culture at the practice that encouraged staff to report adverse events and incidents. Staff told us that significant events and actions needed as a result were discussed at practice meetings.

Reliable safety systems and processes including safeguarding

Staff had access to safeguarding procedures for both children and vulnerable adults. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were available to staff on their computers and in hard copy. Staff had access to guidance flow charts and contact details for both child protection and adult safeguarding teams.

Staff we spoke with confirmed they had received training in safeguarding at a level appropriate to their role and they demonstrated good knowledge and understanding of safeguarding and its application. All staff we spoke to were aware of who to speak to in the practice if they had a safeguarding concern.

One of the GPs took the lead for safeguarding and in their absence the other GP was the safeguarding lead. Both GPs had attended training in safeguarding vulnerable adults and children but they had not completed the higher level training recommended for lead safeguarding practitioners. We were shown records to demonstrate that this training had been arranged for both GPs.

Regular meetings were held with safeguarding nurse from Wirral CCG and the health visitor to discuss any children and adults who were at risk of abuse and to review if all necessary GP services had been provided. Codes and alerts were applied to the electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed.

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

Medicines Management

There was a protocol in place for medicine management which included reviewing patients' medication. We were shown a random audit of 50 patients who had received a medication review. We looked at a sample of five records and found that improvements were needed to the records made of the medication reviews. For example, they did not show the patients' medical history that may impact on the medication taken, discussion of indicators, contra-indications and side effects of each medication. One

Are services safe?

record indicated that a medication review had taken place yet there was no indication that the patient had been referred for appropriate tests to determine if the medication continued to be suitable. The GPs told us they had introduced a tool to enable them to more consistently record medication reviews. We were shown the tool and considered that when utilised this would address the issues identified.

A system was in place to ensure that any changes made to medication by the out of hours service or following hospital discharge were actioned without a delay. GPs worked with pharmacy support from the Clinical Commissioning Group (CCG) to review prescribing trends and medication audits.

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

Emergency drugs were listed and checked to ensure they were in date and ready to use. The emergency drugs were stored in a locked cupboard in an area which gave easy but secure access to staff. Prescription pads and repeat prescriptions were stored securely. We noted that the serial numbers of prescription pads were not recorded which would minimise the risk of misappropriation. Recent guidance from NHS Protect included recording the first and last serial numbers of the pads when they are issued to the GP and having the GP sign for the receipt of the pad.

Cleanliness & Infection Control

There was a current infection control policy with supporting policies and guidance. There was a lead member of staff for infection control who had completed training relevant to their role. Non-clinical staff had not received up to date formal training in infection control. However, non-clinical staff we spoke with demonstrated general knowledge around infection control to support them in their role.

The six patients we spoke with commented that the practice was clean and appeared hygienic. We looked

around the premises and found all areas seen to be clean and tidy. Consultation and treatment rooms had adequate hand washing facilities. Instructions about hand hygiene were available throughout the practice. We found protective equipment such as gloves and aprons were available in the treatment/consulting rooms. Couches were washable. Privacy curtains in the treatment rooms were disposable and were routinely replaced every six months or as required. We noted that a record of this had not been made.

Wirral Community Trust carried out an infection control audit in September 2014. This showed that overall the practice was providing effective infection control measures. An action plan had been put in place to address the shortfalls identified. We found that regular infection control audits were not undertaken by the practice. These should be undertaken to ensure that good infection control practices are continually promoted. A cleaning schedule was in place and a log of cleaning works undertaken was maintained.

We were told the practice did not use any instruments which required decontamination between patients and that all instruments were for single use only. Checks were carried out to ensure items such as instruments, gloves and hand gel were available and in date. Procedures for the safe storage and disposal of needles and waste products were evident in order to protect the staff and patients from harm.

Legionella testing had not been carried out. A general health and safety risk assessment had recently been undertaken which demonstrated that although measures were being taken to prevent legionella, advice around the management of Legionella was to be sought from a specialist service.

Equipment

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

Are services safe?

Staffing & Recruitment

The practice had a written procedure for the recruitment of staff. This included interviewing candidates, seeking references and obtaining Disclosure and Barring service (DBS), formerly Criminal Records Bureau (CRB) checks (these checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post). We noted the procedure did not refer to assessing an applicant's physical and mental fitness and checking qualifications and professional registrations.

We looked at the records of a GP and an administrative member of staff who were the last two staff to be employed. We found that the necessary recruitment checks had in general been undertaken for both staff. No references were available for the administrative member of staff at the time of our inspection, however these were made available to us following the inspection. Administrative staff acted as chaperones for patients. Records showed that the practice manager had recently applied for DBS checks for the administrative staff. In the interim administrative staff were not acting as chaperones. A DBS check was seen for the practice nurse.

The professional registration of clinical staff was checked prior to appointment and there was a system in place to record checks of on-going professional registration with the General Medical Council (GMC) and Nursing Midwifery Council (NMC).

Monitoring Safety & Responding to Risk

Staffing levels were reviewed to ensure patients were kept safe and their needs were met. In the event of unplanned absences of non-clinical staff, staff covered from within the service. Reception and administrative staff were multi-skilled which meant they could cover each others duties if necessary. The practice manager told us that the same locum GP covered GP unplanned absences and holidays to promote continuity of care. Duty rotas took into account planned absence such as holidays. Staff we spoke with felt staffing levels and the skill mix of staff were appropriate and met the needs of the service and patients. Patient demand was monitored through the appointment system and staff and patient feedback to ensure that sufficient staffing levels were in place.

The practice had other systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included checks of the fire fighting equipment, procedures for dealing with emergencies and monitoring the safety of equipment. Health and safety information was displayed for staff to see around the premises. A health and safety policy and procedure was available. The non-clinical partner was the lead for health and safety and health and safety issues were discussed at practice meetings.

Arrangements to deal with emergencies and major incidents

Emergency medicines were available and staff knew of their location. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. The practice had access to an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Records showed that checks were made of the defibrillator to ensure it was working and ready to use.

Staff told us they had up to date training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR). Training records confirmed that this training was up to date for the majority of staff. One member of staff was overdue their refresher training and a date to attend this had been arranged. We noted that drills to test out the accessibility of emergency equipment and staff response times were not undertaken.

A disaster recovery and business continuity plan was in place. The plan included the actions to be taken following loss of building, loss of telephone system, loss of computer and electrical equipment and loss of utilities. We noted that key contact details of suppliers and staff were not available in one easily accessible record.

Panic buttons were available for staff in the treatment rooms and in the reception area for staff to call for assistance.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff we spoke with told us how they accessed best practice guidelines to inform their practice. GPs and the practice nurse attended regular training and educational events provided by the Clinical Commissioning Group and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. The GPs told us that they met to discuss new clinical protocols, review complex patient needs and keep up to date with best practice guidelines and relevant legislation. The practice nurse said that they received good clinical support from the GPs.

GPs we spoke with used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital and the referrals were monitored to ensure an appointment was provided within two weeks. We found that audits of referrals were undertaken to ensure that referrals were being completed in a timely manner that protected the welfare of patients.

The practice nurses managed specialist clinical areas such as diabetes, heart disease and asthma. This meant they were able to focus on specific conditions and provide patients with regular support based on up to date information. Nurses met with nurses from other practices which assisted them in keeping up to date with best practice guidelines and current legislation.

Management, monitoring and improving outcomes for people

There were systems in place to evaluate the operation of the service and the care and treatment given. The practice used the information it collected for the Quality Outcomes Framework (QOF) to monitor the quality of services provided. The report from 2013-2014 showed the practice was meeting national targets and performing well in relation to registers maintained for adult patients with a learning disability, patients in need of palliative care, and providing the flu vaccination to high risk groups.

The practice had systems in place which supported GPs and other clinical staff to improve clinical outcomes for

patients. The practice kept up to date disease registers for patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD), which were used to arrange annual health reviews.

We saw that there were audits of referrals to determine if appropriate referrals had been made. Audits of accident and emergency attendance to ascertain if patients were attending this service appropriately, an audit of minor surgery and of medication. These audits showed that the practice was operating effectively. We discussed with one GP the changes made to practice as a result of the audits undertaken. We noted that the practice was not able to demonstrate that audits had been completed in relation to any identified possible concerns such as medicine alerts, significant events or as a result of Quality and Outcomes Framework (QOF) performance that would demonstrate how patient outcomes were evaluated and improved.

The GPs and practice nurse had key roles in monitoring and improving outcomes for patients. These roles included managing long term conditions, safeguarding and palliative care. The practice had achieved and implemented the gold standards framework for end of life care. One of the GPs took the lead for this group of patients. They kept a record of patients needing palliative care. Monthly meetings took place to discuss patient's and their families' care and support needs. The records of the last two meetings showed that only staff from the practice had attended. The lead GP for palliative care and the practice manager told us the practice was supporting few patients with palliative care needs and regular liaison occurred with district nurses, the community matron and out of hours service to ensure good communication of changes in care and treatment.

Effective staffing

An induction protocol and check list were in place which identified the essential knowledge and skills needed for new employees. We spoke to a new member of staff who confirmed that they had received an induction. Records of induction were in place on a sample of staff records looked at.

An appraisal policy was in place. The reception and administrative staff had not received an appraisal. However, these were planned for March 2015 and we saw the format to be used that would include developing an action plan to address any training or learning needs identified. We spoke to three reception/administrative staff

Are services effective?

(for example, treatment is effective)

who told us the practice was supportive of their learning and development needs. We spoke with the practice nurse who told us she received an annual appraisal and had good access to training and development opportunities to keep her knowledge and skills up to date. We spoke to two GPs who told us they had annual appraisals and that they undertook training/learning to inform their practice. GPs told us they met with their external appraisers to reflect on their practice, review training needs and identify areas for development.

Clinical and reception/administrative staff told us they felt well supported to carry out their work. Practice meetings took place monthly and provided staff with the opportunity to discuss any issues with the operation of the practice. The GPs and practice nurse met informally to discuss clinical issues and changes to practice. The practice nurse and GPs told us that the clinical staff worked well as a team.

The practice manager kept a record of training carried out by the practice nurse and reception/administration staff. We noted that this did not contain an up to date record of all training undertaken which would assist when planning for future training needs. The GPs kept a record of their own training. The practice manager told us that they were developing a system to enable them to maintain more detailed information about all clinical training undertaken that would help them to plan for future training needs.

Working with colleagues and other services

The practice worked with other agencies and professionals to support continuity of care for patients. The GPs described how the practice provided the 'out of hours' service with information, to support, for example 'end of life care.' Information received from other agencies, for example A&E or hospital outpatient departments were read and actioned by the GPs in a timely manner. GPs described how blood result information would be sent through to them and the system in place to respond to any concerns identified. There was a system in place to identify patients at risk of unplanned hospital admissions and to follow up the healthcare needs of these patients within 72 hours.

The staff told us how they worked with the Community Matron, district nursing team, social workers and health visitors to support patients and promote their welfare. Clinical staff met with the safeguarding nurse from Wirral CCG and the health visitor on a monthly basis with the main focus being reviewing the health care needs of children and vulnerable adults where concerns about their

welfare had been identified. Gold Standards Framework meetings were held monthly in-house with liaison occurring outside these meetings with district and palliative care nurses to review the needs of patients on the palliative care register.

Information Sharing

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

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

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

Consent to care and treatment

We spoke with clinical staff about their understanding of the Mental Capacity Act 2005. They provided us with examples of their understanding around consent and mental capacity issues. They were aware of the circumstances in which best interest decisions may need to be made in line with the Mental Capacity Act when someone may lack capacity to make their own decisions. Clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). We looked at a sample of policies and procedures around consent. We found guidance in the "do not attempt resuscitation" policy needed to be reviewed as it was not clear that a best interest decision making meeting should be held where patients lack capacity.

Are services effective?

(for example, treatment is effective)

Patients completed consent forms for minor surgical procedures and immunisations. We noted that the consent forms needed to be revised as they referred to the patient forgoing their right to take legal action against the doctor for medical negligence which does not promote the rights of patients.

Health Promotion & Prevention

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

New patients registering with the practice completed a health questionnaire and were given a new patient medical

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

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

Health promotion advice was provided to patients. This included smoking cessation, obesity management and travel advice.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We looked at 46 CQC comment cards that patients had completed prior to the inspection and spoke with six patients. Patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity, staff were caring, supportive and helpful. Patients we spoke with told us they had enough time to discuss things fully with the GP, treatments were explained and that they felt listened to.

The National GP Patient Survey in March 2014 found that 88% of patients at the practice stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. Eighty nine percent of patients stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. Eight six percent of patients who responded to this survey described the overall experience of their GP surgery as fairly good or very good.

We looked at the results of the last patient survey undertaken by the practice in January 2014. Fifty nine surveys were completed and the results showed that a high percentage were satisfied with the service provided. One hundred percent of patients had overall confidence, trust and satisfaction with the GP, 98% had confidence, trust and satisfaction with the practice nurse and 100% said their overall satisfaction with reception staff was very good or excellent.

We observed that in general privacy and confidentiality were maintained for patients using the service on the day of the visit. Staff we spoke with were aware of the importance of providing patients with privacy. They told us there was a room available if patients wished to discuss something with them away from the reception area. We observed that a notice advising patients of this was not on display. The waiting area was small and seating was close to the reception desk. The reception staff told us that they had received training around not asking for too much information from patients when booking an appointment so as to maintain their confidentiality. The six patients we spoke with confirmed this. The proportion of respondents to the national patient survey who stated that in the reception area other patients couldn't hear them was in line with the national average.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity were maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations.

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

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and rated the practice well in these areas. For example, data from the National GP Patient Survey in March 2014 indicated eighty five percent of patients said the GPs were good or very good at involving them in decisions about their care and 81% felt the nurses were good or very good at involving them in decisions about their care.

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

Patient/carer support to cope emotionally with care and treatment

Information was on display in the waiting area about the support available to patients to help them to cope emotionally with care and treatment. Information available included, information about the Citizen's Advice Bureau, mental health services, domestic violence and community support groups for people who were isolated or carers. We noted that further information about support services could be made available on the practice website.

Staff spoken with told us that bereaved relatives known to the practice were offered support following bereavement. GPs and the practice nurse were able to refer patients on to counselling services. The practice signposted carers who

Are services caring?

would like support on to community support services. The practice was in the process of setting up a monthly coffee morning to support older and isolated patients in the community.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with NHS Wirral Clinical Commissioning Group (CCG) to address local needs and service improvements that needed to be prioritised.

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

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

The practice worked to the National Gold Standard Framework in end of life care (The National Gold Standards Framework (GSF) Centre in End of Life Care provides training to enable generalist frontline staff to provide a gold standard of care for people nearing the end of life). The practice kept a record of patients requiring palliative care. Monthly meetings took place to discuss patient's and their families' care and support needs. The records of the last two meetings showed that only staff from the practice had attended. The lead GP for palliative care and the practice manager told us the practice was supporting few patients with palliative care needs and regular liaison occurred with district nurses, the community matron and out of hours service to ensure good communication of changes in care and treatment.

The practice offered patients a chaperone prior to any examination or procedure. Staff we spoke with said they had received training around carrying out this role. Records demonstrated that staff who acted as chaperones had received training in this.

The practice had a long established Patient Participation Group (PPG). The purpose of the PPG was to meet with practice staff to review the services provided, develop a practice action plan, and help determine the

commissioning of future services in the neighbourhood. Records showed the changes made to the practice as a result of feedback from surveys and meeting with the PPG, for example, improving access to the service, the arrangements for collecting prescriptions and making improvements to the waiting area.

Tackling inequity and promoting equality

The practice provided disabled access in the reception and waiting areas, as well as to the consulting and treatment rooms. An audio induction loop was available to support patients with reduced ranges of hearing. There were comfortable waiting areas for patients attending an appointment and car parking was available nearby. There were disabled toilet facilities.

There was a low percentage of patients from a black and minority ethnic population. Staff were knowledgeable about interpreter services for patients where English was their second language. We noted that information about interpreting services was not on display for patients to refer to.

The reception staff told us that if patients required additional assistance they would ensure that the length of the appointment time was appropriate. For example, if a patient had a learning disability then a double appointment was offered to the patient to ensure there was sufficient time for the consultation.

Staff we spoke with told us there was a low incidence of homeless people accessing the practice. They told us they would ensure that patients received urgent and necessary care whatever their housing status. They were also aware of local support services for the homeless to which patients could be signposted.

Some staff spoken with indicated they had received training around equality, diversity and human rights. The non clinical partner told us that there was a plan in place to ensure that all staff had received this training.

Access to the service

The practice was open Monday to Friday. From 08:30 until 10:00 walk in appointments were offered where a GP was able to see patients without an appointment. Bookable appointments were offered after 10:00. In the afternoon appointments were offered to patients from 16:00 – 18:00 Monday and Thursday and from 14:00 - 16:00 on a Tuesday and Friday. Extended hours GP appointments were available on a Thursday evening from 18:30 – 19:30. No

Are services responsive to people's needs?

(for example, to feedback?)

afternoon appointments were provided on a Wednesday. Nurse consulting times were available Monday, Tuesday and Thursday from 8:30/9:00 – 13:00 and 14:00 – 17.30/18.00 and from 09:00 – 13:00 on a Friday. Patients were able to book appointments in person, by telephone or on-line. Telephone consultations were available and home visits were offered to patients whose condition meant they were unable to visit the practice. When the practice was closed patients were able to access the GP out-of-hours provider operated by Wirral Community NHS Trust.

The appointment system was monitored to ensure that any issues around access to appointments were identified. Access to appointments was monitored through the systems for patient feedback and from feedback from staff. As a result of patient feedback from the last patient survey carried out by the practice further information was provided to patients to promote the repeat prescription service and booking on – line appointments.

The National GP Patient Survey in March 2014 found that patients were overall happy with access to the service. Eighty nine percent were very satisfied or fairly satisfied with opening hours. A lower than national average number of patients said they did not always see the GP they preferred.

We looked at the results of the last patient survey undertaken by the practice in January 2014. Fifty nine surveys were completed and the results indicated patient satisfaction with access to the service. One hundred percent rated their satisfaction with opening times as good, very good or excellent. Ninety eight percent rated their chances of seeing a GP or nurse within 24/48 hours as good, very good or excellent and 98% rated their ease of contacting the practice by telephone as good, very good or excellent.

We looked at 46 CQC comment cards that patients had completed prior to the inspection. A number of the comments indicated that patients were happy with the system for booking appointments and that they could get an appointment when one was needed. Two patients who returned comment cards said the walk in service could be very busy and that an additional GP would be beneficial.

We received information from one patient that indicated they were not happy with the waiting time when attending a non bookable appointment with a child. Staff told us that they would always prioritise children seeing a GP when attending the morning surgery. We spoke with six patients who said they were very satisfied with the walk in service which was available every morning as it gave them the reassurance that they could see a GP when they needed one without an appointment. They all said this arrangement worked well, they did not mind waiting to see a GP and whenever they had attended the walk in service they were seen. They said they were satisfied with arrangements for repeat prescriptions and that if a referral to another service was needed this had been done in a timely manner.

The practice provided a quarterly newsletter for patients. This provided information around services available, any changes to services, survey results and signposted patients to helpful services and organisations.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. We saw that the complaint policy was not displayed in the patient waiting area, however, a complaint policy and procedure were available from reception staff if requested. Reference was made to how to make a complaint and the complaint policy on the practice's website and in the patient information leaflet. We noted that the policy did not include contact details for NHS England and the Health Service Ombudsman, should patients wish to take their concerns outside of the practice.

We looked at the record of complaints and found one complaint had been made within the last two years. We found documentation to record the details of the concerns raised and the action taken. Staff we spoke with were knowledgeable about the policy and the procedures for patients to make a complaint. We noted that a record was not made of verbal complaints. A record should be made of all complaints to enable any patterns to be identified and to demonstrate actions taken in response to issues raised by patients.

Are services well-led?

Good 

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

Our findings

Vision and Strategy

The practice had a clear vision and mission statement:-

“Caring for the community by providing high quality care for our patients within a confidential and safe environment”.

“To provide an appropriate and rewarding experience for our patients whenever they need our support.”

Staff were able to articulate the values of the practice. We noted that the mission statement was not displayed for patients to refer to.

Governance Arrangements

Regular practice meetings took place which involved all staff. These meetings looked at the day to day operation of the practice, what was working well and where any improvements were needed. Management meetings and finance meetings took place to look at the operation of the service and service development.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically or in a paper format. Policies and procedures were regularly reviewed and the sample we looked at were up to date. We spoke to staff who were aware of how to access policies and procedures.

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

The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. For example, we looked at an audit of referrals, medication management, minor surgery and accident and emergency attendance. We noted that the procedure for carrying out audits could be further developed to include completing audits in relation to concerns such as medication alerts, significant events or Quality and Outcomes Framework (QOF) performance. This would further demonstrate how patient outcomes were evaluated and improved.

Leadership, openness and transparency

There was a leadership structure in place and clear lines of accountability. We spoke with all eight members of staff and they were all clear about their own roles and responsibilities. They all told us that they felt valued and well supported.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager or registered manager. Staff told us they felt the practice was well managed with clear leadership from clinical staff and the practice manager. Staff told us they could raise concerns and felt they were listened to.

There were no formal clinician only meetings, however, the GPs and nurse spoken with said they felt supported by their informal meetings and knew they could approach a clinician from the practice if they needed support or guidance. Management meetings and finance meetings took place to look at the operation of the service and service development.

We reviewed a number of human resource policies and procedures that were available for staff to refer to, for example, the induction, sickness and absence and disciplinary procedures. These procedures were in a staff handbook which was updated on an annual basis.

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

Patient feedback was obtained through carrying out surveys, reviewing the results of national surveys, comments and suggestions forms located in the patient waiting area and through the complaint procedure. We looked at the results of the last patient survey undertaken by the practice in February 2014. Fifty nine surveys were completed and the results showed that patients were overall satisfied with access to the service, their experience of the practice and GP and nurse consultations.

The practice had a long established Patient Participation Group (PPG). The purpose of the PPG is to meet with practice staff to review the services provided, develop a practice action plan, and help determine the commissioning of future services in the neighbourhood. Surveys sent by the practice were discussed at PPG meetings and an action plan devised. Records showed the changes made to the practice as a result of feedback from surveys and meeting with the PPG, for example, the results

Are services well-led?

Good 

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

of the last patient survey in February 2014 indicated that patients wanted more information about the systems for booking appointments and ordering repeat prescriptions on line. As a result the practice had promoted these services through the TV message board in the waiting area, posters and having a message printed on prescriptions.

We met with representatives of the PPG who told us they felt listened to and improvements had been made to the practice as a result of their suggestions. For example, the appointment system had been improved and improvements had been made to the waiting area.

A leaflet was on reception and handed out to patients encouraging them to access and participate in the NHS friends and family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for December 2014 showed that 86% of patients were “extremely likely” to recommend the practice.

Staff told us they felt able to give their views at practice meetings. Staff told us they could raise concerns and felt they were listened to. A whistle blowing policy and procedure was available for staff to refer to in the staff handbook.

Management lead through learning & improvement

The practice had an understanding of the need to ensure staff had access to learning and improvement opportunities. The practice manager told us that appraisals for reception/administrative staff needed to be undertaken and that these had been planned to review performance at work and identify development needs for the coming year. The practice nurse and GPs told us they received annual appraisals. Staff told us the practice was supportive of their learning and development needs and that they felt well supported in their roles. They said they worked well as a team and had good access to support from each other. Regular meetings took place to share information, look at what was working well and where any improvements needed to be made.

The practice manager monitored staff training. We noted that the training records needed to better reflect all training undertaken to assist in planning for future training needs.

Procedures were in place to record incidents, accidents and significant events and to identify risks to patient and staff safety. Improvements were needed to the management of significant events to ensure that lessons learnt and actions taken were fully recorded and reviewed to ensure any changes made had been successful.