

Greasby Group Practice - PJ Coppock

Quality Report

Greasby Road
Greasby
Wirral
CH49 3AT

Tel: 0151 678 3000

Website: www.greasbygrouppractice.nhs.uk

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Greasby Group Practice - PJ Coppock on 10 May 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. However feedback following reviews and investigations was not always disseminated to all staff. Reviews to identify themes and trends were not evident.
- Not all staff had received safeguarding training or were familiar with the policy and procedures.
- Recruitment policies and procedures were in place however not all recruitment records contained all the required information to be held in respect of people employed at the practice.

- Generally staffing levels met the needs of the patients; however staff were extremely busy and worked long hours to meet demand.
- Staff had been trained to deal with medical emergencies and emergency medicines and equipment were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Infection control procedures were in place however improvements were needed to monitoring and mitigating risks associated with infections.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- 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 and complaints were dealt with in an appropriate manner with apologies given where needed.
- Patients said they had long waiting times and appointments often ran over the allocated time.

Summary of findings

- There was a clear leadership structure, staff felt well supported by management and worked well as a team.
- The practice lacked robust governance systems. Risks relating to maintenance and storage of patient and staff records (including information relevant to employment within their role) were not well managed. Audits did not demonstrate improvements to care and treatments and were not widely shared for staff to learn from them. Some relevant audits were not undertaken, for example audits of minor surgery procedures.
- The practice had a number of policies and procedures to govern activity, but some needed to be reviewed to reflect current guidance and legislation. For example safeguarding.

The areas where the provider must make improvements are:

- Ensure safeguarding policies and procedures reflect current guidance and legislation.
- Ensure patient records identify those vulnerable patients with specific needs accurately in order for staff to have access to relevant information.
- Ensure staff are familiar with the policies and procedures, are trained and have a knowledge and understanding of safeguarding vulnerable adults and children.
- Ensure systems and processes are in place for assessing, monitoring and mitigating the risks associated with infections, including those healthcare associated, and risks of unsafe management of prescription pads.
- Ensure records relating to patients are stored safely and securely in accordance with current legislation and guidance.
- Ensure records relating to staff include information relevant to their employment in the role including

information relating to the requirements under Regulations 4 to 7 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Ensure effective audit systems are in place to assess, monitor and improve the quality and safety of services.
- Ensure an effective system is implemented by which patient views are analysed, acted on and feedback used to help improve services.

In addition the provider should:

- Review the process of sharing lessons learnt from significant events, complaints and audits and review these to identify themes and trends to improve care and outcomes.
- Review the system for managing safety alerts and notices to include documenting action taken.
- Review staff awareness and understanding of the business continuity plan to minimise risks to patients, staff and others on the premises.
- Improve the waiting times for appointments.
- Review and document the performance, training and development needs of staff at regular intervals through a robust appraisal system.
- Review the training and development plan to include documenting and monitoring of the plan to ensure all staff receive appropriate training for their role
- Review clinical and non-clinical staffing levels and include any increase staffing requirements in the practice strategy and business plans.
- Review staff meetings to include a governance framework and to disseminate information in relation to quality and safety monitoring to all staff.

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.

Requires improvement



- There was a system in place for reporting, recording and analysing incidents and significant events, however overall review did not take place in order to identify themes and trends.
- Lessons learned were not widely shared to make sure action was taken to improve safety in the practice.
- The practice had did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Not all risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were undertaken; however audits were not used to drive improvements in care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for some staff, however not all staff had received regular, appraisal. The process used was not effective in providing robust performance, training and development reviews.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice at around the national average and slightly higher for several aspects of care. For example, 87% of respondents to the National GP Patient's survey said the last GP they saw or spoke to was good at treating them with care and concern (compared to a national average of 85%) and 92% said the last nurse they saw or spoke to was good at treating them with care and concern (compared to a national average of 90%).

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified for example, in dementia and elderly care and the care of those at risk of unplanned admissions to hospital.
- Patients said they experienced long waiting times for appointments. Appointments could be pre booked and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded appropriately to issues raised.

Good



Are services well-led?

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

- The practice did not have a clear strategy or business planning for service developments and improvements needed.
- There was a leadership structure and staff felt supported by management.
- There was a lack of governance procedures which supported the delivery of a strategy and good quality care. There was a lack of robust systems and processes in place to monitor and improve quality and identify risks.
- The practice had a number of policies and procedures to govern activity, but some of these were in need of review and updating to reflect current guidance and legislation.
- Staff had received inductions but not all staff had received regular performance reviews or attended staff meetings.
- Practice meetings were held however these could be improved in order to promote good governance, dissemination of learning from audits, significant events and complaints and to include all staff.

Requires improvement



Summary of findings

- The practice sought feedback from staff and patients however feedback was not reported on and resulting actions were not widely discussed or disseminated to all practice staff.
- There was an active patient participation group who were involved in the practice.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

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 requires improvement for the care of older people. The issues identified as requires improvement in the safe and well led domain overall affected all patients including this population group.

The practice had a higher than national and local clinical commissioning group (CCG) average of elderly patients with 44% over the age of 65.

- The practice offered services to meet the needs of the older people in its population and had a range of enhanced services, for example, in avoiding unplanned admissions and dementia.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example the percentage of patients with atrial fibrillation treated with anticoagulation or anti platelet therapy was lower than the CCG and national average. Whilst the percentage of patients with hypertension in whom the last blood pressure reading measured 150/90 mmHg or less was comparable to the CCG and national average.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All the older patients had a named GP who coordinated their care.
- The practice had a GP lead for elderly care.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The issues identified as requires improvement in the safe and well led domain overall affected all patients including this population group.

The practice maintained and monitored registers of patients with long term conditions for example, cardiovascular disease, diabetes, chronic obstructive pulmonary disease and heart failure.

- GPs supported by nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that outcomes for patients with long term conditions were mixed for example the percentage of patients with diabetes, on the register, whose last

Requires improvement



Summary of findings

measured total cholesterol was 5mmol/l or less was lower than the CCG and national average, whilst the percentage of patients with diabetes, on the register, who had had flu immunisation was comparable to the CCG and national average.

- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- The recall system for patients with long term conditions was not effective. The practice had identified that they needed to improve the system used to make planned re-call of patients more effective.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The issues identified as requires improvement in the safe and well led domain overall affected all patients including this population group.

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.

- Immunisation rates were relatively good for all standard childhood immunisations with immunisations uptake for all children aged five and under around 96%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Unwell children were always offered same day/urgent appointments.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was around the national average at 85%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The issues identified as requires improvement in the safe and well led domain overall affected all patients including this population group.

Requires improvement



Summary of findings

The needs of the working age population, those recently retired and students had been identified and the practice offered services to ensure these were accessible and flexible. For example, it offered online bookings of appointments and prescription requests and offered evening appointments and telephone consultations.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group, for example NHS health checks for those aged 40 to 75 years old.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The issues identified as requires improvement in the safe and well led domain overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice advised vulnerable patients on how to access various support groups and voluntary organisations.
- Some staff had not received training in safeguarding vulnerable people and were not fully aware of their responsibilities. They had access to safeguarding policies and procedures however these were not up to date with current legislation and guidance.
- The practice holds a register of carers and offered them an annual flu vaccination.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The issues identified as requires improvement in the safe and well led domain overall affected all patients including this population group.

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which is comparable to the national average.
- 80% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months, which is comparable to the national average.

Requires improvement



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had advised patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Some staff had been trained in dementia awareness and had an understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice performance was mixed when compared with local and national averages. 240 survey forms were distributed and 114 were returned. This represented 1.5% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

- 98% say the last appointment they got was convenient compared to a national average of 92%.
- 95% had trust and confidence in the last GP they saw or spoke to, compared to a national average of 95%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Patients told us the practice was good, caring and they were pleased with the standard of service given. They said staff listened to them and gave them time at appointments. They said they were always treated with dignity and respect and staff were very helpful.

We spoke with six patients during the inspection, including two members of the patient participation group. All said they were satisfied with the care they received and thought staff were approachable, friendly, helpful and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure safeguarding policies and procedures reflect current guidance and legislation.
- Ensure patient records identify those vulnerable patients with specific needs accurately in order for staff to have access to relevant information.
- Ensure staff are familiar with the policies and procedures, are trained and have a knowledge and understanding of safeguarding vulnerable adults and children.
- Ensure systems and processes are in place for assessing, monitoring and mitigating the risks associated with infections, including those healthcare associated, and risks of unsafe management of prescription pads.
- Ensure records relating to patients are stored safely and securely in accordance with current legislation and guidance.

- Ensure records relating to staff include information relevant to their employment in the role including information relating to the requirements under Regulations 4 to 7 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in particular Disclosure and Barring Service checks relevant to the role.
- Ensure effective audit systems are in place to assess, monitor and improve the quality and safety of services.
- Ensure an effective system is implemented by which patient views are analysed, acted on and feedback used to help improve services.

Action the service **SHOULD** take to improve

- Review the process of sharing lessons learnt from significant events, complaints and audits and review these to identify themes and trends to improve care and outcomes.

Summary of findings

- Review the system for managing safety alerts and notices to include documenting action taken.
- Review staff awareness and understanding of the business continuity plan to minimise risks to patients, staff and others on the premises.
- Improve the waiting times for appointments.
- Review and document the performance, training and development needs of staff at regular intervals through a robust appraisal system.
- Review the training and development plan to include documenting and monitoring of the plan to ensure all staff receive appropriate training for their role
- Review clinical and non-clinical staffing levels and include any increase staffing requirements in the practice strategy and business plans.
- Review staff meetings to include a governance framework and to disseminate information in relation to quality and safety monitoring to all staff.

Greasby Group Practice - PJ Coppock

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

Background to Greasby Group Practice - PJ Coppock

Greasby Group Practice - PJ Coppock is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 7400 patients living in Wirral and is situated in a purpose built medical centre. The practice has two female GPs, two male GPs, two practice nurses, two healthcare assistants, administration and reception staff and a practice manager. Greasby Group Practice - PJ Coppock holds a General Medical Services (GMS) contract with NHS England and is part of the NHS Wirral Clinical Commissioning Group (CCG).

The hours of practice are:

Monday 8.30am – 8.30pm

Tuesday to Friday 8.30am – 6.30pm

The practice is closed Thursday 12pm – 1pm

Patients can book appointments in person, via the telephone or online. The practice provides telephone

consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Wirral Clinical Commissioning Group (CCG) and is situated in an affluent area. The practice population is made up of a mostly working age and elderly population with 44% of the population aged over 65 years old. Fifty one percent of the patient population have a long standing health condition and there is a lower than national average number of unemployed patients.

The practice does not provide out of hours services. When the surgery is closed patients are directed to contact the NHS 111 service, where calls are triaged and passed to the local out of hours service provider. Information regarding out of hours services was displayed on the website and in the practice information leaflet.

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 May 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, reception and administrative staff and the practice manager) and spoke with patients who used the service, including members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting, analysing and recording significant events.

We reviewed records, incident reports and minutes of meetings where these were discussed. Lessons learnt were not fully shared with all staff as findings were discussed between partners and infrequently with the rest of the staff. There was no overarching review annually or more frequently in order to identify themes and trends to ensure future risks from similar incidents were mitigated. Patient safety alerts were received by relevant staff and acted on however there was no documented evidence to demonstrate this.

- Staff told us, and we saw evidence, of significant event, accident and incident reporting. They would inform the practice manager and/or GPs of any incidents. There was a recording form available on the practice's computer system and these were completed in hard copy.
- We found that there was an open and 'no blame' culture at the practice and that staff were encouraged to report adverse events and incidents.
- The practice carried out analysis of the significant events and reviewed them individually at the GP partner's meetings to learn lessons. However there was no effective system in place to ensure lessons learnt were widely disseminated and themes and trends were identified.

Overview of safety systems and processes

The practice had systems, processes and procedures in place to maintain safety. However some of these were not effective and required improvement. .

- Local safeguarding policies and procedures were in place. However these had not been reviewed to reflect recent changes to legislation and guidance and did not detail how to accurately code and identify vulnerable patients. Flow charts detailing what to do in the event of concerns were available in all clinical rooms and administrative areas. There was access to the local safeguarding authority's policies and procedures via the internet.

- There was a lead member of staff for safeguarding. GPs told us they sent reports when requested for safeguarding case conferences and meetings; however there was no record of these having been sent as they were not documented.
- Some staff demonstrated they understood their responsibilities, however not all staff had received appropriate up to date training in safeguarding of adults and children and some could not demonstrate a good knowledge and understanding of what to look for and what to do in the event of concerns. GPs were trained to child protection or child safeguarding level 3.
- 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. Non clinical staff who had not been DBS checked did not act as chaperones. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. Cleaning schedules were in place that were monitored by the contracted cleaning company. We saw that a recent infection control audit undertaken by the community infection control team had identified concerns with the cleanliness of the premises. These had been documented as having been actioned by the practice; however there was no monitoring of the cleaning standards by the practice themselves.
- One of the GPs was the infection control lead. They had received basic infection control training. There was no evidence of them liaising on a regular basis with the local infection prevention teams to keep up to date with best practice. There were infection control policies and protocols in place and staff had received update training. The practice undertook an annual infection control audit and the community infection control team had also recently undertaken an audit.
- A Legionella risk assessment had been undertaken in 2012, however required actions such as monitoring of the water temperatures had not been undertaken since

Are services safe?

then. (A Legionella risk assessment is a report by a competent person giving details as to how to control the risk of the legionella bacterium spreading through water and other systems in the work place).

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice mostly kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However prescription pads were not managed safely as there were no effective system in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow the other practice nurse to administer medicines in line with legislation. Health Care Assistants were also trained to administer vaccines and medicines.
- We reviewed five 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 Disclosure and Barring Service.
- We reviewed two personnel files of locum GPs that the practice used to cover absences. These did not contain the full required information in respect of their employment. For example there was no evidence of assurance of DBS checks having been undertaken, references or photographic identification.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were health and safety policies and procedures in place and environmental and fire risk assessments undertaken and reviewed regularly. The practice undertook fire evacuation drills annually. There was a health and safety policy available with a poster in the reception office which identified local health and safety

representatives. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- 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 enough staff were on duty. The practice had established they needed to review managerial support and GP cover and to employ more staff. However this had not been formalised in the strategy or business plans.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit, spillage kits and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All but one of the medicines we checked were in date and stored securely. We noticed that one medicine and some of the needles were out of date. This was brought to the attention of the practice who told us they would rectify this immediately.
- 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. However staff were unaware of the plan and its location.

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 patients' needs.

Services provided were tailored to meet patients' needs. The practice used coding and alerts within the clinical electronic record system to help identify that patients with specific needs were highlighted to all staff on opening the clinical record. For example, patients on the palliative care register or vulnerable adults and children at risk. However we found that some of the codings were not accurate making it difficult to ensure all specific needs were met and that vulnerable patients were identified quickly to all clinicians accessing their record.

Patients at risk of unplanned admission to hospital and attendance at A&E departments were monitored and had care plans in place to reduce this risk. The practice referred patients who they felt were at risk of falls, to the community falls service with the aim of reducing the risk of injury and admission to hospital.

The GPs 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 they had been received.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 83% of the total number of points available compared to the national average of 95%.

Data from 2014 - 2015 showed:

Performance for diabetes related indicators were slightly below the national average. For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 67% compared to the national average of 78%. Performance issues with diabetes indicators were acknowledged as an area for improvement by the practice. Audits had been carried out and actions taken to try to improve, however little improvement had been made and work continued to look at further ways to improve.
- Performance for mental health related indicators was similar to the national average. For example: 80% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (April 2014 – March 2015).
- The practice had been identified as a higher than average prescriber of broad spectrum antibiotics (Cephalosporins or Quinolones) with the percentage of antibiotic items prescribed that are Cephalosporins or Quinolones at 10% compared to the national average of 5%. Audits had been undertaken which could not demonstrate improvement in prescribing practice and no further action was evident to ensure practice was changed to improve outcomes.
- Cervical smear screening uptake for women was slightly higher (85%) than the national average of 82%.

There was evidence of clinical audits having been undertaken.

- There had been some clinical audits completed in the last two years, however the audits were brief and lacked some essential elements of clinical audit. It was not clear that audits were discussed and disseminated widely throughout the practice, and the resulting action plans were not robust to ensure system/process change and to drive improvement.
- There was no audit plan or programme based on local and national priorities. Minor surgical procedures and joint injections were not audited to monitor safety and infection control risk.

Are services effective?

(for example, treatment is effective)

The recall system for patients with long term conditions was not effective and the practice had identified that they needed to improve this to ensure an effective system was operated.

Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered basic training including fire safety, health and safety and confidentiality and environmental/role specific induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, and those delivering vaccinations, cervical smear taking and diabetes care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- There was not a robust training, performance and development programme in place for all staff. Some appraisals had been undertaken, however some staff appraisals were out of date and the appraisal process for these was basic and not documented. There was a training matrix in place which confirmed staff had generally received the relevant training and updating. However there was no practice training plan in place identifying core topics, training relevant to role and frequency of training required. We noted some staff had not received appropriate training in safeguarding. Staff had access to and made use of e-learning training modules and in-house training.

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 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.

Staff worked together and with other health and social care professionals 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. However some multi-disciplinary meetings were not routinely taking place. These included meetings with health visitors to review safeguarding concerns and with the community team to review those patients receiving end of life care.

Consent to care and treatment

Staff sought patients' consent to care and treatment 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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity, and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.
- Written consent was obtained and recorded for minor surgical procedures such as removal of skin lesions.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then offered in house support and signposted to the relevant external support services.

The practice's uptake for the cervical screening programme was 79%, which was slightly higher than the CCG average of 73% and the national average of 74%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast

Are services effective?

(for example, treatment is effective)

cancer screening rates were higher than the national and CCG average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 67% (national average 58%, CCG average 56%) and females (aged 50-70) screened for breast cancer in the last 36 months at 77% (national and CCG average 72%).

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 100% and five year olds from 85% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients including two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 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. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- A breast feeding room and disabled accessible toilet facilities were available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 278 patients as carers (4% of the practice list). Comprehensive written information was available to direct carers to the various avenues of support available to them.

There was bereavement information in a practice leaflet and on the practice website. Recently bereaved patients were contacted by the practice and followed up if necessary with a consultation and/or by giving them advice on how to find a support service

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately, or were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.30am – 8.30pm on Monday and 8.30am – 6.30pm Tuesday to Friday with Thursday closure between 12noon and 1pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was comparable to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 73% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 77% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the national average of 76%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However feedback from patients we spoke to, survey results and comment cards told us patients often had a long wait for their appointment and appointments often ran over time. The practice were aware of this issue and were trying to implement actions to improve the situation, such as planning in catch up time for GPs.

The practice did not provide an out of hours service; this was provided by the Wirral local out of hour's service provider. Information on how to access out of hours advice was available on the practice website and in the practice information leaflet.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example an information leaflet regarding the complaints procedure.

We looked at a number of complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.

Lessons were learnt from individual concerns and complaints however analysis of trends and themes was not undertaken to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. However they did not have a formal strategy for future delivery of services and service development.

The practice had identified a need for increased GP staffing and practice management support, however there were no documented plans or strategy in place in order to deliver these improvements.

Governance arrangements

The practice lacked robust governance systems.

- A range of practice policies and procedures were in place. Some policies and procedures such as the safeguarding policy were in need of review to ensure they met local, national and professional guidance.
- There was a culture of reporting incidents without fear of recrimination. Individual incidents and complaints were reviewed, however there was no overarching review to identify and learn from themes and trends. Learning from these was not widely disseminated to all staff.
- Audits undertaken were brief and lacked some essential elements of clinical audit. Audits were not discussed or disseminated throughout the practice, reducing opportunities for learning. This included infection control audits.
- There was no audit plan or programme based on local and national priorities and little evidence that changes in practice took place as a result of audit. Minor surgical procedures and joint injections were not audited to monitor safety and infection control risk.
- Staff meetings took place infrequently (six monthly). These could be improved to ensure that they included feedback to all staff. Governance issues such as audit, patients' feedback, significant events and complaints themes were not routinely discussed. There was a lack of evidence to demonstrate quality monitoring and service improvements were disseminated and discussed with all staff.

- There was limited evidence of patient satisfaction surveys resulting in change and improvements. One survey had been undertaken however this had not been reported on and results had not been widely disseminated. Resulting action plans were not evident.
- There was a lack of a robust training and development plan with some training needs not being fully addressed (for example safeguarding training). Some staff appraisals had not taken place on a regular basis, were out of date and lacked a robust process for improving performance and development of staff.
- The practice lacked robust arrangements for identifying, recording and mitigating risks of infection.
- Risks relating to maintenance and storage of patient and staff records (including information relevant to their employment within their role) were not well managed. Patient paper records were not stored safely as they were stored on open shelves in a cupboard and therefore at risk of loss or damage due to environmental factors.

Leadership and culture

Staff told us the partners were approachable and took the time to listen to all members of staff.

The provider was aware of and complied 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 systems in place for knowing about notifiable safety incidents including reporting of adverse medicine reactions. When there were unexpected or unintended safety incidents, the practice gave affected people support and an apology.

Staff told us they felt respected, valued and supported. However the practice did not hold regular staff meetings which included a governance agenda for information exchange, dissemination of learning and implementation of actions to improve patients experience and outcomes.

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

- The practice gathered feedback from patients through the patient participation group (PPG) and through surveys, the NHS friends and family test, comments and

Are services well-led?

Requires improvement



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

complaints received. However there was a lack of evidence of implementing action plans from the feedback received and the results from the surveys were not widely disseminated.

Continuous improvement

There was a lack of focus on continuous learning and improvement within the practice. An effective audit

programme was not evident and staff training was not planned or monitored to ensure all staff received training relevant to their role and at appropriate intervals. Learning from complaints, incidents and significant events was limited to an individual basis and themes and trends were not identified in order to prevent recurrence.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not have effective systems and processes in place to prevent abuse. Staff had not all received suitable training and could not demonstrate knowledge and awareness of their individual responsibilities. Clinical coding systems were not accurate.</p> <p>Policies and procedures for safeguarding were not up to date with current legislation and guidance.</p> <p>13 (1), (2), (3)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have effective systems and processes in place to assess, monitor and improve the quality and safety of services provided.</p> <p>The provider did not have effective systems in place to monitor and mitigate the risks relating to the health, safety and welfare of patients and others in particular in relation to the risks of infection and management of prescription security.</p> <p>The provider did not have effective systems in place to act on feedback from patients and staff.</p> <p>The provider did not have an effective system in place for maintaining and storing safely records relating to patients and staff.</p> <p>Patients' paper records were not stored safely. Locum staff records did not include all information relevant to their employment at the practice including information relating to the requirements under Regulations 4 to 7</p>

This section is primarily information for the provider

Requirement notices

and Regulation 19 (part 3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular ensuring an appropriate Disclosure and Barring Service check is maintained that is relevant to the role.

17 (1) (2) (a), (b), (c), (d), (e), (f)