

GP Practice at Riverside

Quality Report

Riverside Centre for Health
Park Street
Liverpool
L8 6QP

Tel: 0151 295 9210

Website: www.riversidemedicalcentre.com

Date of inspection visit: 06 February 2018

Date of publication: 15/03/2018

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



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
Areas for improvement	5

Detailed findings from this inspection

Our inspection team	6
Background to GP Practice at Riverside	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at GP Practice at Riverside on 3 May 2017. The overall rating for the practice was good but the practice was rated as requires improvement for ensuring safe services. The full comprehensive report on the May 2017 inspection can be found by selecting the 'all reports' link for GP Practice at Riverside on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 6 February 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 3 May 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- The registered provider had reviewed the overall governance structure of the practice including staff

roles and communications. New team and operational meetings were taking place. Key senior team members had developed leadership roles to support governance arrangements.

- Clearer systems were in place to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. Risk assessments, monitoring and audit systems were improved to mitigate safety risks, in particular with regard to safety alerts and guidance, staffing, emergency medication and prescriptions and safety of the premises and equipment.
- Practice specific policies and standard operating procedures were available to all staff.
- There were clear methods of communication across the staff team. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care.
- New systems and monitoring responsibilities had been put into place to ensure that records relating to

Summary of findings

the practice, including policies, staff recruitment and training documentation were completed. A staff training matrix was used by the practice to monitor staff training.

- A complaints policy and procedure was in place and information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with.
- An improved system for cascading NICE guidelines and patient safety alerts had been put in place.

- New procedures were in place to monitor the emergency medicines, doctors' bags and emergency equipment.

In addition the provider should:

- Review how information collected by the practice could improve the support available for carers.

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 providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. New processes had been put in place, staff learnt from significant events and this learning was shared across the practice.
- The practice had improved and embedded the systems, processes and practices in place to keep people safe and safeguard them from abuse.
- Risks to patients were assessed and well managed.
- Health and safety related checks were carried out on the premises and on equipment on a regular basis. Records to show compliance with health and safety legislation were available.
- Systems were in place for the safe management of medicines. New procedures were in place to monitor the emergency medicines, doctors' bags and emergency equipment.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Review how information collected by the practice could improve the support available for carers.

GP Practice at Riverside

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector.

Background to GP Practice at Riverside

GP Practice at Riverside is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post-natal care. The practice has a General Medical Services (GMS) contract with a registered list size of 2300 patients (at the time of inspection). The practice had a high proportion of patients with significant levels of deprivation, disease prevalence and unemployment.

The practice has one GP partner, a salaried GP, a long term locum GP, advanced nurse practitioner, practice nurse and health care assistant and a number of administration and reception staff. The practice is open from 8am to 6.30pm Monday to Friday. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance out of hours when the practice is closed.

The practice is part of the Liverpool Clinical Commissioning Group (CCG). They provide a range of enhanced services, for example: childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

The practice does not provide out of hours services. When the surgery is closed, patients are directed to the local GP

out of hour's service and NHS 111. Information regarding out of hours services was displayed on the website, on the practice answering machine and in the practice information leaflet.

Why we carried out this inspection

We undertook a comprehensive inspection of GP Practice at Riverside on 3 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in May 2017 can be found by selecting the 'all reports' link for GP Practice at Riverside on our website at www.cqc.org.uk.

We undertook a follow unannounced focused inspection of GP Practice at Riverside on 6 February 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out an announced focused inspection GP Practice at Riverside on 3 May 2017.

During our visit we:

- Spoke with the registered provider and senior management staff.
- Reviewed updated policies and procedures.
- Reviewed a sample of reported significant events, complaints and minutes of staff meetings.

Detailed findings

- Reviewed the systems in place to deal with medical emergencies and how the practice manages medicines.

Are services safe?

Our findings

At our previous inspection on 3 May 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of appropriate risk assessments, safeguarding, monitoring and audit systems, emergency medication and prescriptions and safety of the premises and equipment required improvements.

These arrangements had significantly improved when we undertook a follow up inspection on 6 February 2018. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a revised system for reporting and recording significant events.

- We were told that staff would inform their operational manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports and minutes of operational meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and these had been reviewed annually to identify themes. A revised patient safety alert system ensuring all alerts were cascaded and acted on was now in place.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and process

The practice had revised their systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding had improved. The practice had adult and children's safeguarding policies and procedure in place which reflected relevant legislation and local requirements. Policies were accessible to all staff, including a safeguarding children's concern flow chart. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. All staff had received safeguarding training relevant to their role. For example, the GPs were trained to Safeguarding level 3.
- The arrangements for managing medicines, including emergency drugs were appropriate and safe. There was a system to ensure the safe issue of repeat prescriptions and patients who were prescribed potentially harmful drugs were monitored regularly. At our last inspection we identified concerns relating to how repeat prescriptions were being managed. Immediate actions were taken by the registered provider and new systems for repeat prescribing and how prescription pads were secured had been implemented.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a range of health and safety related policies and procedures that were available to staff.
- The practice had up to date health and safety related risk assessments and safety checks were carried out as required. For example, fire safety equipment, electrical equipment and clinical equipment which was not evidenced at the last inspection.
- 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 of the different staffing groups to ensure that enough staff were on duty. However, at the last inspection the provider was using staff from his other practices to work across each site and safe systems were not in place to support this. For this inspection we saw that a practice manager worked across a number of practices, leadership roles had been strengthened and organisational roles and responsibilities had been improved to monitor this.

Are services safe?

Arrangements to deal with emergencies and major incidents

Arrangements were in place to respond to emergencies and major incidents. For example;

- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency. There was also a call button located in clinical areas.
- Staff had received annual basic life support training.
- The practice had emergency medicines available. A recent audit had identified that monitoring systems

required improvements and this had recently been implemented. Emergency medicines were shared with other practices in the building, they were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a new system in place to ensure the medicines were in date and fit for use.

- The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks.