Dr Maassarani and Partners

Quality Report

Towerhill Primary Care Resource Centre
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Website: N/A

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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This is the report of findings from our inspection of Dr Maassarani and Partners. The practice is registered with CQC to provide primary care services. We undertook a planned, comprehensive inspection on 3 February 2015 and we spoke with patients, relatives, staff and the practice management team.

The practice was rated overall as **Requires Improvement.**

Our key findings were as follows:

- Staff understood their responsibilities to raise concerns, however not all staff were engaged in reporting incidents and near misses.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Data showed patient outcomes were good for the locality.
- 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 easy to understand.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, however these were not always followed in practice for example the recruitment and complaints procedures.
- The practice held weekly and monthly team meetings and staff reported feeling well supported by the leadership team.
- The practice sought feedback from patients and worked closely with the practice Patient Participation Group (PPG).

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

Importantly, the provider must:

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- The provider must ensure suitable arrangements are in place to demonstrate staff are receiving appropriate training, supervision and appraisal at all times. Regulation 23.
- The provider must ensure its recruitment arrangements are in line with Regulation 21 and Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff. This must include a Disclosure and Barring Service (DBS) check for all staff with chaperoning responsibilities. Regulation 21.

In addition the provider should:

- Improve the practice by ensuring learning from adverse events, incidents, complaints, errors and near misses that occur.
- Ensure doctors have emergency drugs available for use in patients' homes or have in place a risk assessment to support their decision not to have these available.
- The provider should ensure all emergency equipment is checked to ensure it is safe and ready for use. They should review the storage of emergency medicines held at the practice to ensure that when needed they can be accessed swiftly and safely.
- The complaints process should include a documented audit trail of the steps taken and the decisions reached, including the learning that has taken place.
- The practice should take the responsibility to liaise with the other practices in the building to put together a policy for dealing with emergency patients that arrive in the main reception such as described in the report.

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?

Requires improvement

The practice is rated as requires improvement for safety. The practice had a system in place for reporting, recording and monitoring significant events but staff were unclear about the system. There were systems in place for safeguarding children and adults but not all staff had received safe guarding training. Medicines were managed safely. Staff recruitment policies were in place but not all staff, including those with chaperoning responsibilities, had a Disclosure and Barring Service (DBS) check in place. Arrangements to deal with emergencies patient situations required improvements.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from The National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Systems were in place to manage, monitor and improve outcomes for patients. Effective staffing arrangements were in place however improvements were needed for staff training and appraisal and the development of personal development plans for staff.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. Staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. They reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good

Summary of findings

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 that the practice responded quickly to issues raised.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. It had a vision and a strategy and all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, for example recruitment policies and procedures and complaints management procedures. However these procedures were not followed in practice. We identified improvements were needed for reporting incidents, complaints management and the collection of information showing the skills and fitness of people working at the practice. We found insufficient information relating to the recruitment of staff, training they had undertaken and the appraisal system in place. The practice proactively sought feedback from patients and had an active patient participation group (PPG).

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

Requires improvement

There were aspects of the practice which required improvement that would have an impact on all of the population groups. Consequently the practice is rated as requires improvement for the quality of care provided to older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, they had good links with the local Falls Prevention Team so that patients at risk can be referred to this service for on-going assessment and support. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with more complex needs.

People with long term conditions

Requires improvement

There were aspects of the practice which required improvement that would have an impact on all of the population groups. Consequently the practice is rated as requires improvement for the quality of care provided to patients with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. Care plans were developed for these patients to prevent hospital admission. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. This included consultant led reviews from local Trusts to optimise management and increase the knowledge of practice staff.

Families, children and young people

Requires improvement

There were aspects of the practice which required improvement that would have an impact on all of the population groups. Consequently the practice is rated as requires improvement for the quality of care provided to families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and for those who were at risk, for example, children and young people who had a high number of A&E attendances. 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. Appointments

Summary of findings

were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. Antenatal and post natal clinics were held at the practice. The practice had worked towards and achieved the Breast Feeding Welcome certificate. This involved work on ensuring the practice environment was 'friendly' towards breast feeding mothers, and staff being trained and having a level of awareness of the needs of breast feeding mothers and their babies.

The practice had good links with 'THinK', a Teenage Health Service for young people aged 13-19 that offered advice and treatment around contraception, STI screening, pregnancy testing, smoking cessation, drugs and alcohol.

Working age people (including those recently retired and students)

Requires improvement

There were aspects of the practice which required improvement that would have an impact on all of the population groups. Consequently the practice is rated as requires improvement for the quality of care provided to working age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. 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.

The practice provided extended hours in the evening to accommodate those patients who worked in the daytime. Patients between the ages of 40 and 74 were systematically invited into the practice for a health check to discuss lifestyle and the prevention of heart disease and stroke.

People whose circumstances may make them vulnerable

Requires improvement

There were aspects of the practice which required improvement that would have an impact on all of the population groups. Consequently the practice is rated as requires improvement for the quality of care provided to patients whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They had carried out annual health checks for p patients with a learning disability and offered these and other vulnerable patients longer appointments with a GP to ensure their health needs were met.

The practice was working towards achieving the 'Supporting Carers' certificate which involved them developing and implementing a

Summary of findings

plan to identify 'new' carers, support known carers and ensure that patients know about services available to them. The practice worked in partnership with CRI Knowsley, a social care and health charity working with individuals, families and communities that were affected by drugs, alcohol, crime, homelessness, domestic abuse and antisocial behaviour. The practice held an multi-disciplinary team (MDT) meeting every three months which included a GP, the patient and the patients' care worker to review progress and set goals and plans. As part of the PMS contract the practice engaged the Knowsley Domestic Violence service to help in identifying and supporting a 'hard to reach' population. The GP lead increased their knowledge and awareness around the local services available and referral options which led to an increased number of women being referred for support.

People experiencing poor mental health (including people with dementia)

Requires improvement

There were aspects of the practice which required improvement that would have an impact on all of the population groups. Consequently the practice is rated as requires improvement for the quality of care provided to patients experiencing poor mental health (including people with dementia). They had a risk stratification and case finding tool to identify high risk patients who may benefit from dementia screening and referral to memory clinics. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice had a psychological therapist working there each week offering talking therapies to patients over 16 years with a range of mild to moderate mental health problems. The practice also worked closely with the local community mental health team.

Summary of findings

What people who use the service say

We received 29 completed CQC comment cards and spoke with 7 patients who were attending the practice on the day of our inspection. We spoke with people from different population groups, including patients with different physical conditions and long-term care needs. The patients were complimentary about the staff and GPs. They told us that practice staff were caring, getting an appointment was easy and the GPs had the time to listen to patients. Patients told us the practice had compassionate staff, who were courteous, respectful and helpful and they felt they received good care.

The practice provided a detailed patient survey report which had been carried out between the 3rd February and 10th March 2014. The results showed levels of patient satisfaction for GP consultations, how they were listened to and how caring the doctor and nurses had been. Some areas for improvement were identified including practice opening hours, staff conduct and behaviours, online appointments and waiting times. The practice produced a detailed response to the survey which included comments made by the practice Patient Participation Group (PPG).

Areas for improvement

Action the service MUST take to improve
Action the provider MUST take to improve:

- The provider must ensure suitable arrangements are in place to demonstrate staff are receiving appropriate training, supervision and appraisal at all times. Regulation 23.
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Action the service SHOULD take to improve

- Improve the practice by ensuring learning from adverse events, incidents, complaints, errors and near misses that occur.
- Ensure doctors have emergency drugs available for use in patients' homes or have in place a risk assessment to support their decision not to have these available.
- The provider should ensure all emergency equipment is checked to ensure it is safe and ready for use. They should **r**eview the storage of emergency medicines held at the practice to ensure that when needed they can be accessed swiftly and safely.
- The complaints process should include a documented audit trail of the steps taken and the decisions reached, including also the learning that has taken place.
- The practice should take the responsibility to liaise with the other practices in the building to put together a policy for dealing with emergency patients that arrive in the main reception such as described in the report.

Dr Maassarani and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP and a specialist advisor who was a practice manager.

Background to Dr Maassarani and Partners

Dr Maassarani and Partners is registered with the Care Quality Commission to provide primary medical services. This is a Primary Medical Service (PMS) contracted service within the centre of Knowsley. The practice operates from two locations, a main surgery in Kirkby and a branch surgery in Melling. Doctors and practice staff work at both locations across the week. This inspection took place at the main location at the Primary Care Resource Centre in Kirkby. This location is part of a larger primary health care centre with services such as phlebotomy, pharmacy, community cardiology and a range of community services. The practice has a complete primary health team consisting of doctors, practice nurses, health care assistants, reception secretarial and administration staff and pharmacy technicians.

The total practice list size for Dr Maassarani & Partners is 8035. The practice is part of Knowsley Clinical Commissioning Group (CCG). The practice is situated in an area that has higher than average areas of deprivation. The practice population is made up of a higher than national average population aged between 40 and 54 years and a lower than national average of older patients.

The practice is open Monday to Friday from 8.00am to 18.30pm with extended hours on one day each week as part of their PMS contract. Patients can book appointments in person, online or via the phone. 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 medical services.

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.

How we carried out this inspection

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

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

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

- Older people

Detailed findings

- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 3 February 2015.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face, looked at survey results and reviewed CQC comment cards left for us on the day of our inspection.

We spoke with the office and senior managers, registered manager, GP partners, administrative staff and reception staff on duty. We spoke with patients who were using the service on the day of the inspection.

We observed how staff handled patient information, spoke to patients face to face and talked to those patients ringing the practice. We explored how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with carers and family members of patients visiting the practice at the time of our inspection.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff were encouraged by the management team to share information when incidents and untoward events occurred however their engagement with reporting incidents within the practice was low.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. Records were kept of significant events that had occurred during the last twelve months and these were made available to us. Staff reported an open and transparent culture when accidents, incidents and complaints occurred, they told us they would report all such events to the office manager. However many of the staff we spoke with were unsure what constituted a reportable incident, they had not received guidance or training and had never completed an incident record. We saw in practice meetings brief records to show that significant events were discussed but not all of those discussed had been formally reported as an incident. Of the three incidents we reviewed, we were not satisfied that they could be classed as serious untoward incidents or that they had been widely discussed by the practice team. Staff including receptionists, administrators and nursing staff were aware of the system for reporting incidents but only the doctors or office manager had used the system to report such events.

We looked at the complaints information held at the practice and found there were gaps in the information and insufficient records to evidence that learning had taken place for all complaints made.

Reliable safety systems and processes including safeguarding

There was a local policy for child and adult safeguarding. This referenced the Department of Health's guidance. Staff demonstrated knowledge and understanding of safeguarding. They described what constituted abuse and what they would do if they had concerns. Some staff had undertaken electronic learning regarding safeguarding of children and adults as part of their essential (mandatory) training modules. This training was available at different levels appropriate to the various roles and responsibilities of staff however not all staff had completed training.

There was a chaperone policy in place. Staff were familiar with this and there was signage in the consultation rooms offering chaperones if needed.

The practice had a dedicated GP appointed as lead for safeguarding vulnerable adults and children. They had the necessary level of training to enable them to fulfil this role. The lead safeguarding GP was aware of vulnerable children and adults registered with the practice and safeguarding records demonstrated good liaison with partner agencies such as the police and social services. All staff we spoke with were aware who the safeguarding lead was and who to speak to in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments, for example children subject to child protection plans.

Medicines management

The practice had clear systems in place for the management of medicines. There was a system in place for ensuring a medication review was recorded in all patients' notes for all patients being prescribed four or more repeat medicines. We were told that the number of hours from requesting a prescription to availability for collection by the patient was 48 hours or less (excluding weekends and bank/local holidays). The practice met on a quarterly basis with the Medicines Manager and Clinical Commissioning Group (CCG) pharmacists to review prescribing trends and medication audits.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. There was a process in place to ensure that medicines and vaccines were kept at the required temperatures. This was being following by the practice staff, and the action to take in the event of a potential failure was described.

Requires improvement

Are services safe?

We observed effective prescribing practices in line with published guidance. Vaccines were administered by nurses who followed directions that had been produced in line with legal requirements and national guidance. Information leaflets were available to patients relating to their medicines. We reviewed the doctor's bags available to GPs when doing home visits and found they did not routinely carry medicines for use in patients' homes. There was no risk assessment in place to support this decision.

Clear records were kept when any medicines were brought into the practice and administered to patients. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. The protocol complied with the legal framework and covered all required areas. For example, how staff that generate prescriptions were trained and how changes to patients' repeat medicines were managed. This helped to ensure that patient's repeat prescriptions were appropriate. All prescriptions were reviewed and signed by a GP before they were given to the patient. We saw that blank prescription forms were handled in accordance with national guidance.

The practice had the equipment and in-date emergency drugs to treat patients in an emergency situation at the practice. We saw that emergency medicine, including medicines for anaphylactic shock, were stored safely and were monitored to ensure they were in date and ready for use. However these medicines were not segregated in a treatment room cupboard and might not be easily accessible should they be needed for an emergency in another part of the practice.

Cleanliness and infection control

We saw the premises were clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. We were told that the practice nurse had lead responsibility for infection control. Policies were in place and staff had recently completed hand hygiene and infection control training. The practice had recently undergone an external infection control audit.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to work and deliver treatment safely. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these in order to comply with the practice's infection control policy. There was also a policy for needle stick injury.

The practice had a policy for the management, testing and investigation of legionella (an organism found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in line with this policy in order to reduce the risk of infection to staff and patients.

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 and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales.

Staffing and recruitment

The practice had a recruitment policy in place. However we looked at the information held for all staff at recruitment stage and found a number of gaps. The practice did not routinely collect the required pre-employment checks such as references, medical checks, professional registration checks or photographic identification. There was no written evidence to show that all staff including clinical staff, had a Disclosure and Barring Service (DBS) check completed before commencement of work. These checks provide employers with access to an individual's full criminal record and other information to assess their suitability for their role. Risk assessments supporting the decision not to request DBS checks were also not in place.

Monitoring safety and responding to risk

The practice had a system in place for reporting, recording and monitoring significant events. However the system was not robust enough to ensure all staff were engaged in reporting such events, that analysis was taking place and that learning took place to reduce the risks identified. Health and safety information was displayed for staff to see and there was an identified health and safety

representative. Formal risk assessments for the environment and premises were in place. These included a fire risk assessment and a completed legionella test for the building.

The practice had procedures in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. Staffing levels were set and reviewed to ensure patients were kept safe and their needs met. We saw evidence that staff were able to identify and respond to changing risks in patient's conditions, for example timely referrals were made for all patients attending hospital as a referred patient or as an emergency. All acutely ill children would be seen on the same day as requested.

Arrangements to deal with emergencies and major incidents

The practice arrangements for dealing with emergencies required improvement. Staff had not been trained in basic life support and this included clinical staff. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). The practice shared this equipment with other providers at the location address. We reviewed the records to see that staff regularly completed checks to ensure the equipment was fit for purpose and working but these were not in place.

On the day of our inspection we saw an emergency situation in an area not directly within the practice area but within the medical centre building. We requested that emergency equipment was brought to the scene and that medical assistance from the practice was provided immediately. We noted a delay in both the emergency equipment and medical assistance arriving at the scene. Staff we spoke with during and after the event were unclear about whose responsibility it was to respond to this situation because it had occurred outside of the practice in a main reception area. This suggested that emergency procedures were not regularly tested, followed or understood by staff increasing the risk that in an emergency situation a patients need might not be met as quickly and as safely as required.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. However they were not segregated and in an emergency staff might not be able to gather the required drugs easily. Processes were in place to check emergency medicines were within their expiry date and suitable for use but this was carried out on an ad hoc basis and no records were kept of this. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that might impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. A fire risk assessment had been undertaken that included actions required for fire safety standards.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly describe the rationale for their treatment approaches. They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence and from local commissioners. We saw minutes of practice meetings where new guidelines were discussed along with the implications for the practices. The staff we spoke with and evidence we reviewed confirmed these actions were aimed at ensuring that each patient was given support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate.

The GPs told us they led in specialist clinical areas such as diabetes, heart disease and asthma. The practice nurses supported this work which allowed the clinicians at the practice to focus on specific conditions in their area of specialty. The practice and clinical nurse specialist had lead roles and they had been trained and supported to carry out this work and improvements were noted in terms of patient experience and practice performance. Data from the Quality and Outcomes Framework (QOF) dated 2013/14 shows good performance for managing some of the most common chronic diseases, e.g. diabetes, coronary heart disease and chronic obstructive pulmonary disease.

The practice used a computerised toolkit to identify patients with complex needs who had multidisciplinary care plans documented in their case notes. Some of these were older patients. The practice reviewed how many of these were carers or lived alone and had not been seen a GP for over 12 months. These patients were contacted and invited into the practice for a health assessment. We saw how patients recently discharged from hospital were followed up by the practice. We saw how GP's reviewed their treatment including any changes to their medicines. The GPs knew the practice had high numbers of patients attending the local A&E departments and they were considering how best these patients could be supported in the future at the practice.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, child protection alerts management and medicines management. The information staff collected was then collated to support the practice to carry out clinical audits.

The practice showed us two clinical audits that had been undertaken in the last four years. Both of these audits were not full and completed audit cycles. For instance one was an audit relating to patients who had Osteoporosis, this was completed by an external agency. The patients and their medications were reviewed to ensure the treatment they had prescribed was appropriate, if not the medicines were changed. There was no evidence that these patients had been reviewed further some months after the audit had taken place or that treatment changes had been effective. We saw this same audit had been repeated over the previous four years.

The GPs told us clinical audits were often linked to medicines management information and safety alerts. We saw the CCG medicines management team worked with the practice to identify medicines that required audits. Following each audit the GPs carried out medication reviews for patients and when results were know they altered their prescribing practice, in line with the guidelines.

The practice used the information they collected for the Quality and Outcomes Framework (QOF) which is a voluntary incentive scheme for GP practices in the UK. For 2013/14 the practice had achieved 100% of the total QOF points they could achieve. We noted that for the same period the practice had higher levels of exception reporting than the national average and we discussed this with the practice who told us they were not aware of this. Exception reporting refers to the potential removal of patients from QOF where they do not fit the criteria for a particular indicator. Some exception reporting could be applied automatically by the IT system, for example in respect of

Good

Are services effective?

(for example, treatment is effective)

patients who are recently registered with a practice, or who were recently diagnosed with a condition. Other exception reporting is based on information entered into the clinical system by the GP. It is important that the practice is fully aware of the criteria around exception reporting and have the right rationale for this. On the day of our inspection the practice was not clear about this and there did not appear to be a clear strategy for how it should be managed.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it they had outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

The team was making use of clinical audit tools and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement.

The practice had achieved and implemented the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that some staff were not up to date with mandatory training courses such as annual basic life support. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

We looked at a number of staff files and found insufficient evidence that all staff had received annual appraisals that identified learning needs. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example immunisation updates for the practice nurse. As the practice was a training practice, doctors who were training to be qualified as GPs had access to a senior GP throughout the day for support.

Practice nurses and the clinical nurse specialist had defined duties they were expected to perform and were able to demonstrate they were trained to fulfil these duties. For example, cervical cytology. Clinical staff with responsibilities such as monitoring long term conditions such as asthma and diabetes were also able to demonstrate they had appropriate training to fulfil these responsibilities .

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries and out of hours providers were received both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and actioning any issues arising from communications with other care providers on the day they were received. The GP seeing these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. The practice had a system in place to ensure all patients discharged from hospital were seen when they had been discharged from hospital and their conditions reviewed.

The practice worked closely with other health and social care providers in the local area. The GPs and the practice manager attended various meetings with management and clinical staff from practices across Knowsley CCG. These meetings shared information, good practice and national developments and guidelines for implementation and consideration. They were monitored through performance indicators and practices were benchmarked.

Good

Are services effective?

(for example, treatment is effective)

The practice attended various multidisciplinary team meetings at regular intervals to discuss the needs of complex and vulnerable patients. This included regular meetings with community staff such as district nurses, health visitors, social workers and palliative care nurses. The practice also had strong links with local private and voluntary providers such as the community mental health team and teenage health agencies.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hour's provider to enable patient data to be shared in a secure and timely manner. Information was shared in this way with hospital and other healthcare providers. We saw that all new patients were assessed and patients' records were set up. This routinely included paper and electronic records with assessments, case notes and blood test results. We saw that all letters relating to blood results and patient hospital discharge letters were reviewed on a daily basis by doctors in the practice. We found that when patients moved between teams and services, including at referral stage, this was done in a prompt and timely way.

We found that staff had all the information they needed to deliver effective care and treatment to patients. For emergency patients, patient summary records were in place. This electronic record was stored at a central location. The records could be accessed by other services to ensure patients could receive healthcare faster, for instance in an emergency situation or when the practice was closed.

Consent to care and treatment

Staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling this. However not all staff we spoke with understood the key parts of the legislation and were not able to fully describe how they implemented it in their practice. For example Gillick competencies (these help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

There was a practice policy for documenting consent for specific interventions. For example, for child patient vaccinations, a parent's written consent was obtained and documented.

Health promotion and prevention

It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. The GP was informed of all health concerns and these were followed-up in a timely manner. We noted a culture amongst the GPs to use their contact with patients to help maintain or improve mental and physical health and wellbeing. For example, by offering opportunistic health screening to patients who do not attend the practice regularly. Practice data showed that for health promotion indicators the practice achieved higher than both the national average and comparable practices within the CCG.

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with a chronic and long term disease such as asthma. Each of these patients were identified by the practice nurse and annual assessments and reviews were offered. Data from the QOF showed the practice achieved good results for patients with long term conditions attending for review.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. The practice had a policy for following up non-attenders by the named practice nurse.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Consultations took place in purposely designed rooms with a couch for examinations and screens to maintain privacy and dignity. Staff we spoke with were aware of the importance of providing patients with privacy and of confidentiality. There was a separate room available if patients wanted to speak in private when they presented at reception. We observed staff were discreet and respectful to patients despite the reception area being open plan. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We reviewed the most recent data available for the practice on patient satisfaction. This included data sources such as the national patient survey, the practice survey and the CQC comments cards completed during our inspection. Overall patients reported being treated by staff with dignity and respect and in general they were satisfied with the care they received. Most commented on the friendly and caring approach of staff. For example, data from the national patient survey showed the practice had achieved higher than the CCG average with 86% of respondents saying the last GP they saw or spoke to was good at treating them with care and concern.

The practice offered patients a chaperone service prior to any examination or procedure. Information about the chaperone service was displayed in the reception area and each consultation room. Patients we spoke with told us they were always treated with dignity and respect and that staff were caring and compassionate. We found that staff knew the majority of their patients well and patients told us the practice had a family feel to it, the staff were all welcoming, caring and compassionate.

Care planning and involvement in decisions about care and treatment

Patients we spoke with felt confident they had been involved in any decisions about their treatment and care. We looked at the Quality and Outcomes Framework (QOF) information and this showed good results for patients reporting that the nurse or doctor was good or very good at involving patients in decisions about their care. The national patient survey reported that 81% of patients felt the last GP they saw or spoke to was good at involving them in decisions about their care

We found that staff we spoke with were clear about how to ensure patients were involved in making decisions and the requirements of the Mental Capacity Act 2005. However knowledge of the Children's Act 1989 and 2005 and Gillick competencies when gaining consent for children required improvement.

The practice had an 'access to records' policy that informed patients how their information was used, who may have access to that information, and their own rights to see and obtain copies of their records.

Patient/carer support to cope emotionally with care and treatment

Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity. Patients we spoke with told us they had enough time to discuss things fully with the GP but they were concerned by the high use of locums. They told us all the staff were compassionate and caring.

Clinical staff had various ad hoc methods of supporting bereaved patients. Some would contact them personally. The reception staff were knowledgeable in support for bereaved patients. They were familiar with support services and knew how to direct patients to these.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service was accessible and responsive to patients' needs and had systems in place to maintain the level of service provided. Practice staff were clear about the needs of their local population and they took on board the views and experiences of patients and their Patient Participation Group (PPG). Most of the staff had worked at the practice for some time so continuity of care could be achieved. The practice used a new IT based system which enabled them to target specific patient groups to ensure their needs and reviews were identified and monitored.

We saw how appointments were identified for particular patient groups. For example patients with a complex or chronic disease would be given longer appointment times if needed. Where possible they would see their named GP or practice nurse to ensure continuity of care. When patients were too ill to attend the practice home visits would be undertaken by the GP.

During our inspection we met with members of the practice PPG. We were told that practice staff had implemented a number of suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the PPG. One of these changes included the use of social media to communicate with patients. They spoke positively about how staff engaged with them, regular meetings took place and how they responded to the suggestions that were made.

The practice made adjustments to meet the needs of patients, including having access to interpreter services. During our inspection we observed reception staff. We saw how professionally they dealt with patient calls and how empathetic and respectful they were during the conversations.

The practice had achieved and implemented the gold standards framework for end of life care. They had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss patients' and their families care and support needs. The practice worked collaboratively with other agencies and regularly shared information (special patient notes) to ensure good, timely communication of changes in care and treatment.

Tackling inequity and promoting equality

The practice was tackling health inequalities by providing good access to medical care and helping patients navigate a complex health system. Patients we spoke with confirmed that the appointments system was easy to use. They felt staff were supportive from the initial contact and they were satisfied with the choices available to them in terms of access to the service. Patients were given a number of access choices. This included telephone advice, face-to-face contact or a home visit if needed.

We found that staff were aware of local services (including voluntary organisations) that they could refer patients to. Patients information notice boards sign posted patients and families to welfare and benefits advice organisations. We heard how the practice worked in partnership with CRI Knowsley, a social care and health charity working with individuals, families and communities that were affected by drugs, alcohol, crime, homelessness, domestic abuse and antisocial behaviour.

As part of the PMS contract the practice engaged the Knowsley Domestic Violence service as part of identifying and supporting a 'hard to reach' population. The GP lead had increased their knowledge and awareness around the local services available and referral options. We were told that this led to an increased number of women being referred for support.

Access to the service

Appointments were available from 8am to 6.30pm each week day. The practice provided extended hours in the evening to accommodate those patients who work in the daytime. There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

During our visit patients told us they experienced good access to the service. The most recent national patient survey showed 98% of respondents said the last appointment they got was convenient. The survey showed that 65% of respondents with a preferred GP usually g got to see or speak to that GP. This was in line with results for other practices within the local Clinical Commission Group

Good

Are services responsive to people's needs?

(for example, to feedback?)

(CCG). Patients we spoke to confirmed that they could see a doctor on the same day if they needed but they told us also that sometimes there was a long wait when attending an appointment.

We saw evidence of how practice staff worked with out-of-hours services and other agencies to make sure patients' needs were met when they moved between services. We saw that when needed a patient appointment with other providers such as a hospital referral would be made during the patient's consultation with the GP. This was undertaken after the appropriate tests and examinations had been completed by the practice. We heard from patients that following discharge from hospital the GP and practice staff had been very supportive.

The practice was situated on the ground floor of a purpose built building housing a number of other GP and community practices. Lift and stair access was available for patients. We saw that the waiting area could accommodate wheelchairs if needed. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The practice had a small population of non - English speaking patients and if required they could access interpreter services locally.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the service. Staff were knowledgeable regarding the complaints process and showed a willingness to support patients to make a complain if required. We saw posters advising how patients could make a complaint. However when we looked at the records of the complaints made there was insufficient evidence and information to show the practice complaints policy was being followed. The practice did not keep a documented audit trail of the steps taken, the decisions reached and what responses had been made to complainants. There was a lack of written information to show what actions were taken in response to the complaint and the lessons learnt for staff.

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 did not have a written vision or strategy but the leadership team had a clear vision to deliver good patient care and staff were engaged with this. There was a leadership structure and staff felt supported by management. We spoke with a number of staff during our visit. They all knew and understood the vision and values held by the GPs and knew what their responsibilities were in relation to these. There was positive discussion about their involvement with developing this and for providing the best possible outcomes for patients attending the practice.

Governance arrangements

We found practice staff were clear about their roles and responsibilities. Formal arrangements were in place to identify, report and monitor patient and staff safety risks. We saw risk assessment and risk management processes and procedures and staff were aware of these. However we identified improvements were needed for reporting incidents, complaints management and the collection of information showing the skills and fitness of people working at the practice.

The practice had policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Policies were up to date and had regular review dates. The practice held monthly and weekly practice meetings, the weekly meetings in particular were reflective and looked back at what had gone well, or not so well the previous week. We were told how risks that had been identified and were discussed at these meetings and actions taken. Minutes of the practice meetings showed brief information relating to this.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with or at times above average national standards. We saw that QOF data was regularly discussed at weekly practice team meetings and targets were identified and put onto a notice board for all staff to work towards.

We found a systematic approach to clinical and internal audit and this was used by the practice to monitor the services and treatments they were providing. However these audits were not full and completed audits in all cases.

Leadership, openness and transparency

We spoke with staff with different roles and they were clear about lines of accountability and leadership. They spoke of good visible leadership and full access to the senior GP and office manager. Staff told us they enjoyed working at the practice and they felt valued in their roles. Staff felt supported, motivated and reported being treated fairly and compassionately. They reported an open and 'no-blame' culture where they felt safe to report incidents and mistakes.

The practice had a strong team who worked together in the best interest of the patient. All staff were aware of the practice Whistleblowing Policy and they were sufficiently confident to use this should the need arise.

Practice seeks and acts on feedback from its patients, the public and staff

Staff reported a culture where their views were listened to and if needed action would be taken. We saw how staff interacted and found there was care and compassion amongst staff. Regular clinical and non-clinical meetings took place. At these meetings any new changes or developments were discussed giving staff the opportunity to be involved.

We found the practice proactively engaged with the general public, patients and staff to gain feedback. An annual patient survey had been carried out and appropriate action plans were in place. The practice provided a detailed patient survey reported which had been carried out between the 3rd February and 10th March 2014. The results showed patient satisfaction for GP consultations, how they were listened to and how caring the doctor and nurses had been. Some areas for improvement were identified including practice opening hours, staff conduct and behaviours, online appointments and waiting times. The practice produced a detailed response to the survey which included comments made by the practice Patient Participation Group (PPG).

The practice had an active Patient Participation Group (PPG) and during our inspection with met with one of their

Are services well-led?

Requires improvement

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

members. They spoke positively about how the practice engaged with them at meetings and how they took account of any recommendations or changes they asked them to consider.

Management lead through learning and improvement

Staff had access to a programme of induction and training and development. Some reported that access to learning and development relevant to their roles was good and that they were well supported by the leadership team. A mandatory training programme was available but not all staff had attended key training such as basic life support.

We looked at staff files held at the practice and found a lack of information to show that staff were suitably supervised or had been appraised. A small number of staff had only recently had an annual appraisal completed. Others had not received an appraisal and therefore did not have an individual learning and development plan in place to meet their needs. The was a practice learning and development plan in place but on the day of the inspection there was insufficient evidence that required training such as health and safety, fire training, basic life support had been undertaken for all staff. Individual training records were not seen for all staff.

The practice had completed reviews of significant events and other incidents and these were shared with staff via practice meetings. However, there was a lack of evidence to show what learning had taken place after such events and it was clear that not all staff were engaged in the reporting process.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers **Patients who use services and others were not protected against the risks associated with unsuitable staff because the provider did not have an effective procedure in place to assess the suitability of staff for their role. Not all the required information relating to workers was obtained and held by the practice.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **Suitable arrangements were not in place to ensure staff are receiving appropriate training, supervision and appraisal at all times.**