

Greasby Group Practice - PJ Coppock

Quality Report

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

Ratings

| | | | |
|---------------------------------|--|------|---|
| Overall rating for this service | | Good |  |
| Are services safe? | | Good |  |
| Are services well-led? | | Good |  |

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 10 May 2016. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection on 20 September 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greasby Group Practice - PJ Coppock on our website at www.cqc.org.uk

The findings of this review were as follows:

The practice had addressed the issues identified during the previous inspection. Overall the practice is now rated as good.

- Effective systems were now in place to prevent abuse and to effectively manage safeguarding.

- Effective systems were now in place to assess, monitor and improve the quality and safety of services.
- Effective systems were now in place to monitor and mitigate the risks relating to the health and safety of patients in relation to infection control and management of prescription security.
- The practice reviewed patient feedback and acted upon it.
- Risks relating to locum staff records and patient records had been assessed and systems put in place to mitigate the risks.
- The practice had acted upon other recommendations to improve care and services.

The areas where the provider should make improvements are:

- Review the audit systems in place to include documenting an audit plan with audits carried out being based on national, local and practice priorities.

Summary of findings

- Review patient feedback systems in place to include documenting feedback results and satisfaction survey action plans.

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?

At this review we asked the questions- Are services safe and well led.
- to follow up the concerns identified at the last inspection

The practice is rated as good for providing safe services.

- The practice had effective systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- All staff had been trained to an appropriate level, clinical coding systems had been revised and were accurate, safeguarding policies and procedures had been updated and reflected current guidance.
- Safety alerts were acted upon and documented.
- Staff were trained and knowledgeable about the business continuity plan and what to do in the event of business disruption caused by unforeseen events.

Good



Are services well-led?

At this review we asked the questions- Are services safe and well led.
- to follow up the concerns identified at the last inspection

The practice is rated as good for being well-led.

- The practice had audit systems in place to assess, monitor and improve the quality and safety of services.
- The practice had systems in place to monitor and mitigate risks relating to the health, safety and welfare of patients and others in particular infection control risks and risks associated with the unsafe management of prescription pads.
- The provider had systems in place to act on feedback from patients.
- Arrangements for locum staff records and patient records had been assessed and improvements made.
- Lesson learnt from complaints and significant events were shared.
- Various documented meetings took place on a regular basis internally and with multidisciplinary teams to share information in relation to clinical matters and quality and safety monitoring.
- A training and development plan was in place that included regular appraisals to determine the training and development needs of staff. Staff were all trained according to their needs and role.

Good



Summary of findings

The six population groups and what we found

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

Older people

The issues identified as requires improvement in the safe and well led domain at the previous inspection affected all population groups. The issues have now been rectified and improvements made so that the practice is now rated as good for all population groups.

Good



People with long term conditions

The issues identified as requires improvement in the safe and well led domain at the previous inspection affected all population groups. The issues have now been rectified and improvements made so that the practice is now rated as good for all population groups.

Good



Families, children and young people

The issues identified as requires improvement in the safe and well led domain at the previous inspection affected all population groups. The issues have now been rectified and improvements made so that the practice is now rated as good for all population groups.

Good



Working age people (including those recently retired and students)

The issues identified as requires improvement in the safe and well led domain at the previous inspection affected all population groups. The issues have now been rectified and improvements made so that the practice is now rated as good for all population groups.

Good



People whose circumstances may make them vulnerable

The issues identified as requires improvement in the safe and well led domain at the previous inspection affected all population groups. The issues have now been rectified and improvements made so that the practice is now rated as good for all population groups.

Good



People experiencing poor mental health (including people with dementia)

The issues identified as requires improvement in the safe and well led domain at the previous inspection affected all population groups. The issues have now been rectified and improvements made so that the practice is now rated as good for all population groups.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Review the audit systems in place to include documenting an audit plan with audits carried out being based on national, local and practice priorities.
- Review patient feedback systems in place to include documenting feedback results and satisfaction survey action plans.

Greasby Group Practice - PJ Coppock

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector.

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).

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 hour's 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 follow up 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 had completed the requirements identified during the comprehensive inspection carried out in May 2016. The checks made were to ensure the provider was now meeting the legal requirement and regulations associated with the Health and Social Care Act 2008.

How we carried out this inspection

Before visiting, we reviewed information including the action plan that had been submitted by the practice. The action plan told us how they had intended to become compliant with the regulations identified as being breached at the last inspection. We visited the practice on

Detailed findings

20 September 2016 to assess the concerns identified at the last inspection and check that they had made the necessary improvements and were now meeting the regulations.

During our visit we:

- Spoke with staff.
- Reviewed staff records.
- Looked at the governance systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

Are services safe?

Our findings

When we inspected the practice in May 2016 we were concerned with the way the practice managed safeguarding. The practice did not have effective systems and processes in place to keep patients safe and safeguarded from abuse:

During this follow up inspection we found action had been taken to address the shortfalls from the previous inspection. The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Policies and procedures had been reviewed and revised to include relevant guidance and local requirements. Policies were accessible to all staff and discussed at team meetings to disseminate information contained within them.
- 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 (one of the GP partners) for safeguarding supported by a deputy.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Other clinical staff were trained to level two or above and non-clinical staff level one.
- The clinical coding system had been revised to reflect recent guidance.

We found that the practice had acted upon other recommendations made at the previous inspection to improve the service and care. For example:

- There was an effective system in place to manage safety alerts and action taken was documented.
- The business continuity plan had been relaunched with a number of training sessions included in staff meetings to raise the awareness of staff. Staff were now familiar with the procedures for what to do in the event of an unforeseen event or disaster that may affect the practice.

Are services well-led?

Good 

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

Our findings

When we inspected the practice in May 2016 we were concerned that governance systems were not effective.

We found there was a lack of systems and processes in place for carrying out meaningful clinical audits, acting upon feedback from patients, reviewing significant events and complaints to identify themes and trends, dissemination of information and governance through various meetings, suitable staff training and development and management of staff and patient records.

The practice now had effective governance systems, processes and practices in place.

At the previous inspection we found that clinical audits were undertaken however they were brief and lacked essential elements. Audits were not disseminated through the practice. This included infection control audits.

During this follow up inspection we found action had been taken to address the shortfalls. For example:

- Clinical audits had been undertaken including an infection control audit, joint injection audit, minor surgical procedure audits and antibiotic prescribing audits.
- Some of these had been discussed with staff for example the infection control audit and resulting actions taken were evident.
- The practice showed us example of further audits to be undertaken and told us these would be documented and results disseminated. However the practice did not have a formal documented audit programme in place that was based on national and local priorities. They told us they would document the programme of audits following our visit.

At the previous inspection we found that the risks associated with infection control and safe management of prescriptions were not effectively assessed and mitigated.

During this follow up inspection we found action had been taken to address the shortfalls. For example:

- A Legionella risk assessment had been undertaken by a competent person and required actions to mitigate the risks associated with Legionella were evident and documented. (is a term for particular bacteria which

can contaminate water systems in buildings. A report by a competent person giving details as to how to reduce the risk of the Legionella bacterium spreading through water and other systems in the work place).

- An infection control audit had been undertaken in conjunction with the community infection control team and resulting actions were evident. Plans were in place to re-audit.
- All staff had received infection control training relevant to their role.
- A cleaning schedule was in place and monitored for clinical staff to clean and disinfect medical equipment.
- An effective system was in place to store securely and monitor the use of prescription pads.

At the previous inspection we found that there were risks associated to the maintenance of locum staff records and storage of patient records.

During this inspection we found:

- A locum recruitment process had been implemented and there was evidence that locum GPs had relevant information documented such as a Disclosure and Barring Service (DBS) check, evidence they were on the local GP performers list, registered with a relevant professional body and had current medical indemnity cover.
- Patient records were stored in open shelving, however the practice was able to demonstrate steps taken to obtain a suitable storage system and that this was in the process of being implemented.

At the previous inspection we found that patient satisfaction surveys were not evaluated, reported on or issues identified acted upon. Results were not discussed or disseminated and action plans to address any issues were not evident .

During this follow up inspection we found that survey results were evaluated and action was taken to address any concerns or issues raised. For example the national GP patient survey results (July 2016) had identified concerns with waiting times. A further focussed survey was to be undertaken. However there was little documented evidence to demonstrate discussion with all staff and there were no formal documented action plans.

Are services well-led?

Good 

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

We found that the practice had acted upon other recommendations made at the previous inspection to improve the service and care. For example:

- Staff appraisals had been brought up to date and included professional and personal development needs.
- A staff training plan and log was in place that was monitored. Staff were able to access training through eLearning and face to face sessions. We saw that training was up-to-date for staff that was relevant to their role.
- There was evidence of regular documented practice meetings and multi-disciplinary meetings at which clinical care and governance formed part of the agenda. These meetings included information exchange and feedback to all staff regarding complaints and significant event analysis.
- Practice management were supported by an assistant manager with a new defined role.