Vauxhall Primary Health Care

Inspection report

Vauxhall Health Centre
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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 location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Outstanding
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. (The practice was previously inspected on 28 April 2015 and rated good overall but required improvement for safe services. The follow up inspection on 17 November 2015, rated the practice as good for providing safe services and the overall rating was outstanding overall.)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? –Outstanding

Are services well-led? - Good

We carried out an announced comprehensive inspection at Vauxhall Primary Healthcare on 2 November 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems 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.
- The practice had access to equipment for use in medical emergencies but there was no formal written arrangement or oversight of the monitoring of this equipment.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines. In addition to routine services, alternative therapies such as acupuncture for chronic pain management and hypnosis for anxiety related conditions were provided.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- Information about services and how to complain was available from reception but not on display in the waiting room. This was rectified after our inspection. The practice sought patient and staff views about improvements that could be made to the service, including having a well- established patient forum group and acted on feedback.
- Staff worked well together as a team and all felt supported to carry out their roles.
- There was a strong focus on continuous learning and improvement at all levels of the practice.
- The practice complied with the Duty of Candour.

We saw areas of outstanding practice:

- The practice is situated in a very deprived area of Liverpool with very few community services in the area. The practice provided responsive services to the population. For example, the practice had worked with the Patient Forum to provide additional support to act as a community hub. In addition, the practice looked after the health needs of most of Liverpool's travelling community; provided a weekly clinic at a local day centre for the homeless and worked in partnership with the local drug rehabilitation team to establish an additional drop in and recovery clinic for other addictions.

The provider should:

- Have a monitoring system for the use of prescription forms for printers in the building.
- Update the patient complaints information leaflet to detail who patients can complain to as an alternative to the practice.
- Incorporate information about locums' immunisation status in recruitment checks.
- Have a system to monitor when checks related to the safety of the premises are due and ensure any action required is taken.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Vauxhall Primary Health Care

Vauxhall Primary Health Care is responsible for providing primary care services to approximately 7,277 patients. The practice is situated in an area of high economic deprivation.

The staff team includes five GP partners, five salaried GPs, two practice nurses, a healthcare assistant, a practice manager, assistant manager, reception manager, a quality team and prescribing team and administrative and reception staff. The practice has GP registrars working for them as part of their training and development in general practice and teaches medical students.

The practice is open Monday to Friday from 8am to 6.30pm. The practice also offers extended hours opening for pre-bookable appointments on Saturday morning between 8.45am to 12.45pm.

The practice is part of Liverpool Clinical Commissioning Group and has a General Medical Services (GMS) contract.

Vauxhall Primary Health Care is registered with the Care Quality Commission to provide the following regulated activities:

Treatment of disease, disorder or injury

Surgical procedures

Diagnostic and screening procedures

Maternity and midwifery services

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was shared with staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. Further improvement could be made by ascertaining the immunisation status of locum staff.
- There was an effective system to manage infection prevention and control.
- The practice had some arrangements to ensure that facilities and equipment were safe and in good working order. However, the practice did not own the building and the practice did not have any oversight of when the safety checks for the premises were due and that relevant action was taken.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, the defibrillator and oxygen was situated and monitored in the dental clinic in the building. There was no formal written shared agreement in place and the practice did not review the monitoring of the equipment. We were advised after the inspection, that the practice was to purchase its own defibrillator and have their own system for monitoring use of emergency equipment.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis and this had been discussed at a journal club meeting.
- The practice had carried out role play for medical emergency situations and had identified and acted on areas for improvement to be able to respond to a medical emergency more efficiently.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and had taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice monitored patients on high risk medicines.
- The practice kept blank prescriptions for printers securely but did not monitor the use of these.

Good

Are services safe?

- The practice had reviewed its prescribing process with all staff to improve upon the safety and efficiency of systems in place.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall .

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- All patients over 75 were offered a full assessment of their physical, mental and social needs.
- The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice's performance on quality indicators (2016-2017) for long term conditions was in line with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were mainly below the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. The practice had appointed a Quality Manager to regularly review child immunisation uptake. The practice worked with many hard to reach groups including a travelling community and offered in addition opportunistic immunisations whenever possible.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 66.5% (Public Health England), which was below the 80% coverage target for the national screening programme but in line with local and national averages. The practice monitored its performance and sent reminders or followed up opportunistically.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. There were monthly meetings at the practice attended by other health care professionals to help support patients.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental

Good

Are services effective?

illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health (2016-2017) was in line with local and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. The practice used information about care and treatment to make improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring and clinical supervision.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives and to take responsibility for their own health.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity. The practice had access to a Health Trainer and Smoking Cessation clinics on site. There was a Practice Champion for physical activity to encourage patients to exercise.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services effective?

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated them.
- The practice gave patients timely support and information.
- The practices GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

Please refer to the evidence tables for further information.

Outstanding ☆

Are services responsive to people's needs?

We rated the practice, and people whose circumstances may make them vulnerable and those experiencing poor mental health population groups, as outstanding for providing responsive services .

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. It understood the issues faced by patients living in the community, in terms of the reduction of community services and living in an area of high substance misuse and violent crime and the effects that this had on their patients' well-being.
- The practice had worked with the Patient Forum to provide additional support to act as a community hub. For example, the practice held 'Fun Wednesdays' where patients and staff could access additional support. Support included: access to a local women's charity organisation which provided advice which was particularly helpful with cases of domestic violence; massage sessions, a reading group and a library and 'singing for lung health'. The most successful project had been "Nancy's Kitchen" where volunteers from the Patient Forum provided tea and toast. Members of the Patient Forum told us how socially isolated patients benefitted from this service and how they could direct patients to sources of support if requested.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided 15 minute consultations as standard and double appointments for patients with complex needs.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with the Patient Forum to combat social isolation particularly for the elderly.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment which could be extended up to an hour to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice offered alternative therapies to manage chronic pain such as acupuncture.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice worked with third sector groups including a women's charity group to provide additional support especially in cases of domestic abuse.
- The practice worked with the Citizen's Advice Bureau to help identify additional entitlements for families.
- The practice provided a library facility and reading group and had helped patients with job applications.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, online booking of appointments and Saturday morning appointments.

Outstanding ☆

Are services responsive to people's needs?

- The practice had provided support for patients who wanted a career in medicine.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice looked after the health needs of most of Liverpool's travelling community. The practice worked closely with a multi-disciplinary team of health and social care professionals to ensure the health needs of the travelling community were met.
- The practice provided a weekly clinic at a local day centre for the homeless to provide assessment of acute problems and referrals when necessary to other services.
- There was a high prevalence of substance misuse in the area and most GPs had undergone additional training in drug and alcohol misuse. The practice worked with the local drug misuse team who provided clinics at the practice predominantly for opiate misuse. They had worked in partnership to establish an additional 'drop in' recovery clinic for patients with other addictions.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had monthly meetings with a psychiatrist to discuss patients with complex needs.
- The practice offered hypnosis sessions for post-traumatic stress disorders and other anxiety related problems.
- The practice supported patients in supported living units.
- Patients with autism and similar medical problems who were uncomfortable in crowded areas were offered Saturday morning appointments when the practice was quieter.

Timely access to care and treatment

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice used a text to cancel and text reminder service to reduce the amount of failed to attend appointments.
- The practices GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Patient information leaflets about how to make a complaint or raise concerns were available. However, more detail was required about who patients can complain to instead of the practice and this information needed to be displayed. We were advised this had been rectified after our inspection.

- The complaint policy was in line with recognised guidance.
- Formal written complaints were discussed at regular staff meetings.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Good

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance that was consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had undergone an appraisal in the last year.
- There was a strong emphasis on the safety and well-being of staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Good

Are services well-led?

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and the culture.
- There was an active patient participation forum who worked with the practice to provide additional services to combat social isolation and improve patients' well-being.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.