

Garston and West Speke Health Centre

Quality Report

32 Church Road
Garston
Liverpool
Merseyside
L19 2LW
Tel: 0151 2959030
Website: www.ssphealth.com

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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.

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Summary of findings

Overall summary

Letter from the Chief Inspector of General Practice

This is the report from our inspection of Garston and West Speke Health Centre. Garston and West Speke Health Centre is registered with the Care Quality Commission to provide primary care services and is managed by the provider SSP Health Ltd.

We undertook an unannounced focused inspection on the 16 February 2015 at Garston and West Speke Health Centre in response to concerns we had received regarding recruitment. This report only contains information around specific safety aspects of recruitment at the practice. We reviewed information we held about the service and spoke with two regional managers, a GP and staff.

Our key findings were as follows:

- The practice had recruitment processes in place but identification checks for new staff entering the building were not always taking place.
- The practice had an induction system in place for new locum GPs and the lead GP carried out some induction and supervision. However there were no formal arrangements and the practice manager was not fully aware of the induction processes in place.

- Policies and procedures around recruitment and induction in place were not always being fully implemented.

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

Importantly, the provider must:

- Notify us of any significant incident as outlined in Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.
- Ensure all staff understand and follow the policies and protocols in place which are designed to identify, assess and manage risks for the service.

In addition the provider should:

- Carry out risk assessments for those staff working with patients who have not received a disclosure and barring service check (DBS).
- Ensure references are taken up from the most recent employer and if not ensure they have recorded the reason why not obtained.
- Ensure more effective mechanisms are in place for induction and supervision of GP locums.

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?

We carried out this inspection due to concerns raised about recruitment. The company who had managerial responsibility for the practice had policies and procedures in place to ensure safe recruitment of staff but the protocol of carrying out identification checks for new locums when attending the practice were not always followed.

The provider had a clear policy for the induction of locum GPs to ensure they understood practice protocols for the well-being of both staff and patients. The GP lead who was present at the practice the majority of the week undertook some induction and supervision however it was not clear if any formal arrangements were in place and what happened in their absence. The practice did have a Practice Manager (who was also the Regional Manager) but they were not aware of what, if any, induction took place and the formal recording of quality assurance processes had lapsed. The provider had recently updated its recruitment policies but the Practice Manager was not fully aware of the changes and had not followed the guidance set.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Notify us of any significant incident as outlined in Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.
- Ensure all staff understand and implement the policies and protocols in place which are designed to identify, assess and manage risks for the service.

Action the service **SHOULD** take to improve

- Carry out risk assessments for those staff working with patients who have not received a disclosure and barring service check (DBS).
- Ensure references are taken up from the most recent employer and if not reasons recorded as to the reason why not obtained.
- Ensure more effective mechanisms are in place for induction and supervision of GP locums.

Garston and West Speke Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector.

Background to Garston and West Speke Health Centre

Garston and West Speke Health Centre is located in a residential area of Speke, Merseyside, which is a deprived area of the country. There were approximately 2400 patients registered at the practice at the time of our inspection.

The practice has three salaried GPs, a practice nurse and nurse practitioner, and reception and administration staff. The practice only uses locum GPs when the GPs are on

annual or sick leave. The practice is normally open 8.00am to 6.30pm Monday to Friday. Patients requiring a GP outside of normal working hours are advised to contact an external out of hours service provider (Urgent Care 24).

Why we carried out this inspection

We inspected this service in response to concerns raised about the recruitment of suitable staff.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an unannounced visit on 16 February 2015. During our visit we spoke with a range of staff and reviewed practice documentation.

Are services safe?

Our findings

Safe track record

Our intelligent monitoring systems and data available from 2013-2014 indicated there had been no previous causes for concern. We received concerns about the suitability of staff in February 2015. The Regional Manager advised they were aware of events and had reported this to head office and were also currently investigating the situation in conjunction with NHSE. However, this concerning information had not been reported to CQC (certain incidents occurring in GP practices need to be reported to us under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009).

Learning and improvement from safety incidents

SSP Health Ltd (SSP) had a significant incident reporting policy and reporting forms. However when we asked the Regional Manager we were told that recent concerning information had not yet been logged as a significant incident as the provider was taking instructions from NHS England.

Monitoring Safety and Responding to risk

We spoke with two Regional Managers who told us their job role included carrying out quarterly checks on the practice and audits were carried out regarding GP consultations to ensure they were working to best practice guidelines and providing safe care. The audits consisted of selecting consultations carried out during one week in a month. However in the case of this practice because there had been five different locums in December 2015, eight in January 2015 and four so far for February 2015, there was a danger that the performance of several locum GPs who worked in the weeks not selected in the audit had gone unchecked by the Regional Manager. In addition the Regional Manager told us they had not formally completed any audits for the past six months. The lead GP confirmed after the inspection that they routinely randomly check two consultations and referrals made by locums however the practice manager did not seem aware that this work had been done.

Staffing and recruitment

There were three permanent salaried GPs, a practice nurse and nurse practitioner, reception/administration staff. The practices were overseen by a Regional Manager who told us

they were also the practice manager for the practice and were on site daily. In addition as Regional Manager they provided managerial support for four other practices which had their own practice managers in place. The practice had been using locum GPs but only to cover staff leave or sickness.

The practice had a recruitment policy in place that had recently been updated in January 2015 to reflect the need for risk assessments when staff did not necessarily need Disclosure and Barring (DBS) checks. There were different recruitment systems in place, within SSP, for recruitment of clinical and non-clinical staff.

We looked at files for the most recently employed non-clinical member of staff and found all relevant references, application forms and interview checks were in place. However, the references obtained were not from their most recent previous employers, leaving an unexplained employment gap of two years. We were told that this employee was to receive induction training which would include chaperoning training, however no disclosure and barring checks (DBS) had been completed and there was no formal risk assessment in place as per the provider's updated recruitment policy to ascertain if the person was suitable to undertake this role. The practice manager was not aware that a written risk assessment template was available to use but another Regional Manager who was present did.

The agencies carried out the recruitment checks for locum staff. The recruitment policy did have a list of checks that SSP required from the agency. This included any professional registration and DBS checks. We asked to see copies of documentation about the recruitment of staff and we viewed one locum GP personnel file. The locum GP file contained some paperwork the head office had received from the agency and we received assurances that DBS checks were carried out along with a GMC registration status check. The practice had a locum appointment protocol in place. This included a process of checking the locum's identification when they first arrived at the practice but this had not always happened.

The practice locum appointment protocol outlined what induction any new locum would receive. This included a tour of building to show where fire exits were located; introduction to other staff and their contact details; information on how to use phone system, prescribing policies, health alerts, panic alarm, and details of local

Are services safe?

services available for referrals, district nurse information, laboratory results, vaccine procedures and other relevant procedures. We asked the practice manager what induction was carried out at the practice and it was clear that they were unsure what happened about any formal induction process other than receptionists showing the locums to the clinic room and supplying passwords for the computer system. The practice manager contacted the lead GP to ascertain if any other induction process took place and they contacted us after the inspection. The lead GP had been working at the practice site for different providers over many years and had always carried out an informal induction for any new GP locum at the practice. The lead GP also carried out random checks on consultations and referrals. However, the lead GP was currently absent and it was therefore unclear what systems had been put in place to cover locum induction and

supervision when they were not there. We were told that an introductory pack was available in the consultation room for the locums and that the practice manager was considering updating the documentation. The documentation guidance included the need for a signed confidentiality agreement, staff to show locums where emergency medication was kept and stated that locums could ask reception staff to act as chaperones.

Apart from one incident, staff we spoke with did not raise any concerns regarding the safety or welfare of patients at the practice.

The practice manager told us they had submitted applications to become the registered manager for CQC for the service and on checking our systems, applications had been received.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that policies and procedures designed to mitigate risks to service users were not being fully implemented and therefore there was a risk of ineffective operations of systems at a practice level. For example the recruitment and induction policies and quality monitoring of the service were not being fully implemented. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The provider had failed to notify us of a significant incident Regulation 18 (2) (f).