

The Priory Medical Centre

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?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at The Priory Medical Centre on the 10th December 2015. Overall the practice is rated as good.

Our key findings were as follows:

- Clinical staff regularly reviewed significant events and discussed them with the whole staff team to identify and learn from events.
- Improvements were needed in regard to mitigating safety due to lack of an overall fire risk assessment, no recent infection control audit or hand hygiene audit, gaps in training records and no evidence of environmental risk assessments being in place.
- Some of the staff files lacked evidence of necessary checks required to show safe recruitment and selection procedures.
- The practice was clean and tidy. The practice had good facilities in a purpose built building with access for patients with disabilities.
- The clinical staff proactively sought to educate patients to improve their lifestyles by regularly inviting patients for health assessments. Services were planned and delivered to take into account the needs of different patient groups.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.
- Patients spoke highly about the practice and the whole staff team.
- The practice sought patient views about improvements that could be made to the service, including through the Patient Participation Group (PPG).
- Information about services and how to complain was available but not accessible in reception, although staff rectified this during our visit. The practice proactively sought feedback from staff and patients, which it acted upon.

Summary of findings

- There was a clear leadership structure with delegated duties distributed amongst the team. The staff worked well together as a team with most staff having worked at the practice for many years offering good stability to patients.
- There were systems in place to monitor and improve quality.

There were areas of practice where the provider must make improvements.

- Take action to ensure its recruitment policy, procedures and arrangements are improved to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held. **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and Proper Person Employed, Regulation 19 1)2)4)5).**
- Ensure that health and safety arrangements including risks assessments are reviewed and accessible to all staff and state clearly what actions are in place to maintain people's safety. **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment, Regulation 12 1)2)a)b)c)d)g)**

However there were areas of practice where the provider should make improvements:

- To ensure safeguard training is available and provided for all staff in regard to vulnerable children adults and children to ensure staff are updated in the level of training needed for their role.
- To develop risk assessments and guidance regarding the decision to not carry emergency drugs in GP bags.
- To review training records to ensure that all staff have evidence of updated training relevant to their role.
- To develop and review an action plan in response to the patient survey including all initiatives raised by staff so they could be effectively monitored for improvements.

Letter from the Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. The registered GP was the named lead for safeguarding within the practice. Some staff had not received training in the safeguarding of vulnerable adults and there were gaps in training records and updates needed for safeguarding. There were appropriate systems in place to protect patients from the risks associated with medication. The practice had designated staff to check facilities and equipment were safe. However the staff did not have access to or knowledge of their safety arrangements for a fire risk assessment, environmental risk assessments and there had been no recent infection control audit carried out over the last two years. Improvements were needed to the checks and records for staff recruitment. There were sufficient numbers of staff.

Requires improvement



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff felt well supported with their training needs however there were various gaps in staff training records. The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed patient outcomes over the last 12 months had been lower than national benchmarking however they had identified staff errors that had accumulated and affected their overall scores.

Good



Are services caring?

The practice is rated as good for caring. Patients were overall positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Staff we spoke with were aware of the importance of providing patients with privacy. Some staff had worked at the practice for many years and understood the needs of their patients well.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. The practice had good facilities and was well equipped to treat patients and meet their needs including access to disabled facilities. The practice staff had extended appointment times and GPs working days to help improve access to appointments. Information about how to complain was available but not accessible in the reception although staff rectified this during the inspection and displayed the policy guidance. There had been a low number of recorded complaints however evidence showed that the practice responded quickly to issues raised.

Good



Are services well-led?

The practice is rated as good for being well led. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on and had an active PPG. Staff had received inductions. The GPs met daily and weekly with minuted notes to review all aspects of care and management of the practice.

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 practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. They kept up to date registers of patients' health conditions. Home visits were made to housebound patients to carry out reviews of their health and to local care homes. The practice supported intermediate care (short term care for people who no longer need to be in hospital but may need extra support to help them recover) of patients at a local nursing home. All patients over 75 had a named accountable GP to help promote continuity of their care. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice had identified patients who were at risk of unplanned hospital admissions and developed care plans to support them.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions, treatment and screening programmes. Home visits were undertaken to housebound patients with annual health assessments carried out by the practice nurse. The practice had listed 204 patients who were housebound. The practice staff met with multi-disciplinary professionals on a regular basis to provide support and access specialist help when needed. The practice had an in-house anti-coagulant service, access to onsite complementary therapists, a spirometry (a test to see how well you can breathe and can help in the diagnosis of different lung diseases) clinic and a health trainer to advise patients on their lifestyle.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Staff were knowledgeable about child protection and a GP took the lead for safeguarding. Staff put alerts onto a patient's electronic record when safeguarding concerns were raised. The practice held weekly immunisation clinics, weekly post natal baby

Good



Summary of findings

checks and ante natal clinics twice a week with a midwife. Urgent access appointments were available for any child 0-16 years of age. The practice had a link to Alder Hey Children's Hospital with direct contact with a paediatric nurse.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of this group 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 had extended their practice open hours from 8am to 7pm Monday to Friday. This was to help working families to access the practice either before or after normal working hours. 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 including: on-line prescription ordering, electronic prescribing and appointment bookings. Health checks were offered to patients who were over 40 years of age to promote patient well-being and prevent any health concerns.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, they had 47 patients identified with a learning disability and they offered annual health checks to these patients to enable appropriate support to be provided. Staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and they had access to the practice's policy and procedures. There were some gaps in training records and some staff had not received their training for vulnerable adults. The practice had 186 patients registered as carers and offered referrals to local carer's centres.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). GPs worked with specialist services to review care and to ensure patients received the support they needed. They worked closely with the Mental Health Primary Care Liaison Facilitator and councillors from 'Talk Liverpool' who offered six sessions a week based at the practice. The practice maintained a register of 158 patients with

Good



Summary of findings

mental health problems. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, a health check and a medication review. The practice referred patients to appropriate services such as psychiatry and counselling services.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 426 survey forms distributed for The Priory Medical Centre and 127 forms were returned which represents 1% of the practice population. The practice scored higher than average in some areas of the survey including patients being treated with care and concern by their GP and their overall experience at the practice.

- 91.4% of respondents say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 89.4% and the National average of 86.6%.
- 96.4% had and trust and confidence in the last GP they saw or spoke to compared to the CCG average of 95.9% and the National average of 95.2%.
- 88.7% describe their overall experience of this surgery as good compared to the CCG average of 87.4% and the National average of 84.8%.
- 79.9% would recommend this surgery to someone new to the area compared to the CCG average of 79% and the National average of 77.5%.

However the results indicated the practice could perform better in certain aspects around discussions with GPs, receptionists and experiences when making an appointment. For example:

- 47.8% of respondents who had a preferred GP usually get to see or speak to that GP compared with the CCG average of 59.4% and the National average of 60.0%.
- 76.9% of respondents find the receptionists at this surgery helpful compared with the CCG average of 87.5% and the National average of 86.8%.
- 67.1% describe their experience of making an appointment as good compared to the CCG average of 75.4% and the National average of 73.3%.

Practice staff had arranged team meetings to discuss lower than average results and over the last year they had extended GP appointments to 15 minutes and they had also extended their consulting by an hour each day.

As part of our inspection process, we asked patients to complete comment cards prior to our inspection. We received 23 comment cards and spoke with 10 patients including members of the PPG. Most patients indicated that they found the staff helpful, caring and polite and they described their care as very good. Patients told us that they were happy with the standard of care provided to them. Two patients felt they still had issues with waiting times and two patients were unhappy with some of the reception staff.

Areas for improvement

Action the service MUST take to improve

- Take action to ensure its recruitment policy, procedures and arrangements are improved to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held. **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and Proper Person Employed, Regulation 19 1)2)4)5)**
- **Ensure that health and safety arrangements including risks assessments are reviewed and accessible to all staff and state clearly what**

actions are in place to maintain people's safety. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment, Regulation 12 1)2)a)b)c)d)g)

Action the service SHOULD take to improve

- To ensure safeguard training is available and provided for all staff in regard to vulnerable adults and children to ensure staff are updated in the level of training needed for their role.

Summary of findings

- To review training records to ensure that all staff have evidence of updated training relevant to their role.
- To develop risk assessments and guidance regarding the decision to not carry emergency drugs in GP bags.
- To develop and review an action plan in response to the patient survey including all initiatives raised by staff so they could be effectively monitored for improvements.

The Priory Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector and a second inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience. (Experts work for voluntary organisations and have direct experiences of the services we regulate.) They talked to patients to gain their opinions of what the service was like.

Background to The Priory Medical Centre

The Priory Medical Centre is based in a purpose built building in a residential area of Anfield, Liverpool close to local amenities. The practice is based in a more deprived area when compared to other practices nationally. The building is also occupied by a pharmacy. There were 11783 patients on the practice list at the time of inspection. The practice has seven partners, (five male and two female) and two salaried GPs, two practice nurses, a practice manager, reception and administration staff. The practice was in the process of applying to update their registration with CQC to add a new partner.

The practice offers extended hours each day and is open Monday to Friday from 8am to 7pm. Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to contact the local out of hours service. Outside of this time the practice uses UC24.

The practice has a General Medical Services (GMS) contract. In addition the practice carried out a variety of enhanced services such as avoiding unplanned admissions to hospital, intermediate care provision and primary care gastroscopy.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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 announced visit on the 10th December 2015. During our visit we:

- Spoke with a range of staff including the GPs, practice nurse, the practice manager, administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with patients.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record

Liverpool Commissioning Group (CCG) reported no concerns to CQC about the safety of the service. The practice used a range of information to identify risks and improve patient safety. There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff. The GPs met regularly and discussed events and shared lessons learnt with all staff within the practice. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents. Staff told us they scan all records submitted to the practice within 24 hours and that staff were multi skilled to ensure this could be dealt with promptly. This system was introduced following a previous significant event and identified actions they had taken to ensure patients records were filed and promptly updated. One recorded significant event highlighted the need for the practice to escalate any concerns they had with secondary care. This would ensure that those responsible for secondary care would be informed to enable them to review any identified risks and take any appropriate actions to reduce risks to patients

Overview of safety systems and processes

The practice could demonstrate some aspects of safe management of risks including, medicines management and staffing. However, there were gaps within health and safety, infection control and recruitment checks that needed improvements.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation, and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. Staff demonstrated they understood their responsibilities and staff had received training relevant to their role.
- A notice was displayed advising patients that staff would act as chaperones, if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.)
- The building was purpose built and fully accessible. However, the practice did not have access to a fire risk assessment or environmental risk assessments for their practice. The practice manager did submit weekly fire checks following the inspection but they lacked any evidence of a fire risk assessment. There were gaps within the staff training records and some staff had not received updated training for moving and handling, health and safety and fire training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Staff we spoke with told us there was enough equipment to help them carry out their role and that equipment was maintained and in good working order.
- We looked at a sample of treatment and consultation rooms and the waiting areas. Appropriate standards of cleanliness and hygiene were followed. Comments we received from patients indicated that they found the practice to be clean. The practice had an infection control lead. However, the last infection control audit was carried out two years ago by the infection control team. No further audits or updates had been carried out by the practice and there had been no audit for hand hygiene. There was an infection control protocol in place, however not all staff had received up to date training.
- The arrangements for managing emergency drugs, oxygen, the defibrillator and vaccinations were well managed with regular checks in place showing safe systems. We looked at a sample of vaccinations and found them to be in date. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. A decision had been made by the practice to not carry emergency drugs within GPs bags. However, there was no risk assessment in place to describe the rationale and procedures to follow in regard to this decision.
- Recruitment checks were carried out and the staff files we sampled showed that most staff recruitment checks had been undertaken prior to employment. However some staff files had some recorded checks missing such as no photographic identification, no professional checks with the staff member's

Are services safe?

professional registered body, no medical review and no evidence of a DBS check. The practice manager acknowledged this and advised they would ensure the correct records were put in place.

- The practice staff showed us records to demonstrate that arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had struggled over the last year to recruit a further practice nurse and still had a vacancy.
- **Arrangements to deal with emergencies and major incidents**

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff received annual basic life support training and there were emergency medicines available in the treatment room. Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a detailed business continuity plan in place for major incidents such as power failure or building damage

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with NICE (The National Institute for Health and Care Excellence) guidelines and had systems in place for staff to access to ensure all clinical staff were kept up to date. Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care registers.

The practice reviewed unplanned admissions of patients identified at risk of hospital admission. This work helped reduce the pressure on A&E departments by treating patients within the community instead of hospital. Care plans were in place for these patients.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice staff met with district nurses on a regular basis to discuss the needs of their palliative care patients.

Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Home visits were undertaken to housebound patients. Patient comments were very positive about the support and advice given to them when attending the practice.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to five year old ranged from 82.7% to 98.6% and the CCG averages ranged from 88.3% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-up on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. Incoming mail such as hospital letters and test results were read by a clinician and then scanned onto patient notes by reception staff.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients.

QOF results from 2014-2015 showed the results being 87.3% of the total number of points available with an overall exception score of 4.6%. QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. The practice had arranged regular meetings to discuss their performance and targets indicating lower scores than they had anticipated. They had identified that a member of staff had been incorrectly recording exception reporting and scores/targets relevant to QOF which they felt gave an inaccurate result to their 2014-2015 scores. Mental health indicators highlighted lower than average scores when measured against national rates. The practice identified high numbers of patients with mental health needs and acknowledged that in previous years they had been allocated specific support to assist with this patient group. The practice staff advised they would look at trying to request specific specialised support for mental health to help improve engagement with this group.

Are services effective?

(for example, treatment is effective)

QOF information for 2014-2015 showed the practice was meeting its targets for some areas within health promotion and ill health prevention initiatives.

- Performance for diabetes related indicators for foot examinations was higher than the national averages. For example; The Practice rate was 89.18% and the National rate was 88.35%.
- Performance for measuring the blood pressure with patients with hypertension in the last nine months was higher than the national averages. For example; The Practice rate was 88.36% and the National rate was 83.11%.

All GPs had access to a variety of clinical audits including those carried out by the CCG pharmaceutical advisor. Clinical audits demonstrated quality improvement. Findings were used by the practice to improve services. Examples of completed audit cycles included:

Monitoring of lithium prescribed to patients. (Lithium can be used as a mood stabiliser.) The audit was carried out to help ensure compliance with recommended guidelines. It helped identify patients who were overdue for their blood tests and provided a more robust system for regular monitoring. The full audit cycle including the re audit helped to show improvements in the care management of these patients.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety and health and safety.
- Staff had access to various types of training and in-house learning events to meet their learning needs and were happy with the training on offer. Staff felt well supported. There were various gaps in the overall training matrix. This documentation was lacking evidence that staff were up to date in a variety of training and was in need of being updated to reflect training carried out.
- All GPs were up to date with their yearly appraisals. (Every GP is appraised annually, and undertakes an 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.) There were annual appraisal systems in place for all other members of staff. Although one member of staff had not received one in two years arrangements were made to rectify this.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect. Staff were helpful to patients both attending at the reception desk and on the telephone.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

From the patient comments received, most patients indicated that they found the staff helpful, caring and polite and they described their care as very good. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Some staff had worked at the practice for many years and knew their patients well. We also spoke with members of the Patient Participation Group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by the practice and said that their families had been with the practice for many years and that their dignity and privacy was always respected. They met with the practice staff on a regular basis and felt they were always listened to and kept informed in regard to developments within the practice. They regularly attended national conferences which were funded by the practice. They felt this helped them keep up to date with changes within other practices and helped them feedback that information to staff and other members of the PPG and patients.

The practice's computer system alerted GPs if a patient was also a carer. There was a carer's register and they had identified 186 patients who were carers. The practice provided lots of information and sign posted carers to supportive contacts such as local carers groups.

Results from the national GP patient survey showed patients were happy with how they were treated. Patient

comments made throughout our inspection aligned with some of the positive results of this survey. The practice was above average for some of its satisfaction scores. For example:

- 96.4% of respondents said they had confidence and trust in the last GP they saw or spoke to compared with a CCG average of 95.9% and a National average of 95.2%.
- 89.7% say the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 87.6% and a National average of 85.1%.
- 91.4% of respondents say the last GP they saw or spoke to was good at giving them enough time compared with a CCG average of 89.4% and a National average of 86.6%.
- 94.2% of respondents say the last Nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 92.4% and a National average of 91.9%.
- 88.7% describe their overall experience of this surgery as good compared with a CCG average of 87.4% and a National average of 84.8%.

There were some areas for improvement at the practice, which related to patients seeing their preferred GP and reception staff. For example:

- 47.8% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 59.4% and a National average of 60%.
- 79.6% of respondents find the receptionists at the surgery helpful compared with a CCG average of 87.5% and a National average of 86.8%.

The practice had previously arranged an independent company to review administration and reception staff to help increase efficiency and provide improvements to the practice. The practice updated patients in their spring/summer newsletter 2015 with changes they had made to the front of house. Reception and administration supervisors had been reallocated to positions near reception to enable staff to respond more quickly to any questions raised.

Care planning and involvement in decisions about care and treatment

Are services caring?

Patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was very positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above and comparable with local and national averages. For example:

- 94.2% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90.2% and a National average of 88.6%.
- 86.9% say the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 84.8% and a National average of 81.4%.
- 93.9% say the last GP they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 88.2% and a National average of 86.0%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. The practice offered a range of enhanced services such as: avoiding unplanned admissions to hospital, intermediate care in a local care home and the practice had provided a gastroscopy service for nearly 25 years and accepted referrals through choose and book. This was a positive initiative that was convenient and of benefit to local patients as it meant they didn't have to make the journey to their local hospital for this service.

The practice staff looked at various ways to develop services to meet their patients' needs. They encouraged patients with long-term conditions to be more involved in self-management of their health, with suitable support from health care professionals. The practice had a Health Trainer attend the service each week. They helped support patients by providing advice on their lifestyles and in sign posting patients to various services such as weight management.

There was an active Patient Participation Group (PPG) which met on a regular basis. They had discussed various topics with the practice staff such as: Shared care records, friends and family tests, patient survey results, appointments and waiting times, later opening times, reception, extended appointment times to 15 minutes from 10 minutes. Records and a discussion with staff and PPG representatives showed that the practice had responded to patient support in requesting a bus service from the local bus operators. PPG members explained that they had been rejected in the past with their requests for this service to help access to the practice. However they felt fully supported by the practice staff who continued with their support in also writing to Mersey travel. Representatives from the PPG told us they felt listened to and involved in the operation of the practice.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- Home visits were available for elderly and housebound patients. These included home visits to undertake long term condition reviews and vaccinations and weekly visits to a local care home providing regular support for intermediate care.
- The practice had strategies in place to identify long term conditions early and therefore improve patient care.
- Urgent access appointments were available for children and those with serious medical conditions.
- The building was purpose built and had disabled facilities and car parking designated spaces.
- Translation services were available and the practice supported relatively high numbers of patients who were asylum seekers and Eastern European patients.
- The practice had various notice boards and newsletters including carer's information, PPG updates, health promotion material and sign posting contact details for lots of organisations.
- The practice had other services onsite including: Talk Liverpool, antenatal clinics, Fag ends via the chemist, spirometry, physiotherapists, audiology, INR for warfarin and complementary therapy services offering remedial massage/acupuncture and homeopathy.

Access to the service

The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice. The appointment system was responsive to their patient's needs. Patients told us that they were able to get appointments when they needed them and were happy with the services received from their practice. The practice was open Monday to Friday from 8am to 7pm. Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to contact the local out of hours service. Outside of this time the practice uses UC24.

Most patients told us they were able to get appointments when they needed them and were happy with the services received from their practice. Two people said on occasions

Are services responsive to people's needs?

(for example, to feedback?)

there was a problem with the phone lines. Results from the national GP patient survey published July 2015 (based on data from July 2014 –March 2015) showed patient's satisfaction with opening times. For example:

- 81.9% say the GP surgery currently opens at times that are convenient compared to the CCG average of 77% and the National average of 73.8%.
- 86% are satisfied with the surgery's open times compared with the CCG average of 78.9% and the National average of 74.9%.

However results below showed areas of improvements needed in response to results relating to getting through to the surgery, convenience of appointments and waiting times.

- 60.8% find it easy to get through to this surgery by phone compared to the CCG average of 75.1% and the National average of 73.3%.
- 84.9% say the last appointment they got was convenient compared to the CCG average of 92.8% and the National average of 91.8%.
- 67.1% describe their experience of making an appointment as good compared to the CCG average of 75.4% and the National average of 73.3%.
- 55.2% feel they don't normally have to wait too long to be seen compared to the CCG average of 59.2% and the National average of 57.7%.

The practice had extended appointment times and extended the GPs working day by an hour to increase access and time available to their patients. Further work was needed within the practice to produce a detailed action plan including all initiatives raised by staff so they could be effectively monitored for improvements.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was not initially accessible within the reception area. However staff rectified this during the inspection and displayed access to the policy within their reception area. There had been a low number of recorded complaints over the last 12 months which we reviewed. We found they had been handled satisfactorily and dealt with in a timely way. The practice offered an apology to any patient who felt that services offered had fallen below the standard patients had a right to expect. The practice staff had not recorded verbal complaints. Records to capture verbal complaints would help staff to review any patterns or trends with patients' views.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had identified various values, aims and objectives within their statement of purpose.

Staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did. Patients gave positive comments that aligned with some of the statements particularly with regards to being provided with a good service from a friendly caring team that had good values and good access to clinics and health professionals.

Governance arrangements

There was a clinical governance policy in place. Staff told us they felt well supported by management. Policies were updated and accessible to everyone. Staff we spoke with were aware of how to access the policies and any relevant guidance to their role.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- The practice had a system of reporting incidents without fear of recrimination.
- Practice specific policies were implemented and were available to all staff.
- A system of continuous clinical audit cycles which demonstrated an improvement to patients' welfare.
- Practice staff organised regular team meetings and practice learning events including annual away days for the whole staff team.
- Proactively engaging patients in the delivery of the service.
- The GPs and all other clinicians were supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Their values were evident in driving them to deliver

good quality care day to day. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. Staff told us that regular team meetings were held and they had the opportunity to raise any issues or suggestions.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys. There was an active PPG which met regularly throughout the year and engaged with the practice staff to raise proposals for improvements to the practice. The practice had also gathered feedback from staff through regular staff meetings and informally as required. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues, GPs and management.

Management lead through learning and improvement

Staff told us they felt well supported and we could see that some staff engaged with regular practice learning events and in-house training. Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. However training records needed updating to show more accurate records around the training needs of all staff including clinical staff. We looked at a sample of staff files and saw that regular appraisals had taken place except for one member of staff. Staff were in the process of ensuring this overdue appraisal was updated. The practice accommodated medical students to help them with their medical training.

The practice staff had identified areas for improvement with work in progress to help their development for: the review of administration and reception staff, introduction of electronic prescribing, effective management of letters and results to lessen near misses and significant events. The practice had arranged regular meetings to discuss their performance and QOF targets which indicated lower scores than they had anticipated. They discussed action and suggestions to help increase scores and patient outcomes for the coming year.

Are services well-led?

Good 

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

The practice had developed some positive initiatives that benefited their patients including the onsite services of their warfarin/ anti-coagulant clinic and their gastroscopy/ endoscopy clinic.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Staff files did not contain evidence of necessary recruitment checks to show safe recruitment. Staff recruitment checks lacked evidence of: no photographic identification, no professional checks with the staff member's professional registered body, no medical review and no evidence of a DBS check. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and Proper Person Employed, Regulation 19 1)2)4)5).
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Health and safety arrangements had gaps in their records and checks which highlighted potential risks to maintain people's safety. The practice did not have any environmental fire risk assessments, no fire risk assessment and no recent infection control and hand hygiene audit. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment, Regulation 12 1)2)a)b)c)d)g)