

# Dr P Rigby and Partners

## Quality Report

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Website: [www.stockbridgevillagehealthcentre.nhs.uk](http://www.stockbridgevillagehealthcentre.nhs.uk) Date of publication: 06/06/2017

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

## Ratings

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

# Summary of findings

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## Overall summary

We carried out an announced comprehensive inspection at Dr Rigby and Partners on 29 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Dr Rigby and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a focused follow up inspection carried out on 3 April 2017 to check if the provider had carried out their plan to meet the legal requirements in relation to the breaches identified for the domains for Safe and Well led. This report covers our findings in relation to that and additional improvements made since our last inspection 29 November 2016. We had issued three requirement notices regarding the breaches of regulations.

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

The provider did not assess, monitor, manage and mitigate risks to the health and safety of patients, public and staff. They had failed to identify the associated risks by the lack of health and safety procedures, systems and processes including those associated with infections and fire safety.

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment. The provider did not have full systems and processes in place to prevent abuse in that staff were not suitably trained or updated at a level suitable to their role.

Regulation 17 HSCA (RA) Regulations 2014 Good governance. The provider did not have effective systems in place to assess, monitor, manage and mitigate the risks relating to the health, safety and welfare of patients and others. The provider did not have effective systems in place to ensure their governance systems remained effective.

The findings of this inspection were that the provider had taken a number of actions to meet the requirement notices issued and improvements had been made since our last inspection. Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had addressed the issues identified during the previous inspection.
- Risks had been assessed, monitored and mitigated with updated risk assessments including health and

# Summary of findings

safety, infection control, environmental and fire risk assessments. Fire safety drills were undertaken and there was an identified fire marshal within the staff team.

- Recruitment arrangements had been reviewed and updated and now included all necessary employment checks.
- Staff were trained and updated appropriately in core topics such as health and safety, infection control, safeguarding and fire safety. Staff received safeguarding training at a level relevant to their role.
- Policies and procedures relating to health and safety and other relevant policies had been updated since our last inspection and were specific to the practice.
- Effective governance arrangements were in place and monitored to ensure they remained effective.
- In addition, the practice had made the following improvements:
- Significant events were regularly reviewed in order to identify themes and trends.

- Storage of medical records had been reviewed with updated guidance and procedures for staff to follow to help minimise the risk of loss or damage due to environmental factors.
- The recording/documentation of all meetings including multi-disciplinary meetings had been reviewed to ensure clear records were kept.
- The documentation and recording of staff induction had been reviewed and provided for any new members of staff.
- The system for monitoring clinical staff's professional registration had been reviewed there was a staff log to support regular monitoring and updates to individual registrations.

## **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?

Evidence was provided as part of this focused review to show that improvements had been implemented. The practice had addressed the issues identified during the previous inspection on 29 November 2016. The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had defined processes and practices to minimise risks to patient safety. Risk assessments, including health and safety, infection control and fire evacuation drills were updated and regularly reviewed.
- Staff demonstrated that they understood their responsibilities and they had received training on safeguarding children and vulnerable adults relevant to their role.
- The recruitment process had been revised to ensure all necessary checks were carried out and information held in respect of those working at the practice.

Good



### Are services well-led?

Evidence was provided as part of this focused review to show that improvements had been implemented. The practice had addressed the issues identified during the previous inspection on 29 November 2016. The practice is rated as good for providing well-led services.

- There was a clear leadership structure. The practice had a number of policies and procedures to govern activity, which had been reviewed and updated.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice had systems in place to identify notifiable safety incidents and share the information with staff to ensure appropriate action was taken.

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

At the previous inspection in November 2016 the practice was rated as requires improvement for providing care of older people because the issues identified as requires improvement in the safe and well led domain affected all patients including this population group. At this follow up inspection 3 April 2017, the domains for safe and well led were assessed as good. The population group ratings have been updated to reflect this. The practice was rated good for providing care of older people.

- The practice had an elderly population around the national and local Clinical Commissioning Group (CCG) average of elderly patients with 16% over the age of 65. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs. Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good. For example, the percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less was 84% and comparable to the CCG and national average.
- The percentage of patients with atrial fibrillation treated with anticoagulation therapy was 100% and higher than the CCG and national average.
- All the older patients (over the age of 75) had a named GP who coordinated their care. The practice had a GP lead for elderly care who liaised with the local elderly care network in caring for patients.

Good



### People with long term conditions

At the previous inspection in November 2016 the practice was rated as requires improvement for providing care of people with long term conditions because the issues identified as requires improvement in the safe and well led domain affected all patients including this population group. At this follow up inspection 3 April 2017, the

Good



# Summary of findings

domains for safe and well led were assessed as good. The population group ratings have been updated to reflect this. The practice was rated good for providing care of people with long term conditions.

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance indicators for patients with long term conditions were around or above the CCG and National average. For example:
- The percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the last 12 months) was 140/80mmHg or less was 82%. The CCG average was 82% and the national average was 78%. The percentage of patients with asthma, on the register, who have had an asthma review in the preceeding 12 months that includes an assessment of asthma control using the three RCP questions was 83% (compared to the CCG average of 79% and national average of 75%).
- Longer appointments and home visits were available when needed for patients with long term conditions and multiple conditions.
- All these patients had a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Medical records for vulnerable patients with long term conditions were highlighted so that all staff knew their needs and arranged appointments and care accordingly.

## Families, children and young people

At the previous inspection in November 2016 the practice was rated as requires improvement for providing care of people with families, children and young people because the issues identified as requires improvement in the safe and well led domain affected all patients including this population group. At this follow up inspection 3 April 2017, the domains for safe and well led were assessed as good. The population group ratings have been updated to reflect this. The practice was rated good for providing care of people with families, children and young people.

- There were systems in place 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 A&E attendances.

Good



# Summary of findings

- Immunisation rates were good for all standard childhood immunisations with immunisations uptake for all children aged five and under on average around 95%. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Unwell children were always offered same day/urgent appointments.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable to other practices at 77%.
- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses

## **Working age people (including those recently retired and students)**

At the previous inspection in November 2016 the practice was rated as requires improvement for providing care of working age people (including those recently retired and students) because the issues identified as requires improvement in the safe and well led domain affected all patients including this population group. At this follow up inspection 3 April 2017, the domains for safe and well led were assessed as good. The population group ratings have been updated to reflect this. The practice was rated good for providing care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- For example, it offered online bookings of appointments and prescription requests and offered early morning appointments. Appointments could be pre booked or booked on the day and emergency appointments were also available daily for those in need and all children.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group for example NHS health checks for those aged 40 to 75 years old.

Good



## **People whose circumstances may make them vulnerable**

At the previous inspection in November 2016 the practice was rated as requires improvement for providing care of people whose circumstances may make them vulnerable because the issues identified as requires improvement in the safe and well led domain affected all patients including this population group. At this follow

Good



# Summary of findings

up inspection 3 April 2017, the domains for safe and well led were assessed as good. The population group ratings have been updated to reflect this. The practice was rated good for providing care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, those with substance or alcohol misuse and those with a learning disability.
- The practice promoted “No Barriers” to accessing GP services and people were able to register without fear of stigma or prejudice.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff had received appropriate training and updates relative to their role.

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

At the previous inspection in November 2016 the practice was rated as requires improvement for providing care of people experiencing poor mental health (including people with dementia) because the issues identified as requires improvement in the safe and well led domain affected all patients including this population group. At this follow up inspection 3 April 2017, the domains for safe and well led were assessed as good. The population group ratings have been updated to reflect this. The practice was rated good for providing care of people experiencing poor mental health (including people with dementia).

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months which was above the national average of 94% and CCG average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good





# Summary of findings

- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations and could signpost to relevant specialist services.
- The practice had a system in place to follow up patients with poor mental health who did not attend appointments.
- Longer appointments were offered to those patients with poor mental health.

# Dr P Rigby and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

## Background to Dr P Rigby and Partners

Dr P Rigby and Partners is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 8500 patients living in and around Knowsley. It is situated in a purpose built medical centre. The practice has three female GPs, three male GP, three practice nurses, administration and reception staff and a practice manager. It is a training practice and has GP registrars working at the practice. Dr P Rigby and Partners holds a General Medical Services (GMS) contract with NHS England.

The practice surgery hours are: Monday, Tuesday, Wednesday and Friday 7am to 11am and 3pm to 5pm. Thursday they are open 7am to 11am and closed in the afternoon. 7am - 8am appointments are offered as extended hour's access to GPs. Telephone lines are open from 8am to 6.30pm Monday to Friday. Patients can book appointments in person, via the telephone or online. The practice provides pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Knowsley Clinical Commissioning Group (CCG) and is situated in a deprived area with the population having above averages rates of premature mortality, high chronic disease burden and a low healthy life expectancy. Fifty five per cent of the practice patient

population has a long standing health condition. The practice population is made up of around national average population groups with 22% of the population under 18 years old and 16% of the population aged over 65 years old. Life expectancy for both males and females is lower than the CCG and national average.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hour's service (via NHS 111). Information regarding out of hours services was displayed on the website and in the practice information leaflet.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service Dr P Rigby and Partners 29 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The practice was rated as requires improvement.

We undertook a focused follow-up inspection of Dr P Rigby and Partners on 3 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve areas identified at the last inspection. We reviewed the practice against two of the five questions we ask about services: is the service safe and well led?

# Detailed findings

## How we carried out this inspection

We carried out a focused follow up inspection of Dr P Rigby and Partners on 3 April 2017. The practice was contacted and a request was made to submit updated evidence to show that the practice had completed the improvements identified during their comprehensive inspection in November 2016. A range of information was discussed with the practice staff, submitted by the practice and reviewed by the CQC Inspector. This involved reviewing evidence that:

- The management of health and safety had been reviewed and updated. We reviewed records for fire safety, infection control, significant events, safe storage of patient records, policies and procedures, environmental risk assessments and updated necessary training for staff.
- We reviewed recruitment processes that had been updated. Induction records for new staff had been developed to cover various topics.

- Recording/documentation of all meetings included multi-disciplinary meetings.
- Systems for monitoring clinical staff's professional registration were robust and updated.
- Governance arrangements were in place and monitored to ensure they remained effective.

During our visit we:

- Carried out a site visit.
- Spoke with a range of staff, the practice manager, GP partner, reception staff and business consultant staff.
- Reviewed documents both before and at the inspection visit
- Reviewed storage facilities within the building.

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

At our previous inspection on the 29 November 2016, we rated the practice as requires improvement for providing safe services. Following the inspection, the practice submitted a detailed action plan to provide details of what they had done to show improvements.

These arrangements had been implemented when we undertook a follow up inspection on 3 April 2017. The practice was now rated as good for providing safe services.

### Safe track record and learning

- The practice carried out a thorough analysis of significant events and following our previous inspection they had reflected on the events to help them to identify any themes and trends. We noted one event that described a positive experience in the management of end of life care. The discussion showed shared learning amongst the team regarding what went well in the management of this specialist type of care and the positive joint working with district nurses.

### Overview of safety systems and processes

- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. Safeguarding policies were up to date and included recent national guidance and policy requirements. Policies were accessible to all staff and what to do in the event of concerns flowcharts were displayed in clinical and non-clinical areas. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were clinical leads for both adult and child safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. GPs were trained to child protection or child safeguarding level 3. Training records still needed to be updated staff to show when GPs had carried out this training. Clinical staff kept their own records, however the manager advised they would collate the records that clinicians kept in their own professional files so they could programme refresher dates. Clinical staff demonstrated they understood their responsibilities in relation to safeguarding and they had received suitable training relevant to their role.

- We observed the premises to be clean and tidy. Following our previous inspection, the cleaning schedules had been reviewed and audits implemented. The practice used the local NHS Trust's infection control policy and procedures.
- Following our previous inspection, the practice had implemented a process for updating all policies and ensured they were accessible on their intranet for all staff to access including updates to infection control.
- At our previous inspection we found that not all appropriate recruitment checks had been undertaken prior to employment. For example, there were no interview records, contracts, proof of identification, references, qualifications, registration with the appropriate professional body for three out of the four staff files seen. Some staff did not have a Disclosure and Barring Service (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) check and there was no evidence of risk assessments being carried out. Evidence was submitted following this inspection which demonstrated professional registration was up to date for all clinical staff. At our follow up inspection 3 April 2017 we looked at three staff files which showed records had been reviewed and updated with all necessary recruitment checks. The manager kept a list of all DBS checks and dates when they had been carried out. One file we looked at needed for a medical declaration completing.
- At our previous inspection we found patient records were stored in open metal shelving and were not safe from environmental damage such as fire. At our follow up inspection 3 April 2017 we reviewed the policies and procedures that had been implemented by the practice to ensure the safety of patient records. Staff told us how they followed these policies and ensured records were safely stored each day by locking the fire doors and closing the metal shutters were they were stored.

### Monitoring risks to patients

- Risks to patients had been assessed following our previous inspection and were well managed. The practice had reviewed their management of health and safety and had undertaken various risk assessments

## Are services safe?

since our last inspection, including for example, infection control, environmental, workplace and lone worker risk assessments and fire risk assessments. The practice carried out regular fire drills.

- At our previous inspection we did not see evidence to assure us that systems were in place to check the safety of electrical, gas and fire fighting equipment. Evidence submitted to us following the inspection demonstrated regular checking and testing of the fire alarm system

and emergency lighting. At our follow up inspection 3 April 2017 we reviewed the certificates and evidence of updated maintenance and checks on main systems within the practice such as gas safety, electrical installation, portable electrical appliances, a detailed Legionella risk assessment dated Jan 2017, fire safety maintenance, maintenance and calibration of equipment.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on the 29 November 2016, we rated the practice as requires improvement for providing well led services. Following the inspection, the practice submitted a detailed action plan to provide details of what they had done to show improvements.

These arrangements had been implemented when we undertook a follow up inspection on 3 April 2017. The practice is now rated as good for providing a well led service.

### Governance arrangements

- The practice had reviewed governance arrangements and met regularly as a team to discuss, plan and support the delivery of the strategy and good quality care. They had employed the services of a business consultancy firm who were supporting the practice.
- There was a clear staffing structure with clinical staff taking lead roles
- Staff were aware of their own roles and responsibilities.
- A programme of clinical audit was in place.
- Policies and procedures had been implemented. Following our previous inspection the practice had implemented a system to update all policies and procedures to ensure they reflected the needs of the practice.

- The practice had reviewed their processes and systems for identifying and managing risks relating to the health and safety of patients, public and staff. For example they had updated risk assessments for health and safety, infection control, environmental risk assessments and fire safety.
- The practice held regular team, clinical and business meetings. Following our previous inspection, the practice had implemented a process to document minutes of all meetings that they held with multi-disciplinary teams.
- Records relating to staff had been reviewed following our previous inspection and all records had been updated.

### Continuous improvement

The practice was a training practice and valued the addition of trainee GPs (GP registrars). The practice supported staff in their professional development and revalidation. Following our previous inspection 29 November 2016, the practice had revised how they managed staff training and implemented a range of training accessible to all staff. They had a system in place to monitor staff training to ensure staff received training that was appropriate to their role. Some clinical and development training records were still held by individual staff. The practice manager advised they would collate this to show the expertise and level of specific training held within the whole team.