

West Wirral Group Practice - AR Johnston

Quality Report

The Warrens Medical Centre
Arrowe Park Road
Wirral
CH49 5PL

Wirral

Tel: 0151 9295555

Website: www.westwirralgrouppractice.nhs.uk

Date of inspection visit: 19 April 2016

Date of publication: 25/05/2016

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 effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West Wirral Group Practice - AR Johnston on 19 April 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety. Systems were in place for reporting, recording and learning from accidents, significant events and untoward incidents. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Staff had received training in safeguarding and protection of children and vulnerable adults however in some cases clinical staff had not received a level of safeguarding children training that was appropriate to their role. Local authority guidance and protocols were accessible and staff were aware of how to raise concerns. Local practice safeguarding policies and procedures needed updating to reflect relevant national guidance.
- Recruitment policies and procedures did not reflect relevant legislation and guidance and recruitment records did not contain all the required information to be held in respect of people employed at the practice.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients were treated with care, compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they did not always find it easy to make an appointment with a named GP and there was a lack of continuity of care.

Summary of findings

- The practice had good, modern facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There was a lack of robust governance arrangements in place. There was not an effective system in place to act on patients' feedback. Risks relating to maintenance and storage of staff records including information relevant to their employment within their role were not well managed. Audits did not demonstrate improvements to care and treatments and were not widely shared for staff to learn from them.
- The practice had a number of policies and procedures to govern activity, but some needed to be reviewed to reflect current guidance and legislation. For example safeguarding and recruitment policies and procedures.
- Risks to patients were generally assessed and managed. However general environmental risk assessments and fire risk assessments needed updating.
- There was a lack of a robust training plan for the practice to ensure all staff received required training at appropriate levels and frequency.

The areas where the provider must make improvements are:

- Ensure an effective audit programme is implemented to assess, monitor and improve the quality and safety of services.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure an effective system is implemented by which patient views are analysed, acted on and feedback used to help improve services.
- Ensure all staff are trained to an appropriate level for their role in safeguarding of children and protection of vulnerable adults.
- Ensure records relating to staff include information relevant to their employment in the role including information relating to the requirements under

Regulations 4 to 7 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in particular Disclosure and Barring Service checks relevant to the role.

- Ensure records relating to staff are stored safely and securely in accordance with current legislation and guidance.
- Ensure their audit and governance systems remain effective.

In addition the provider should:

- Review the practice's policies and procedures including safeguarding, recruitment and infection control policies and procedures, to ensure they are up to date with current guidance.
- Review the process for learning from significant events and complaints to include regular reviews to learn from themes and trends and to monitor completion of action plans.
- Review the arrangements in place for receiving and recording the response to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the format of staff meetings to include documented dissemination of lessons learnt from significant incidents, events and complaints and sharing improvements from audits and patient feedback.
- Review the frequency of which infection control audits are undertaken to ensure action plans are completed.
- Review, document and display the cleaning schedule and ensure cleaning equipment is stored appropriately.
- Review the training, learning and development needs of staff members at appropriate intervals and establish an effective process for the on-going assessment and supervision of all staff employed which includes ensuring staff are up to date with mandatory training including safeguarding, infection control.

Summary of findings

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 good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was a system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice, however overall themes and trends were not identified and shared.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice generally had systems, processes and practices in place to keep patients safe.
- Risks to patients were assessed and managed. However some risk assessments were in need of revision and updating as were some policies and procedures.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were undertaken however improvements were needed in order to demonstrate quality improvement and disseminated learning.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of staff appraisals however some were out of date.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice around average and in some cases higher than average for aspects of care rated. For example, 90% of respondents to the National GP Patient's survey said the last GP they saw or spoke to was good

Summary of findings

at treating them with care and concern (compared to a national average of 85%) and 94% said the last nurse they saw or spoke to was good at treating them with care and concern (compared to a national average of 90%).

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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 NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified, for example in dementia care and the care of those at risk of falls.
- Patients said they were not always able to make an appointment with a named GP and there was a lack of continuity of care.
- Patients said they were able to access convenient appointments and urgent appointments were available the same day
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a mission statement and promoted this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review and updating to reflect current guidance and legislation.
- Staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.
- Practice meetings and clinical meetings were held however these could be improved in order to promote dissemination of learning from audits, significant events and complaints.

Requires improvement



Summary of findings

- There was a lack of robust systems and processes in place to monitor and improve quality and identify risks.
- There was a lack of a robust practice training and development plan.
- The practice sought feedback from staff and patients however resulting actions were not widely discussed or disseminated throughout the practice staff.
- There was an active patient participation group who were involved in practice developments.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

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 had a higher than national and local clinical commissioning group (CCG) average number of elderly patients with 48% 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 avoiding unplanned admissions, dementia, nursing and residential care home support and end of life care.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

The practice carried out fall risk assessments to help identify patients at risk of falls and injury.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

The practice maintained and monitored registers of patients with long term conditions for example, cardiovascular disease, diabetes, chronic obstructive pulmonary disease and heart failure. These registers enabled the practice to monitor and review patients with long term conditions effectively.

- GPs, supported by practice nurses, had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Annual reviews for all patients with long term conditions such as diabetes and asthma were offered.
- Performance indicators for the management of long term conditions such as diabetes were around or above national average.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check that their health and medicines needs were being met. Systems in place ensured patient recalls were highlighted.

Good



Summary of findings

- The GPs and nurses 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

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were vulnerable, for example, children and young people who had a high number of A&E attendances and those who did not attend for appointments.
- Immunisation rates were high for all standard childhood immunisations with immunisations uptake for all children aged five and under around 97%.
- 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 around the national average at 81%.
- We saw positive examples of joint working with midwives and health visitors. The practice worked with a local primary school to deliver health education to children.

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).

Good



- 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 a text messaging service to remind patients about their appointments and to cancel appointments more easily.
- It offered early morning (from 7am) appointments and telephone consultations.

Summary of findings

- 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 for example NHS health checks for those aged 40 to 75 years old.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including those at risk of hospital admissions, those at the end of their life, those with a learning disability and children at risk.
- It offered longer appointments for people with a learning disability.
- The practice, together with the PPG, had implemented a directory and was able to inform vulnerable patients about how to access various support groups and voluntary organisations.
- Staff were familiar with patients from this group and knew and understood family dynamics.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding information sharing and sharing concerns.

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).

Good



- The practice carried out advanced care planning for patients with dementia and 85% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months (around the national average of 84%).
- 92% of people experiencing poor mental health (higher national average of 88%) had a comprehensive documented care plan in place.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It had a system in place to follow up patients where they may have been experiencing poor mental health. Systems were also in place to recall patients with dementia and poor mental health when they did not attend for appointments.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing well in the questions asked. There were 114 responses which represented a 45% completion rate for surveys sent out. This approximately represented 0.8% of the practice's patient list. The results showed, for example:

- 82% of respondents describe their experience of making an appointment as good compared with a CCG average of 78% and national average of 73%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and national average of 79%).
- 85% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and national average of 85%.
- 99% say the last appointment they got was convenient compared with a CCG average of 95% and a national average of 92%.

- 100% had trust and confidence in the last GP they saw or spoke to, compared with a CCG average of 97% and a national average of 95%.
- 100% had trust and confidence in the last nurse they saw or spoke to, compared with a CCG average of 98% and a national average of 97%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. All the eight patients we spoke with and comments reviewed were very positive about the practice, the staff and the service they received. They told us staff were caring and compassionate and that they were always treated with dignity and respect. They told us they were given time at appointments, listened to and felt valued. They said their needs were always responded to and they felt the service was excellent at this practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure an effective audit programme is implemented to assess, monitor and improve the quality and safety of services.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure an effective system is implemented by which patient views are analysed, acted on and feedback used to help improve services.
- Ensure all staff are trained to an appropriate level for their role in safeguarding of children and protection of vulnerable adults.
- Ensure records relating to staff include information relevant to their employment in the role including information relating to the requirements under

Regulations 4 to 7 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in particular Disclosure and Barring Service checks relevant to the role.

- Ensure records relating to staff are stored safely and securely in accordance with current legislation and guidance.
- Ensure their audit and governance systems remain effective.

Action the service **SHOULD** take to improve

- Review the practice's policies and procedures including safeguarding, recruitment and infection control policies and procedures, to ensure they are up to date with current guidance.

Summary of findings

- Review the process for learning from significant events and complaints to include regular reviews to learn from themes and trends and to monitor completion of action plans.
- Review the arrangements in place for receiving and recording the response to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the format of staff meetings to include documented dissemination of lessons learnt from significant incidents, events and complaints and sharing improvements from audits and patient feedback.
- Review the frequency of which infection control audits are undertaken to ensure action plans are completed.
- Review, document and display the cleaning schedule and ensure cleaning equipment is stored appropriately.
- Review the training, learning and development needs of staff members at appropriate intervals and establish an effective process for the on-going assessment and supervision of all staff employed which includes ensuring staff are up to date with mandatory training including safeguarding, infection control.

West Wirral Group Practice - AR Johnston

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector and included a GP specialist advisor and an expert by experience. An expert by experience is a person who uses services themselves and wants to help CQC to find out more about people's experience of the care they receive.

Background to West Wirral Group Practice - AR Johnston

West Wirral Group Practice - AR Johnston is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 13,600 patients living in Wirral and is situated in a purpose built medical centre. The practice has six female GPs, six male GPs, three practice nurses, four healthcare assistants, administration and reception staff and a practice management team. It is a teaching/training practice and occasionally has medical students and trainee GPs working at the practice. West Wirral Group Practice - AR Johnston holds a General Medical Services (GMS) contract with NHS England and is part of the NHS Wirral Clinical Commissioning Group (CCG).

The hours of practice are:

Monday 7am – 5.45pm

Tuesday 8am – 5.45pm

Wednesday 7am – 5.45pm

Thursday 8am – 5.45pm

Friday 8am – 5.45pm

(normal core hours for GMS contract are 8am – 6.30pm)

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Wirral Clinical Commissioning Group (CCG) and is situated in an affluent area. The practice population is made up of a mostly working age and elderly population with 48% of the population aged over 65 years old. Sixty one percent of the patient population has a long standing health condition and there is a lower than national average number of unemployed patients.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hours service provider. Information regarding out of hours services was displayed on the website and in the practice information leaflet.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 April 2016. During our visit we:

- Spoke with a range of staff (including GPs, a trainee GP, practice nurses, reception and administrative staff and the practice manager) and spoke with patients who used the service, including members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of 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.

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 were:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- 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

There was an effective system in place for reporting and recording significant events.

- Staff told us, and we saw evidence, of significant event, accident and incident reporting. They would inform the practice manager and/or GPs of any incidents. There was a recording form available on the practice's computer system and these were completed in hard copy. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We found that there was an open and 'no blame' culture at the practice and that staff were encouraged to report adverse events and incidents.
- The practice carried out analysis of the significant events and reviewed them individually at monthly staff meetings to learn lessons. However there was no effective system in place to ensure recommended actions following analysis were reviewed and completed.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared; however there was no overarching review annually or more frequently in order to identify themes and trends to ensure future risks from similar incidents are mitigated. Patient safety alerts were received by relevant staff and acted on however there was no documented evidence to demonstrate this.

When there were unexpected safety incidents, people received support, truthful information and were told about any actions to improve processes to prevent similar incidents happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Staff had access to practice and local safeguarding authority policies and procedures and Department of Health guidance. However the safeguarding policies

needed updating in order to reflect changes to legislation and national guidance. Contact details and process flowcharts for both child protection and adult safeguarding were available. There was a clinical lead for safeguarding. Staff demonstrated they understood their responsibilities and had received training. However this training was in some cases not at a relevant level to their role. The practice had systems for identifying and alerting them about children and vulnerable adults who were at risk and ensured they were followed up in the event of non-attendance for hospital and practice appointments. The GPs reported to the safeguarding and protection board case conferences as required.

- A notice was displayed in the waiting room and in consultation rooms, advising patients that chaperones were available, if required. Mostly clinical and some non-clinical staff had been trained to undertake this role acted as chaperones, however not all of these staff had undertaken a suitable Disclosure and Barring Service (DBS) check. (A chaperone is a person who acts as a safeguard and witness for a patient and healthcare professional during a medical examination or procedure.
- We observed the premises to be clean and tidy. There was a lead for infection prevention and control. There was an infection control policy and associated procedures in place. Nursing staff had received relevant update training in infection control; however GPs and non-clinical staff did not undertake update training in infection control. An infection control audit had been undertaken by the community infection control team in January 2016 and we saw evidence that some actions had been taken to address issues identified as a result. However some actions such as the cleaning cupboard issues had not been addressed. The practice had carried out a Legionella risk assessment and regular water monitoring occurred. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Curtains in the treatment rooms appeared clean, however they were not dated and therefore it was unclear as to when they were last changed.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice maintained patient safety (including obtaining, prescribing, recording, handling, storing and security). The practice had been identified as a higher than

Are services safe?

average prescriber of broad spectrum antibiotics. An audit had been undertaken to establish adherence to the local prescribing guidance, however this had not been disseminated widely and could not demonstrate improvement to practice. Prescription pads were securely stored and there were systems in place to monitor their use.

- There was a recruitment policy and supportive procedures in place; however these were not in line with current guidance and legislation. Checks were carried out to ensure safe recruitment of staff. We looked at a sample of six staff files and these demonstrated that some records required to be held in respect of people working at the practice were lacking. For example, proof of identification, references and appropriate checks through the DBS.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The health and safety policies and procedures were basic in detail and in need of updating. A health and safety law poster was displayed. The practice told us they had general environmental, COSHH and fire risk assessments and carried out fire drills annually. However the practice was not able to locate and show us the environmental risk assessments at the time of inspection. The fire risk assessment had been reviewed recently however this review was basic in detail and did not fully document risks, control measures, persons responsible and actions required. We found one fire extinguisher that had not received regular servicing or checking. All electrical equipment was checked to ensure the

equipment was safe to use and clinical equipment was calibrated and checked to ensure it was working properly. We found that some GPs personal medical equipment had not been calibrated or checked. The practice told us they would rectify this immediately.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were sufficient staff and a rota system in place for all the different staffing groups to ensure that enough staff were on duty at all times and covered for absences.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to 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 and panic buttons were situated in reception and treatment rooms.
- Staff received annual basic life support training and there were emergency medicines available which were checked, in date and fit for use. However we found that some staff training was out of date.
- The practice had two automated external defibrillators (AED) available on the premises and oxygen with adult and children's masks. There was also a first aid kit, spillage kits and an accident reporting process.
- The practice had a business continuity plan in place for major incidents such as utilities failure, theft or building damage. The plan included emergency contact numbers for staff. Staff were fully aware of the business continuity plan and how to access it.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local CCG area guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Services provided were tailored to meet patients' needs. The practice used coding and alerts within the clinical electronic record system to ensure that patients with specific needs were highlighted to all staff on opening the clinical record. For example, patients on the palliative care register or vulnerable adults and children at risk. Patients at risk of unplanned admission to hospital and attendance at A&E departments were monitored and had care plans in place to reduce the risk. This included patients living in nursing and care homes. The practice had been identified as having one of the highest admission rates for elderly patients falling. A falls risk assessment service was set up in response to this with the practice carrying out formal assessments of the risk of falls in their elderly population to help reduce the risk of injury and admission to hospital.

The GPs used national standards for the referral of patients for tests for health conditions, for example, patients with suspected cancers were referred to hospital and the referrals were monitored to ensure they had been received.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98% of the total number of points available, compared to a national average of 95% and a CCG average of 96%. Data from 2014/2015 showed for example:

- Performance for diabetes related indicators were mostly above the national average.

- The percentage of patients with atrial fibrillation who are currently treated with anticoagulation drug therapy or an antiplatelet therapy was around the national average at 98%.
- The percentage of patients with mental health illnesses who had a comprehensive agreed documented care plan was above the national average.
- Cervical smear screening uptake for women was around the national average.

There was limited evidence of quality improvement using clinical audit.

- We saw there had been some clinical audits undertaken in the last two years. These however were not complete cycles and could not demonstrate clear improvements or outcomes had been made that were implemented and monitored.
- There was no planned audit programme based on local and national priorities and audits were undertaken by individual GPs and not widely shared and disseminated in order to learn and make improvements to practice.

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, including GPs, locum GPs and trainees.
- There was not a robust training and development programme in place for all staff. Some appraisals had been undertaken, however most staff appraisals were out of date and salaried GPs did not receive a review or appraisal by the practice. There was a basic training matrix which confirmed staff had generally received relevant training and updating. However there was no training plan in place identifying core topics, training relevant to role and frequency of training required. We noted some staff did not have the appropriate level for their role of safeguarding children training and GPs and non-clinical staff did not have infection control training that was updated on a regular basis.
- The practice was a teaching and training practice and occasionally had medical students and trainee GPs working at the practice. We spoke to one trainee GP who told us they were fully supported by the GPs and the team in their practice and training and development.

Are services effective?

(for example, treatment is effective)

- Staff had access to and made use of e-learning training modules and training events. Role specific training was undertaken and staff in lead roles could demonstrate they were appropriately trained and qualified to undertake these roles, for example, in vaccinations, cervical smear taking, diabetes care and other long term conditions.
- GPs had special interests supported by training and qualifications in areas such as cardiology, dermatology and minor surgery. Utilisation of these skills in house had resulted in lower referral rates to secondary care

Coordinating patient care and information sharing

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 and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment 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 (MCA).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance including Gillick competency.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Consent was obtained and recorded for minor surgical procedures such as removal of skin lesions.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation. Patients were then offered in house support and signposted to the relevant external support services.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 81%, which was around the national average. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Bowel and breast cancer screening rates were higher than the national average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 63% (national average 58%) and females (aged 50-70) screened for breast cancer in the last 36 months at 78% (national average 72%).

Childhood immunisation rates for the vaccinations given were high with immunisations uptake for all children aged five and under averaging 97%. Child non-attenders were followed up.

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-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. A lot of health assessments were undertaken opportunistically, for example, when patients who had not visited the practice for some time presented with minor ailments they were given a full health check and those attending for flu vaccinations were checked and referred for appointments as necessary.

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.

- 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff and clinical staff knew when patients wanted to discuss sensitive issues or appeared distressed and they would offer them a private room to discuss their needs.

All of the seven CQC comment cards we received were very positive about the care and treatment experienced. Patients said they felt the practice offered an excellent service and staff were kind, helpful, caring and treated them with dignity and respect.

We also spoke with eight patients including two members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

Comments told us that staff were caring and compassionate and listened to them. Clinicians provided patients with options of care and gave appropriate advice and treatment for their specific condition. Staff would always ensure patients were given an appropriate same day appointment if needed.

Results from the national GP patient survey (published in January 2016) demonstrated patients felt they were treated with compassion, dignity and respect.

Results showed for example:

- 90% said the GP gave them enough time (CCG average 90%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)

- 100% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%)
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 96% said the GP was good at listening to them compared to the CCG average of 92% and national average of 87%.
- 90% said the last GP they saw or spoke to was good at treating them with care and concern (compared to a CCG average of 90% and national average of 85%).

Care planning and involvement in decisions about care and treatment

Patients' comments told us that health issues were discussed with them and they felt very much involved in decision making about the care and treatment they received. They also told us they felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Flagging systems on the computers would alert staff to patients with enhanced needs such as those who were being treated palliatively and for those at risk of hospital admission so that appropriate appointments, care and advice could be given to them.

Results from the National GP Patient Survey were above or around average for questions about their involvement in planning and making decisions about their care and treatment. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%
- 95% said the last nurse they saw was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 90% said the last time they spoke to or saw a GP they were good at involving them in decisions about their care compared to a CCG average of 87% and a national average of 82%.

Are services caring?

Translation services were available for patients who did not have English as a first language. We saw information and contact details relating to this in the reception and administration areas.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Discussions with staff demonstrated they were knowledgeable in support services and how patients could access them.

The practice's computer system alerted staff if a patient was also a carer and patients told us they were well

supported if they were. The practice had identified and held a register of its carers. They had 259 registered carers which represented approximately 2% of their patient list. They had an active carer's support group and written information and a noticeboard in the reception area were available for carers to ensure they understood the various avenues of support available to them. The PPG had been active in supporting the carers of the practice with various groups and events, such as a dementia information event, a walkers group and sewing group.

We noticed there was bereavement information in a practice leaflet and on the website. Recently bereaved patients were sent a condolence card from the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was situated in a purpose built medical centre which complied with disability access requirements. It had treatment rooms on the ground floor and a lift to the first floor. Disabled access was available in the building with disabled access toilet facilities and designated disabled car parking spaces. The practice had a dedicated baby changing room.

The practice involved the wider primary health care team as appropriate. Community midwives provided antenatal clinics at the practice. They also held a weekly phlebotomy clinic and hosted a range of community services including physiotherapy and podiatry.

The practice identified its patient population needs and worked with patients and the local clinical commissioning group (CCG) to improve outcomes for patients in the area.

There was an active patient participation group (PPG) and we spoke with two members on the day of inspection. The group worked well with the practice and represented patients' views well. We were given examples of how improvements had been made as a result of feedback from patients including the PPG. For example, changes to the appointment system and implementation of scheduled emergency appointments.

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;

- There were longer appointments available for people with a learning disability and poor mental health.
- Home visits were available for older patients, vulnerable patients and those who would benefit from these.
- Nursing and care home visits were undertaken by the GPs.
- Urgent access appointments were available each day and children or those with serious medical conditions were always seen on the same day as a matter of urgency.
- The practice offered early morning appointments outside of normal contracted hours of 8am

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Patients were referred to other clinics for vaccines available privately.
- There were disabled facilities and ground floor treatment rooms available.
- Online booking of appointments, text messaging services and ordering of repeat prescriptions was available. Patients could also access their computerised records and were able to send emails and Facebook messages to the practice and to the PPG.
- There was access to a translation service for patients whose first language was not English.

The practice clinical staff specialised in various patient groups and health conditions, for example, family planning, minor surgery, mental health, learning disabilities, cardiovascular disease, diabetes and asthma.

Access to the service

The hours of practice were:

Monday 7am – 5.45pm

Tuesday 8am – 5.45pm

Wednesday 7am – 5.45pm

Thursday 8am – 5.45pm

Friday 8am – 5.45pm

(normal core hours for GMS contract are 8am – 6.30pm)

Appointments and repeat prescriptions could be booked online. Appointments could be cancelled by the text messaging service. There was good availability of appointments and these were pre bookable as well as urgent and on the day appointments.

Results from the National GP Patient survey showed that patient's satisfaction with how they could access care and treatment was around local and national averages. For example:

- 78% of patients were satisfied with the practice's opening hours compared to a national average of 78%.
- 75% of patients responded with a positive answer when asked generally how easy is it to get through to someone at your GP surgery on the phone compared to a national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 82% of patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 70% of patients felt they normally don't have to wait too long to be seen compared to the CCG average of 62% and national average of 58%.

Patients' comments told us that in general they had no issues with accessing appointments or waiting times. Three patients mentioned they sometimes had difficulty getting through on the telephone and getting a convenient appointment with a GP of their choice.

There were six female and six male GPs working at the practice. The practice was also a training/teaching practice and had medical students and trainee GPs occasionally working there. Patients told us that there was a lack of continuity of care with GPs and sometimes they weren't able to see a GP of their choice. Survey results told us that 57% of those patients with a preferred GP usually got to see or speak to that GP (compared to the CCG average of 63% and a national average of 59%).

The practice did not provide an out of hours service; this was provided by the Wirral local out of hours service provider. Information was available as to how to access out of hours advice on the website and in the practice information leaflet.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were 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.
- We saw that information was available to help patients understand the complaints system for example information in the practice information leaflet, on the website, and in the waiting/reception area.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at the 17 complaints received in the last 12 months and found these were documented and following analysis and investigation resulting actions were evident. Verbal complaints were also recorded and analysed. We found that these were satisfactorily handled and dealt with in a timely way. They demonstrated openness and transparency in dealing with the complaint. However, complaints and comments were not reviewed annually in order to help identify themes and trends.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients using practical and innovative methods. However they did not have a formal strategy for future delivery of services and service development.

- The practice had a mission statement and staff knew and understood the values.
- The philosophy of the practice was to provide safe, effective, caring, responsive and well led care.

Governance arrangements

- There was a clear staffing structure and a staff awareness of their own roles and responsibilities.
- There were systems for monitoring performance against targets including QOF and local benchmarking.

The practice lacked robust governance systems.

- A range of practice policies and procedures were in place. These were not accurately dated with issue and review date. Some policies and procedures such as safeguarding and recruitment were in need of review to ensure they met local, national and professional guidance.
- There was a system of reporting incidents without fear of recrimination. Staff learnt from individual incidents and complaints, however there was no overarching review to identify and learn from themes and trends.
- Audits were undertaken but were not complete audit cycles. There was no audit plan based on local and national priorities and little evidence that changes in practice took place as a result and demonstrated improvements. Audits were not discussed or disseminated throughout the practice for learning to occur. This included infection control audits.
- Staff meetings at all levels took place, however these could be improved to ensure that they included feedback to all staff. Governance issues such as audit, patients' feedback, significant events and complaints themes were not routinely discussed and therefore there was a lack of evidence to demonstrate quality monitoring and service improvements were disseminated and discussed with all staff.

- Patient records were stored safely and securely, however some staff records such as appraisals were not stored safely or appropriately.
- Patient satisfaction survey results were not widely disseminated and resulting action plans not evident.
- There was a lack of a robust training and development plan with some training needs not being fully addressed (for example safeguarding training at appropriate levels for clinical staff, no infection control training for GPs and non-clinical staff, basic life support skills for some staff). Some staff appraisals had not taken place on a regular basis and were out of date. This was attributed to prolonged absences within the management team.
- General health and safety and environmental risk assessments were not seen, fire risk assessments were basic and did not contain sufficient information to mitigate all risks.

Leadership, openness and transparency

The GPs and management at the practice had the experience, capacity and capability to run the practice and ensure high quality care. The GPs and management were visible in the practice and staff told us that they were approachable and that they felt well supported.

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs and management encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents including reporting of adverse medicine reactions. When there were unexpected or unintended safety incidents, the practice gave affected people support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or one to one and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.

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

- The practice gathered feedback from patients through the patient participation group (PPG) and through

Are services well-led?

Requires improvement 

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

surveys, the NHS friends and family test, comments and complaints received. However there was a lack of evidence of implementing action plans from the feedback received and the results from the surveys were not widely disseminated.

Continuous improvement

There was a lack of focus on continuous learning and improvement within the practice. An effective audit programme was not evident and staff training was not planned or monitored to ensure all staff received training relevant to their role and at appropriate intervals. Learning from complaints, incidents and significant events was limited to an individual basis and themes and trends were not identified in order to prevent recurrence.

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 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have effective systems and processes in place to assess, monitor and improve the quality and safety of services provided. The provider did not have effective systems in place to monitor 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 act on feedback from patients and staff. The provider did not have an effective system in place for maintaining and storing safely records relating to staff to include information relevant to their employment in the role including information relating to the requirements under Regulations 4 to 7 and Regulation 19 (part 3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular ensuring an appropriate Disclosure and Barring Service check is maintained that is relevant to the role. 17 (1) (2) (a), (b), (d), (e), (f)