Drs Vitty, Pfeiffer and Berni

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Vitty, Pfeiffer and Berni on 10 February 2016. Overall the practice is rated as Requires Improvement.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. Examples included; some recruitment checks had not been undertaken; not all essential training had been delivered; not all significant events were recorded, reported and investigated, improvements to infection control had not been implemented, health and safety information was out of date, management of clinical waste did not follow published guidance, safety checks on the building were incomplete and vaccines were not stored securely.
- The inspection team identified a number of significant medication errors in relation to patients' medication. Review of patients care and medications had not been actioned as required.
- The way in which patient related correspondence was dealt with had not been sufficiently tested to ensure errors in changes to patients treatment, could be detected quickly.
- All equipment we saw had been calibrated and certified as being suitable for use.
- The practice had carried out work to effectively address levels of antibiotic prescribing that were higher than local and national averages.
- The practice clinicians responded quickly to patients who required a home visit and we saw that requests for these were recorded.
- Patients we spoke to told us they were happy with the service they received from the practice.

Summary of findings

- Leadership required improvement. We saw that a new practice manager, who had been in place for a short period of time before our inspection, was working to introduce uniform procedures for all staff to follow.
- Clinicians met with multi-disciplinary team colleagues but this was only every 3 months, which is not considered sufficient to manage the care of patients in the community, for example those receiving palliative care.
- Clinicians at the practice were pro-active in seeking to improve patients' health, working with community diabetes teams to identify patients at risk of diabetes, and in identifying patients at risk of frailty.

The areas where the provider must make improvements are:

- To ensure that all recruitment checks required are in place for all staff.
- To ensure all required staff training is scheduled and delivered.
- To record, report and investigate all significant events and ensure that all staff are aware of what constitutes a significant event.
- Ensure the Registered Manager is aware of their responsibilities in relation to the running and administration of the practice.
- Ensure robust systems are in place to confirm that all patients' treatment, care and review of medications are actioned and recorded in patient records.
- Ensure multi-disciplinary team meetings are held with sufficient regularity to support the patients whose care is discussed.
- Review the current handling and processing system for all patient related correspondence to ensure that any directions from hospitals and other secondary care providers are implemented and recorded in patient records.
- Implement systems at the practice that keep staff,patients and other users of the practice premises, safe.
- Produce an electrical safety certificate for the building or organise testing to achieve this certificate.
- Ensure vaccines fridges in clinical rooms are secure and cannot be accessed by unauthorised persons.

In addition the provider should

- Engage with the CCG medicines management teams to review processes in place that keep patients safe in relation to call and recall of patients and review of medicines.
- Ensure staff have access to results of patient feedback, for example, from the month on month Family and Friends test results. Make these available to patients.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups the practice will be re-inspected within six months after the report is published. If, after re-inspection, the practice has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place the practice into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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?

Inadequate

The practice is rated as inadequate for provision of safe services.

- The practice were not recording, reporting and investigating all significant events.
- We found a number of significant errors in relation to patients' medication. Review of patients care and medications had not been actioned as required which put patients at risk of harm.
- Appropriate recruitment checks on some staff had not been undertaken prior to their employment. Necessary annual checks in respect of clinicians had not been conducted.
- Annual training in essential areas, such as emergency CPR, health and safety, fire risk awareness and infection control had not been delivered or organised for staff.
- We found a number of infection control hazards, for example, no hand gel in toilets for patients or staff and no hand gel in consulting rooms.
- Areas highlighted as requiring action in an infection control audit conducted in 2013, had not been addressed.
- A Health and Safety poster displayed in the staff reception area was out of date.
- Clinical waste bins were not clearly labelled and did not have the correct yellow bin-liners in place.
- There was no assessment in place to determine whether Legionella testing should be in place at the practice.
- There was no record of electrical safety testing for the building.
- Vaccines were stored in unlocked fridges in the practice nurses rooms. These rooms were not locked and opened onto a corridor used by patients.

Are services effective?

Requires improvement

The practice is rated as requires improvement for the provision of effective services.

- The way in which incoming patient related correspondence was dealt with had not been sufficiently reviewed to ensure any errors in relation to patients treatment could be detected quickly.
- Although the practice appeared clean and tidy, the practice had no evidence of cleaning checks, to show that cleaning was effective.

Summary of findings

- The practice had carried out work to address levels of antibiotic prescribing that were higher than local and national averages. The practice had succeeded in reducing this to levels more in line with those expected for a practice of this size and demographic.
- Although we saw the practice had done work in nursing and care homes to identify patients taking a high number of different medicines, in some cases this did not translate into effective medicines management.
- The practice leaflet available for patients gave the practice opening times, but not the clinic times.
- The practice system for recording requests for home visits and delivery of these was effective. We saw that clinicians responded quickly to patients who required a home visit and we saw that requests for these were recorded
- Systems in place to monitor and organize training required for all staff were in need of improvement. We saw some staff had not received training in key areas of functionality of the practice patient record system.
- The practice took part in the Friends and Family test but did not analyze results month on month and share outcomes with staff or patients.
- The appointment system at the practice was effective; patient satisfaction with access to appointments was good.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice in line with or higher than others for several aspects of care.
- When asked 100% of patients said they had confidence and trust in the nurse they spoke to. (CCG average 97.1%, national average 97.1%)
- 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?

Good

The practice is rated as good for providing responsive services.

Summary of findings

- Practice staff 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, work had started on analysing patients risk of frailty to enable support mechanisms to be put in place for these patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for provision of well-led services.

- Governance required improvement. Standards of record keeping fell below those expected.
- We saw that some policies and procedures were in place for staff to refer to for example an updated safeguarding policy. However, 50% of policies required were missing or required review.
- The lack of oversight of systems in place at the practice indicated that the Registered Manager did not fully understand the scope of their responsibilities; this presented as a failure of leadership.
- Results from the Friends and Family test were not collated and displayed in an area for patients to see, or shared with staff; there was no information on clinic times in the practice patient information leaflet.
- Practice leaders held multi-disciplinary team meetings every three months, which is not considered sufficient to manage the care of patients in the community, for example palliative care patients.
- The practice engaged with the local Clinical Commissioning Group, and had taken part in a pilot programme for electronic referrals to the community virtual ward.
- Clinicians took part in audits, for example, on referral patients to dermatology services to see if more referrals could be made to community dermatology services.
- The practice clinicians were pro-active and had worked with the community diabetes team to identify those patients at risk of developing diabetes.

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

Requires improvement

The practice is rated as requires improvement for the care and treatment of older people. The rating of inadequate in the domain of safe, and ratings of requires improvement in the effective and well-led domains, affect all population groups.

The practice had reviewed patients on ten or more medications, as part of a medicines optimization programme and to ensure all medicines prescribed were still needed. Although the practice was not required to carry out these reviews face to face with patients, clinicians recognised the benefit of doing reviews this way, as it created 'good habits' in patients as opposed to 'bad habits'. The practice had sought and followed guidance on the recognised method of "Stopp Start" medicines review for older patients. However, we also found a number of examples of failure to properly review patient's on-going care and treatment, in elderly patients with long term conditions and some with terminal illness.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care and treatment of people with long term conditions. The rating of inadequate in the domain of safe, and ratings of requires improvement in the effective and well-led domains, affects all population groups.

We saw a number of medications errors and examples of failure to properly review patient's on-going care and treatment, especially in those patients with long term conditions and terminal illness.

The practice had run late night and Saturday flu clinics to enable all patients to receive their annual flu immunisations. The practice nurses had a lead role in the management of long term conditions.

Practice clinicians monitored unplanned admissions and re-admissions, especially in those patients with long term conditions and for those aged over 70 years. Clinicians also reviewed patients who may be in the last 12 months of life to ensure urgent access to GPs and referral to palliative care teams was timely.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care and treatment of families, children and young people. The rating of inadequate in the domain of safe, and ratings of requires improvement in the effective and well-led domains, affects all population groups.

Summary of findings

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.

Immunisation rates were relatively higher than national averages for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care and treatment of working age people (including those recently retired and students). The rating of inadequate in the domain of safe, and ratings of requires improvement in the effective and well-led domains, affects all population groups.

The practice provided extended hours surgeries on Monday morning of each week from 7am to 8am for patients who worked during normal surgery hours. The practice had run flu clinics on Saturdays and during late evening surgeries to encourage all working patients who are eligible for this, to take this health precaution. A patient we spoke with told us they were understanding of the needs of carers, especially those carers who still had work commitments.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care and treatment of patients whose circumstances may make them vulnerable. The rating of inadequate in the domain of safe, and ratings of requires improvement in the effective and well-led domains, affects all population groups.

We saw that the practice recorded all requests for home visits; those patients who were housebound were always responded to. We saw that all GPs were trained to the appropriate level in the safeguarding of vulnerable adults and children and that there was an appointed GP lead for safeguarding. When GPs cannot attend safeguarding review meetings, a report on the health and welfare of the patient is provided. A member of administrative staff was also trained to level two in safeguarding and had gained experience of this due to work outside of the practice.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement for the care and treatment of people experiencing poor mental health (including people with dementia). The rating of inadequate in the domain of safe, and ratings of requires improvement in the effective and well-led domains, affects all population groups.

We looked at how patients experiencing poor mental health had their care reviewed. We saw examples which demonstrated that systems in place at the practice were insufficiently robust. Patients who had transferred into the practice had not had timely medication reviews and correspondence sent requesting GPs to take action had been overlooked.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with or above local and national averages. 289 survey forms were distributed and 118 were returned. This represented a 40% response rate. The results equate to the views of 1.8% of the practice's patient list.

- 75.6% found it easy to get through to this surgery by phone compared to a CCG average of 64.8% and a national average of 73.3%.
- 86.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81.1%, national average 85.2%).
- 82.8% described the overall experience of their GP surgery as fairly good or very good (CCG average 79.2%, national average 84.8%).
- 82.4% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 68.7%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were both positive about the standard of care received.

We spoke with two patients during the inspection. Both patients said they were happy with the care they received and thought staff were approachable, committed and caring. One patient spoke of the amount of support provided to an elderly relative that they cared for, saying GPs were understanding and compassionate.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- To ensure that all recruitment checks required are in place for all staff.
- To ensure all required staff training is scheduled and delivered.
- To record, report and investigate all significant events and ensure that all staff are aware of what constitutes a significant event.
- Ensure the Registered Manager is aware of their responsibilities in relation to the running and administration of the practice.
- Ensure robust systems are in place to confirm that all patients' treatment, care and review of medications are actioned and recorded in patient records.
- Ensure multi-disciplinary team meetings are held with sufficient regularity to support the patients whose care is discussed.
- Review the current handling and processing system for all patient related correspondence to ensure that any directions from hospitals and other secondary care providers are implemented and recorded in patient records.
- Implement systems at the practice that keep staff, patients and other users of the practice premises, safe.
- Produce an electrical safety certificate for the building or organise testing to achieve this certificate.
- Ensure vaccines fridges in clinical rooms are secure and cannot be accessed by unauthorised persons.

Action the service SHOULD take to improve

In addition the provider should

- Engage with the CCG medicines management teams to review processes in place that keep patients safe in relation to call and recall of patients and review of medicines.

Summary of findings

- Ensure staff have access to results of patient feedback, for example, from the month on month Family and Friends test results. Make these available to patients.

Drs Vitty, Pfeiffer and Berni

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Drs Vitty, Pfeiffer and Berni

Drs Vitty, Pfeiffer and Berni is a partnership GP practice, located in Waterloo, Merseyside and falls within South Sefton Clinical Commissioning Group (CCG). All services for this practice are delivered under a General Medical Services (GMS) contract. The practice has a list of approximately 6,500 patients.

The practice building is an extended, converted former domestic property which has been adapted over a number of years to provide GP consulting facilities and a treatment room. To the ground floor there are three GP consulting rooms, one nurses treatment room (also used for minor surgery), a patient toilet with disabled access and baby changing facilities, a reception and patient waiting area. On the first floor, there is a further GP consulting room, the practice manager's office, a further patient toilet and waiting area, a staff kitchen area and a meeting room. The practice also provides an office for visiting midwives. There is limited parking outside the practice – three GP spaces and one disabled space. There are bus stops nearby.

The practice GPs are all male and work four and quarter days each, providing 25 clinical sessions. (A session is a morning or afternoon surgery). The practice had two part time female nurses who each work three days a week. The clinical team is supported by the practice manager and six administrative and reception staff. The practice is not a teaching or training practice.

The practice is open between 8am and 6.30pm Monday to Friday, and offers an extended hours surgery on Monday mornings, from 7am to 8am. Appointments are available each morning from 8.30am to 12pm, with appointments available on a Monday (following the extended hours surgery) from 8am to 8.30am. Afternoon appointments are available from 4pm to 6pm. A baby clinic is held at the practice on Thursday afternoon each week. The practice also hosts the community midwife service every two weeks. When the practice is closed, patients are diverted to the NHS 111 service, who triage calls and refer onwards to the locally appointed out of hours service, Urgent Care 24 (UC24).

The practice had a recently formed Patient Participation Group although we were unable to speak with them on the day of our inspection.

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. 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.

Detailed findings

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 10 February 2016. During our visit we:

- Spoke with a range of staff (insert job roles of staff) and spoke with patients who used the service.
- 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 were provided for specific groups of people and what good care looked 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

The practice has a system in place for reporting and recording significant events. However, there was evidence of under-reporting by the practice. Records showed that three incidents had been recorded since December 2014. When we spoke with the practice manager and clinicians about this, they accepted that they "set the bar too high" in determining what is regarded as a significant event. Staff we spoke to were unclear about what constituted a significant event.

When we reviewed processes in place to manage medicines, for example, in repeat prescribing, we saw that there had been a number of instances of failure to follow-up on patients receiving medications that should be regularly reviewed. Following an event recorded by the practice in December 2014, there was no evidence to demonstrate that learning had been taken from this event, which would have reduced the probability of re-occurrence.

Overview of safety systems and processes

The practice had limited systems, processes and practices in place to keep patients safe. A new practice manager had been in place at the practice for 10 weeks, at the time of inspection. In this period they had started to adapt policies and processes for the practice but approximately 50% of this work was still outstanding.

We did find that arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We saw that GPs submitted a brief report for use at safeguarding review boards. Staff could demonstrate they understood their responsibilities in relation to safeguarding, however, three staff members had not received safeguarding refresher training. GPs were trained to Safeguarding level 3. Information received from the provider in the week following our inspection confirmed that the practice nurses had received safeguarding children training to the required level and one nurse required training in safeguarding of vulnerable adults.

A notice in the waiting room advised patients that chaperones were available if required. At the time of our inspection, GPs told us they used the practice nurses as chaperones. We saw that the nurses for the practice had undergone a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice did not have a policy for infection control. The practice manager was working to produce a policy for the practice. Responsibility for infection control had recently been handed over to the practice nurse. We found a number of infection control hazards, for example, no hand gel in toilets for patients or staff and no hand gel in consulting rooms. No hand hygiene or hand washing posters were in place. We found clinical waste bins were not labelled or lined with the correct yellow bin liners. There was no practice policy for staff to refer to on the disposal of specimens, for example, urine specimens. There was no designated 'dirty' sluice room. A number of staff had not received the required infection control training.

We observed the premises to be clean and tidy. However, areas highlighted as requiring action in an infection control audit conducted in 2013 by Liverpool Community Health, had not been addressed. When we asked at the end of the day, about the practice response to the infection control audit, and any plan that timetabled work on the premises to better meet infection control standards, (such as replacement of carpets in consulting rooms, removal of fabric covered chairs in the reception and waiting areas, and installation of appropriate sinks and taps), the partners said this was not in place. There was no risk assessment in place to determine whether the practice should run Legionella testing. A health and safety poster displayed at the practice was out of date and required replacement.

The arrangements for managing medicines on the practice premises, including emergency drugs and vaccinations, required improvement. One partner we spoke with told us controlled drugs were kept on the premises, in a locked cabinet in the nurses treatment room. However, we found that no controlled drugs were kept at the practice. The

fridges used to store vaccines at the practice were located in the ground floor nurses rooms. Both doors to these rooms were not locked and were accessed via a corridor open to patients. The fridges were not locked.

We found a number of significant errors in relation to patients' medication. Review of patients care and medications had not been actioned as required. We saw examples of patients who required on-going treatment to manage serious clinical conditions, who had been overlooked by GPs and had not received their treatment as required. In other cases, we found patients on medications that needed to be reviewed regularly, but these reviews had been missed.

Prescription pads were stored securely. GPs consulting rooms had a key pad entry system meaning that those prescription pads loaded in printers were kept securely. When GPs conducted home visits they took a small number of prescription forms out with them and the serial numbers of these were recorded.

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that these were in date and signed by the nurse delivering vaccinations and immunisations.

Each GP had a 'doctors bag' and the contents of these were standard. A list of all medications contained in bags was kept and we saw that these were adequate to meet GPs needs when making home visits. GPs had responsibility for checking their own bags to ensure all items were in date and ready for use.

The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw that the practice had worked to reduce the prescribing of anti-biotics significantly within the last 12 months. The practice had been an outlier for the prescription of Cephalosporin or Quinolones, which had peaked at approximately 14% of the total of anti-biotics prescribed. This had fallen to approximately 5% of the total of antibiotics prescribed, which is in line with the national average.

We reviewed four personnel files. Records held were incomplete. We found that references had been requested for a recently recruited member of staff but that these had not been received or chased up by the practice although the staff member had been in post for some time. Some staff files did not have evidence of identity checks, health declaration forms, and for clinical staff no evidence of testing for Hepatitis immunity. All checks as required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, were not in place and evidence of these held in each staff member's recruitment records. Also necessary annual checks for clinicians, for example, on the appropriate medical indemnity insurance being in place for the GPs and for the nursing staff, were not in place.

Monitoring risks to patients

Risks to patients were not assessed and managed. For example;

- There was no health and safety risk assessment for the building.
- There was no COSHH information available in respect of cleaning products at the practice. Although cleaning was done by an outside contractor, staff would need to know which items would be safe to use to deal with any cleaning required immediately.
- There was no fire risk assessment for the building but we saw that fire safety equipment and the fire alarm had been adequately maintained. There had been no fire drill whilst the new practice manager had been in post.
- Although portable appliance testing has been carried out the provider could not produce any evidence of an electrical safety check for the building. A gas safety certificate was held for the practice.

We did note that systems were in place to ensure there were sufficient staff on duty each day to keep patients safe.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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.
- Clinical staff received annual basic life support training and there were emergency medicines available in the treatment room. However all administrative support staff had not received CPR training.

Inadequate

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were kept in each doctors bag. These were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The provider could not show us a business continuity plan for the practice that would be followed in the event of damage to the building that prevented the delivery of safe services.

Requires improvement

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. However we found examples of care review that did not follow guidance and best practice.

The practice GPs told us they had used a recognise method (STOPP START) to review patients aged over 75 who were on 10 medications or more and also considered these patients when building a register of patients at risk of frailty. On the day of our inspection, we reviewed a number of patient records. One example showed a patient on a number of medicines including a controlled drug, which had been prescribed, on-going for a number of years. It was recorded that this patient's medications had been reviewed in November 2015 but there was no evidence of input on the ongoing repeat prescription for the controlled drug. This patient also had a frailty score that should have prompted careful review of medicines; the frailty score was recorded in February 2016, which demonstrated that a further opportunity to review medicines was missed.

We found further examples of patient treatment which did not reflect guidance, with no input on patient notes as to why this was. For example, a patient with atrial fibrillation (at risk of stroke), treated with aspirin. Guidance on treatment of atrial fibrillation has changed; the patient record was annotated as having a medicines review on 10 February 2016 (the day of our inspection), and nothing was recorded as to why this patient was to remain on a treatment plan that did not reflect the latest updated guidance.

There was no system in place at the practice to monitor that guidelines were followed for example, through audits of patients based on their clinical condition.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice achieved 99.8% of the total number of points available, with 7.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators was better than the national average. For example:
- The percentage of patients with diabetes on the register in whom the last IFCC-HnA1c is 64mmol/mol or less in the preceding 12 months was 91.63% (national average 77.54%.
- The percentage of patients with diabetes on the register in whom the last blood pressure reading is was 140/80 mmHg or less was 87.59% (national average 78.03%).
- The percentage of patients with diabetes on the register who have had an influenza immunisation in the preceding 1 August to 31 March was 98.33% (national average 94.45%).
- The percentage of patients with diabetes on the register whose last measured cholesterol (measured within the preceding 12 months) was 5 mmol/l or less, was 80.69% (national average 80.53%).
- The percentage of patients with diabetes on the register with a record of a foot examination and risk classification within the preceding 12 months was 94.48% (national average 88.3%).

Performance for mental health related indicators was better than the national average. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 100% (national average 88.47%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100% (national average 89.55%).

Requires improvement

Are services effective?

(for example, treatment is effective)

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face appointment in the preceding 12 months was 92.68% (national average 84.01%).
- The percentage of patients with physical and / or mental health conditions whose notes recorded a smoking status in the preceding 12 months was 95.99% (national average 94.1%).

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had conducted a review of dermatology referrals to check that all referrals were appropriate and to establish whether any of the work could have been carried out locally rather than through an external clinic.

Information about patients' outcomes was used to make improvements such as the follow up and monitoring of diabetic patients. This was reflected in the high QOF scores of the practice relation to the management of patients with diabetes.

Effective staffing

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

- The majority of staff had been at the practice for a number of years. The most recently recruited staff member was a practice nurse. We saw that this practice nurse had an induction programme which introduced them to practice nursing and provided training in mandatory areas such as safeguarding and infection control.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The practice could not demonstrate that learning needs of non-clinical staff were effectively identified through a system of appraisals, meetings and reviews of practice development needs. Some staff had not received training required, for example CPR training. The GP partner and practice manager told us that regular one to one meetings were being introduced and that all staff would receive an appraisal.
- Records submitted after our inspection showed key areas of training had not been delivered to some staff, such as how to use key functionalities of the electronic patient record management system. Particularly we saw staff were not trained to run searches using the patient record system. This would help identify patients by diagnosis, and facilitate the population of the call and recall system for GPs to review the care and medication of these patients. Staff did have access to and made use of e-learning training modules and in-house training.

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 for example, in relation to those patients at risk of unplanned hospital admission, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and identifying patients that may require support from GP out of hours services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, and when they were referred, or after they were discharged from hospital.

We saw evidence that multi-disciplinary team meetings took place on a quarterly basis, to discuss those patients

Requires improvement

Are services effective?

(for example, treatment is effective)

receiving palliative care. We noted that these patients were not rated on a traffic light system (RAG rated) to indicate their level of need. There had been no audit or review work by the practice to show that the frequency of these meetings was sufficient. We also noted that the practice did not run searches to identify those patients in the last 12 months of life.

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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients who were carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A referral to a community dietician was available and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 96.56%, which was better than the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by sending reminders to patients and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable with or better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.7% to 98.3% (CCG average range 83.1 – 97%) and five year olds from 98.3% to 100% CCG average range 93.1% to 97.3%).

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them 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; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Two Care Quality Commission comment cards were received which were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members patients from the practice. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was performing in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87.7% said the GP was good at listening to them compared to the CCG average of 87.2% and national average of 88.6%.
- 90.8% said the GP gave them enough time (CCG average 84.7%, national average 86.6%).
- 93.1% said they had confidence and trust in the last GP they saw (CCG average 94.3%, national average 95.2%)
- 86.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85.1%).
- 95.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.7%, national average 90.4%). The practice scored below the CCG and national average in respect of one of the indicators of caring:
- 80.7% said they found the receptionists at the practice helpful (CCG average 83.3%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients told us 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 also positive and aligned with these views.

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

- 79.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.9% and national average of 86%.
- 80.2% said the last GP they saw was good at involving them in decisions about their care (CCG average 79.9%, national average 81.4%). The practice scored significantly higher than CCG and national averages for one of the indicators within the caring domain:
- 93.7% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84.6%, national average 84.8%)

Staff told us that the majority of patients spoke English as their first language, but that there were translation services available for patients who did not speak English. We saw notices in the reception areas informing patients this service was available.

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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP would contact them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice offered an early morning extended hours surgery between 7am and 8am for working age patients and those who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.

We particularly noted that all home visit requests were recorded by staff, who printed off a copy of the summary care record for the GP on call to use when triaging the needs of the patient and when out on each visit. Typically GPs did three home visits each per day. One patient we were able to speak with at the practice told us the relative they cared for had never been declined a home visit when they were recovering from a period of illness.

Access to the service

The practice is open between 8am and 6.30pm Monday to Friday, and offers an extended hours surgery on Monday mornings, from 7am to 8am. Appointments are available each morning from 8.30am to 12pm, with appointments available on a Monday (following the extended hours surgery) from 8am to 8.30am. Afternoon appointments are available from 4pm to 6pm. A baby clinic is held at the practice on Thursday afternoon each week. The practice also hosts the community midwife service every two weeks. When the practice is closed, patients are diverted to the NHS 111 service, who triage calls and refer onwards to the locally appointed out of hours service, Urgent Care 24 (UC24).

In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 73.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 70.4% and national average of 74.9%.
- 75.6% patients said they could get through easily to the surgery by phone (CCG average 64.8%, national average 73.3%).
- 58.6% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 60%).

People told us on the day of the inspection that they were were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in the process of being updated but we did see that information on how to make a complaint was displayed in the patient reception and waiting area. The information available to patients did not state that patients could refer their complaint to the Health Service Ombudsman if they were not satisfied with the practice handling of their complaint.
- The practice manager was the 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 in a leaflet available in the patient waiting area of the practice.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

We looked at other ways the practice gathered feedback from patients. The practice took part in the Family and Friends test but we found results were not made available to patients or staff. Staff were not updated on results at

Good

Are services responsive to people's needs?

(for example, to feedback?)

practice meetings and there was no signage in the patient waiting area saying what the findings of the test each month were, and how the practice compared to others in the area.

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 vision to deliver high quality care and promote good outcomes for patients.

The practice clinical and administration teams worked well together to ensure the practice was responsive to patient's needs.

Governance arrangements

Governance arrangements required improvement. There was a lack of overarching policies and governance framework at the practice, which all staff could be guided by and work to. The practice manager had been in post for approximately 10 weeks before our inspection and was addressing governance issues. A number of policies had been adapted to meet the practice needs; staff training records were being collated and plans were in place to hold regular one-to-ones with staff every three months and all staff would receive an annual appraisal. We also noted that higher risk areas of work, for example in handling requests for repeat prescriptions, were not governed by a standard operating process that staff could refer to and follow in cases where a patients record indicated that a review was required. The systems we saw in place did not promote patient safety.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, there were gaps in training provided for staff that required addressing, both in areas that are considered as compulsory, and in areas that support and improve practice performance. For example, it was impossible to say from records held, whether staff knew how to use the electronic patient record system to its full advantage, running searches on patients to aid call and recall of those patients who required a follow-up consultation or medication review. Whilst staff had a comprehensive understanding of QOF performance, demonstrated in the practice achievement for 2014-15 of 98.8% of the points available from QOF, other areas of performance needed attention, such as the management of patients on particular medicines, and the audit of electronic patient notes. We saw that where audit had been applied, the practice had used this to drive improvement, for example in relation to care of diabetes patients.

Leadership and culture

The practice partners were approachable and staff told us the partners took time to listen to staff. Staff said they would feel comfortable raising any concerns with the practice manager or practice partners.

The lack of up to date policies and review of safety mechanisms at the practice was a cause for concern. Systems in place to support safe treatment at the practice were not sufficiently reviewed to ensure they remained robust. We saw no evidence of review of patients' records, to test that systems in place were sufficient to maintain patient safety. The pharmacist inspector on the CQC inspection team identified a significant number of errors in prescribing and medicines review, by looking through the work of prescribing clerks in their daily 'in basket' indicating that checking mechanisms had not been in place for some time.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had recently formed a patient participation group (PPG) but there had not yet been any formal meetings held. The practice took part in the Friends and Family test. However, results were not collated and shared with patients. The practice told the inspection team that it was seeking to set up its own practice website. Staff we spoke with told us they had offered to help with this as they could utilise their extensive IT skills in doing this.

The practice had performed well in the GP Patient Survey. There were no results that were cause for concern.

Continuous improvement

The practice had focussed on some areas to improve patients' health and welfare. We saw that the practice had hosted an event at a nearby venue to raise awareness of patients to the risk of diabetes and how they could improve their diet, lifestyle and well-being. The QOF scores achieved by the practice in relation to diabetes care and management of patients indicated that this information had reached and benefited patients.

Are services well-led?

Requires improvement

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

The practice won an award for their work on heightening awareness of wasted medicines. This involved a wall display at the practice and work with local pharmacies to check on patients repeat medicines needs before requesting them.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment **How the regulation was not being met:** 12(2)(a) and (b).The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. We saw multiple examples of lack of review of patients' medications. We saw a lack of review of learning disability patients who had not received the required annual health checks. 12(1) Care and treatment must be provided in a safe way for service users. The provider had not taken action to address points raised in an infection control audit in 2013, by Liverpool Community Health. We found there was no hand sanitizer available in patient toilets or in GPs consulting rooms. Clinical waste bins were not labelled as such and did not have the appropriate colour coded sack in them. Staff had not received infection control training as required. There was no plan in place to timetable when improvements to the building would be made, to meet infection control standards. 12(2)(d) The provider failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way. The provider could not provide a copy of an electrical safety certificate for the building. There was no risk assessment in place to determine whether Legionella testing was required.

This section is primarily information for the provider

Requirement notices

12(2)(g) The provider did not manage medicines kept on the premises in a proper and safe way. Vaccine fridges were not locked; these were in the nurse treatment rooms, which were also not locked and opened onto a corridor used by patients.

12(2)(i) where the responsibility for the care and treatment of service users is shared with, or transferred to other persons, working with such other persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users.

The provider held multi-disciplinary team meetings every 12 weeks. This would not be considered sufficient to manage the care of patients with complex needs.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. 17(2)(b) The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. The provider had only reported and recorded three significant events since 2014. There was a culture of under-reporting. 17(2)(c) The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. In the examples of medication errors we saw, we noted that some patient records were marked as having been reviewed, but there was no input as to why a medicine had been continued or stopped, or annotation from the GP to signify they were aware a patient had ceased to take a prescribed medication.

This section is primarily information for the provider

Requirement notices

17(2)(d) The provider failed to maintain securely such other records as are necessary in relation to (i) persons employed in the carrying on of the regulated activity.

We saw that staff records were incomplete for all staff, including GPs and administrative staff.

And: 17(2)(d)(ii) the management of the regulated activity.

The provider did not have sufficient policies in place to provide a governance framework for the operating of the practice, for example, there was no current infection control policy.

The provider was displaying a Health and Safety poster that was out of date and;

Information in the practice leaflet for patients gave opening hours of the practice but not surgery times.

The provider did not collate and share the results of the Friends and Family test with patients or staff.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing The provider failed to ensure that 18(2) Persons employed by the service provider in the provision of a regulated activity must 18(2)(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

This section is primarily information for the provider

Requirement notices

We saw that several staff had not received updated training necessary for their role such as CPR, fire safety, health and safety and infection control training.

Some staff had not received training on key functions of the practice computerised patient records system.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed. The provider failed to comply with regulation 19(3)(a) and (b). All information specified in Schedule 3 was not available in respect of staff, and such other information as is required to be kept. Recruitment checks for some staff were incomplete. We saw that references had been requested for the recently recruited nurse but these had not been received or followed up. Personnel records in relation to each of the GPs were incomplete, for example, with copies of appropriate medical insurance and practice insurance which covered the work of the nurses. There was no evidence in the GPs personnel files of health checks, such as those for hepatitis immunity testing. There were no DBS checks in place for administrative staff, or a risk assessment to determine why these staff did not need to be DBS checked.

This section is primarily information for the provider

Enforcement actions

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Warning Notice served

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Warning Notice served.