

Fiske and Partners

Quality Report

Lance Lane Medical Centre
19 Lance Lane
Liverpool
L15 6TS

Tel: 0151 737 2882

Website: www.lancelanemedicalcentre.nhs.uk

Date of inspection visit: 22 August 2016

Date of publication: 10/10/2016

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

Are services safe?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Fiske and Partners	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fiske and Partners on 3 December 2015 and at this time the practice was rated as good. However, breaches of legal requirements were also found relating to the safe recruitment of staff and the information held by the practice. After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014;

During the inspection there were also a number of areas that required improvement and we identified that the provider should make the following improvements:

- The process for recording significant events and incidents should be reviewed. Written records should show the full detail of each incident, what actions were taken and what learning took place to ensure the risks to patients is reduced.
- The practice should undertake a risk assessment for legionella.
- Safeguard training should be available and provided for all staff in regard to vulnerable adults and children relevant to levels needed to undertake their roles.

- Full and completed induction records should be available for the induction of new staff. Written records should be maintained to show that all staff had completed an annual appraisal that this is used to inform their learning and personal development.
- A documented audit trail of all complaints should be held including the decisions reached, actions taken and the learning that has taken place.
- Policies and procedures should be up to date, valid and with sufficient detail.

On the 22 August 2016 we carried out a focused desk top review of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The review was carried out to check whether the provider had completed the improvements identified during the comprehensive inspection carried out in December 2015. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Fiske and Partners on our website at www.cqc.org.uk.

The findings of this review were as follows:

- The practice had addressed all of the issues identified during the previous inspection.
- The process for recording significant events and incidents was reviewed after our inspection. A new

Summary of findings

policy was set up for staff and this included tools to use to improve the recording of significant events and the learning and actions that take place when such events have occurred.

- The practice manager submitted information to show that a risk assessment for legionella had taken place.
- Safeguard training was available and provided for all staff in regard to vulnerable adults and children relevant to levels needed to undertake their roles.
- The practice implemented new human resource management policies and procedures and these included a recruitment qualification checking list. The policy states that all new staff will have full and completed induction programmes with records to support this. There had been no recent staff

recruitment since the last inspection but assurance was given that the new policies and procedures including improved information for staff will be maintained. All staff had completed an annual appraisal that has been to inform their learning and personal development.

- The practice developed a new complaints management policy with supporting complaints information for patients.
- The practice reviewed its policies and procedures to ensure they were up to date, valid and with sufficient detail.

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 was rated as good for ensuring safe services. The practice had addressed all of the issues identified during the previous inspection. The process for recording significant events and incidents was reviewed after our inspection. A new policy was set up for staff and this included tools to use to improve the recording of significant events and the learning and actions that take place when such events have occurred. The practice manager submitted information to show that a risk assessment for legionella had taken place. Safeguard training was available and provided for all staff in regard to vulnerable adults and children relevant to levels needed to undertake their roles.

Good



Fiske and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

This desk top review was undertaken by a CQC Inspector.

Background to Fiske and Partners

Fiske and Partners known locally as Lance Lane Medical Centre is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post natal care. The practice is situated within the centre of Liverpool. This area has higher than average deprivation scores for income, employment, healthcare and deprivation affecting children and older people. The practice has a Primary Medical Services (PMS) contract with a registered list size of 7106 patients (at the time of inspection). The practice has five GP partners and one salaried GP. They are a training practice for medical students and trainee GPs. The practice also had three practice nurses, a healthcare assistant, practice manager and a number of administration and reception staff.

The practice is open between 8.30am to 6pm Monday to Friday with appointments bookable in a variety of ways. Extended access is available until 8pm on a Wednesday evening. Home visits and telephone consultations are available for patients who require them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical

assistance when the practice is closed. If patients call the practice when it was closed, an answerphone message gives the telephone number they should ring to obtain healthcare advice or treatment.

Why we carried out this inspection

We carried out a desk top review 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 had completed the improvements identified during the comprehensive inspection carried out in December 2015. The checks made were to ensure the provider was now 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

This inspection was carried out as a focused desk based review. The practice was contacted and a request was made to submit evidence to show that the practice had completed the improvements identified during their comprehensive inspection carried out in December 2015. A range of information was submitted by the practice and reviewed by the CQC Inspector.

Are services safe?

Our findings

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, identified during the inspection undertaken in December 2015. However the following areas required improvement and action has since been taken by the provider:

- At our inspection in December we identified breaches of legal requirements relating to the safe recruitment of staff and the information held by the practice. For this review the practice submitted new evidence to show they had implemented new human resource management policies and procedures and these included a recruitment qualification checking list. The policy states that all new staff will have full and completed induction programmes with records to support this. There had been no recent staff recruitment since the last inspection but assurance was given that the new policies and procedures including improved information for staff will be maintained.
- At our inspection undertaken in December 2015 we identified that safeguard training had not been completed for all members of staff. For this desk top review the provider submitted evidence to show that processes had been put into place to ensure all staff complete safeguarding e learning training and these had been completed since our last inspection
- At our inspection undertaken in December 2015 we identified that the process for recording significant events and incidents required improvements. Written records did not show the full detail of each incident, what actions were taken and what learning took place to ensure the risks to patients is reduced. For this review the practice demonstrated that a new policy was set up for staff and this included tools to use to improve the recording of significant events and the learning and actions that take place when such events have occurred. This had been discussed at staff meetings, training had been provided to staff and the practice confirmed the new policy was now in operation.
- At our inspection undertaken in December 2015 we identified the practice had not undertook a risk assessment for the risk of legionella for the building, therefore no control measures had been put into place to control the risk. For this review the practice submitted evidence to show that a completed risk assessment was undertaken in August 2016.