

Family Centre (Kirby) Limited

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		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

This is the report of findings from our inspection of Family Centre (Kirby) Limited.

We carried out an announced comprehensive inspection on 4 February 2015 at the practice location in Kirkby, Merseyside.

The practice was rated overall as good. They had provided effective and responsive care. The provider [Family Centre (Kirby) Limited] had decided to merge the practice and operate under its new merged arrangements with Dr Maassarani and Partners as from 21 April 2015 at a new location in order to continue meet the needs of the population it served.

Our key findings were as follows

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- People's individual needs were assessed. Care was planned and considered in line with legislation and the promotion of good health to improve patient outcomes.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- Information about how to complain was available and easy to understand
- This practice has served the local community for many years and had undergone a change process and public consultations in the course of 2014. It had been decided to cease operation of services at the Sidney Powell Avenue location on 31 March 2015 with services being transferred to Towerhill, Primary Care Resource Centre, Kirkby, Liverpool effective as from 1 April 2015.

In addition the provider should:

- Apply to deregister with the Care Quality Commission or
- If the provider continues to be registered the provider should establish a vision and a strategy relevant to the registration, ensure all staff are have clear responsibilities in relation to it including my means of

Summary of findings

relevant, specific and up-to date policies, procedures and training. A PPG would need to be established. There should also be a systematic practice wide approach to clinical or internal audit.

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 safe. Information and data from NHS England and the Clinical Commissioning Group (CCG) indicated that the practice had a long track record for maintaining patient safety. Staff demonstrated they were aware of their responsibilities to raise concerns and report incidents. The practice had identified the challenges it faced to maintain the delivery of safe services at Sidney Powell Avenue and had scheduled to relocate and merge with a nearby practice.

Good



Are services effective?

The practice is rated as good for effective. National Institute for Health and Care Excellence (NICE) guidance was referenced and used by clinicians. People's individual needs were assessed. Care was planned and considered in line with legislation and the promotion of good health. Where staff had received training and support it was relevant. Clinical staff took identifiable lead roles for various conditions and services supported by other staff.

Good



Are services caring?

The practice is rated as good for caring. Patients said they were treated with dignity and respect. Patients told us they felt involved in care and treatment decisions and they had confidence in their clinicians. Patients said that the new GPs were approachable and well liked. We observed the team and saw that staff were kind and polite. Accessible information was provided to help patients understand the care and support available to them.

Good



Are services responsive to people's needs?

The practice is rated as good for responsive. The practice had carried out a review of the premises and services. Further to that review and in consultation with NHS England a decision was made to relocate the practice and merge with Dr Maassarani & Partners. It was anticipated that this would enable the service to continue to develop and provide responsive primary care services.

Good



Are services well-led?

The practice is rated as requires improvement for well-led. The vision and a strategy of Family Centre (Kirby) Limited was to relocate its service on 31 March 2015 and to merge it with Dr Maassarani & Partners as from 1 April 2015. The strategy for relocation had taken precedence over governance arrangements for the practice through 2014. Staff at the practice had therefore to work to its former policies

Requires improvement



Summary of findings

and procedures to govern activity during 2014, which was a year of transition ending in 1 April 2015 with the merger of the practice at a new location. Patients and staff felt variously supported during this transition.

The practice intended that the relocation and merger would address the need for improvement.

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 was rated as good for the care of older people. Information on healthy living and self-care was available in the surgery. Patients aged over 75 had a named GP. Staff were able to identify patients with more complex or multiple care needs well. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

Good



People with long term conditions

The practice was rated as good for the care of patients with long term conditions. Patients with long term conditions were managed by the clinicians. Regular reviews of long term conditions were undertaken. Longer appointments and home visits were available when needed. Patients with long term conditions had a structured annual review to check that their health and medication needs were being met.

Good



Families, children and young people

The practice was rated as good for the care of families, children and young people. The practice population is reflective of the community in the borough with a relatively young population, with a proportionately higher number of people under 25 years of age. All staff had received adult and child safeguarding training appropriate to their role. Children and young people were treated appropriately and their consent to treatment obtained in accordance with current legal guidance. Antenatal, childhood immunisation clinics and mother and baby clinics were available. The practice had a system in place to monitor any non-attendance of babies and children at these clinics and worked in collaboration others including the health visiting service to follow up any concerns.

Good



Working age people (including those recently retired and students)

The practice was rated as good for the care of working age people (including those recently retired and students). The practice had a range of appointments available. Staff were mindful of the needs of this population group would try to accommodate patients who were working to have early or late appointments.

Good



People whose circumstances may make them vulnerable

The practice was rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances. It had carried

Good



Summary of findings

out annual health checks for people with a learning disability and it offered longer appointments for people with a learning disability. Staff understood how to identify and safeguard vulnerable patients. The practice team knew how to identify a person at risk and understood what actions to take.

People experiencing poor mental health (including people with dementia)

The practice was rated as good for the care of people experiencing poor mental health (including people with dementia). The practice kept electronic registers to inform the clinicians and to deliver full assessments of patients' needs. The practice was able to signpost patients experiencing poor mental health to access support groups and organisations. The practice worked with various agencies, multi-disciplinary teams and mental health services to improve the experience of care and treatment of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

What people who use the service say

We spoke with eight patients during our inspection. We spoke with people from different age groups, who had varying levels of contact with the practice.

They told us the staff who worked there were polite and helpful. They also told us they were treated with respect and dignity and they found the premises to be clean and tidy at all times. Patients spoke about their experiences as the former GPs retired and how they were getting use to the new GP team. Patients were anxious about the changes and the move to new premises. Patients told us there had been challenges as they had seen locums and new doctors in 2014 and they were happier with the appointments system as the new GP team settled in.

We left Care Quality Commission (CQC) comment cards in the practice in the two week period leading up to the inspection. We received no completed comment cards.

We also reviewed the results of the 2015 GP patient survey. This is an independent survey run by Ipsos MORI on behalf of NHS England which demonstrated patients' positive response to questions about their involvement in planning and making decisions about care, treatment and which generally rated the practice well in these areas.

Areas for improvement

Action the service **SHOULD** take to improve

- Apply to deregister with the Care Quality Commission or
- If the provider continues to be registered the provider should establish a vision and a strategy relevant to the

registration, ensure all staff are have clear responsibilities in relation to it including my means of relevant, specific and up-to date policies, procedures and training. A PPG would need to be established. There should also be a systematic practice wide approach to clinical or internal audit.

Family Centre (Kirby) Limited

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 and a specialist advisor who was a practice manager.

Background to Family Centre (Kirby) Limited

Family Centre (Kirby) Limited is a Private Limited Company registered with Companies House on 26 February 2014. The practice had formerly been operated from purpose built premises which opened in 1993 by a husband and wife GP partnership up to their retirement in the spring of 2014. At the time of our inspection the surgery was operated by Family Centre (Kirby) Limited who, after consultation with NHS England and the local community, were to relocate services from Sidney Powel Avenue to Towerhill, Primary Care Resource Centre, Kirkby, Liverpool on 31 March 2015.

The practice provides medical services under the terms of a Personal Medical Services (PMS) contract. In view of the scheduled surgery relocation the patient list size has reduced over recent months from 3800 to 3200 patients at the time of inspection.

The practice is part of NHS Knowsley Clinical Commissioning Group (CCG). It is situated in a location that has above average areas of deprivation. The practice population is made up of a generally typical population profile for England, but with slightly higher numbers of younger people.

The practice has available three GPs; two male and one female. There is also a female practice nurse and a female nurse clinician. The clinical team are supported by one Practice Manager and six administration / reception staff.

All facilities are accessible by patients and located on the ground floor.

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 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 held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 4 February 2015.

We saw how staff handled patient information, spoke with patients face to face and talked with those patients telephoning the practice. We explored how clinicians made

Detailed findings

decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with patients, carers and family members of patients visiting the practice during the time of our inspection.

We did not receive any completed CQC comment cards. These cards had been available in the practice for two weeks prior to our inspection.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Are services safe?

Our findings

Safe track record

The practice used a collection of data including the Quality Outcomes Framework (QOF) to make assessments and identify risks and improve safety for patients. For example, from feedback from patients, including any comments and complaints, reported incidents and national patient safety alerts. The staff we spoke with were able to describe to us their responsibilities. They also explained how they had been able to raise any concerns and were able to say how this had been so during 2014. Last year had been a time of significant transition from a small practice to a practice which was part of a larger group of services with a different management and a new governance structure. During this transition staff said they knew how to report any incidents or near misses. Data from NHS England indicated that the practice had a competent track record for maintaining patient safety. Clinicians told us how they completed incident reports and routinely carried out analysis of significant events as part of their on-going professional development. We looked at significant events for 2014, documentation was in place for practice analysis, but in view of the business developments and transition to new premises practice analysis had not been recorded in 2014. Family Centre (Kirby) Limited had a significant event protocol in place.

We reviewed safety records and incident reports for 2014. These showed the practice had managed these and could evidence maintaining a safe track record over time. Documents kept by the practice confirmed that incidents were appropriately reported. Action was taken to learn lessons and put measures in place to reduce the risk of the event recurring in the future. Staff told us how they actively reported any incidents that might have the potential to adversely impact on patient care.

The records documenting the management of complaints were discussed. The staff we spoke with were confident about the use of lessons learned and how this assisted them to develop the care provided.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. Staff reported an open culture when accidents, incidents and complaints occurred. They told us they would report all such events to the Practice Manager. Staff we spoke with knew what

constituted a reportable incident. We saw practice meeting were held weekly and significant matters were discussed. Staff including receptionists, administrators and clinicians were aware of the system for reporting incidents.

We looked at the complaints information held at the practice and found there were sufficient records to evidence that learning had taken place for any complaints made.

Reliable safety systems and processes including safeguarding

The practice had safeguarding systems to manage and review risk to children and adults. Records confirmed that staff had received safeguarding training to an appropriate level for their role. One GP took responsibility as practice lead for all safeguarding this included monitoring the implementation of processes and practices in relation to safeguarding.

The lead GP had been trained to level three. Level three training is for professionals who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding / child protection concerns.

Staff knew how to recognise the signs of abuse and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns, and how to contact relevant agencies in and out of normal surgery hours. Contact details were readily accessible in the practice.

Staff we spoke with knew who they should speak with in the practice if they had a safeguarding concern. The policy had been reviewed in April 2014, but identified in error the previous GP as the lead for safeguarding. This error had not impacted in any safeguarding matters.

The practice had a chaperone policy in place. Notices were displayed advising patients that they could request a chaperone during their consultation if they wished.

There was an appropriate system in use to highlight any vulnerable patients on the practice's electronic records. This included relevant information to inform staff of relevant issues when patients attended appointments, for example children subject to child protection plans.

Are services safe?

Medicines management

The practice had systems in place to monitor the prescribing of medicines and to ensure that treatments given were in line with national guidance. A nominated GP for the practice took on the role of prescribing lead and regularly reviewed any alerts or guidelines and information. Patient medicine reviews were undertaken regularly in line with current guidance and legislation, depending on the nature and stability of their condition.

A medicines management audit process was in place for a named medicine actioned by one of the GPs and we saw evidence of the audit progress, but there was no strategic audit plan in place for the practice.

The practice used an electronic prescribing system but it also used paper prescriptions on some occasions; these were carefully and securely stored and managed. All prescriptions were reviewed and signed by a GP before they were given to the patient.

We saw the cold chain policy in place at the practice. The “cold chain” is a system of transporting and storing vaccines within a defined temperature range. Practice staff knew about the delivery, storage and stock-rotation of vaccines. We saw that all medicines and vaccines were safely stored and in date. Fridges for storing vaccines were temperature controlled. Regular checks and recording of the reading of temperatures had taken place, but not in the week prior to our inspection.

GPs when doing home visits did not routinely carry medicines for use in patients’ homes and clinicians could explain the risk assessment for this decision.

The practice had processes for the safe disposal of medicines.

We looked at the emergency medicines kept at the practice. These medicines were kept securely and they were accessible by clinicians if needed.

As the practice was facing relocation in March 2015 some routines had stopped. We saw that the checking of emergency medicines had not taken place in the previous two months since and in that time the emergency Aspirin had exceeded its expiry date.

The protocol in use for repeat prescribing was in accordance with national guidance and this helped the practice to make sure that patient’s repeat prescriptions were appropriate.

Cleanliness and infection control

We saw the areas in use by patients and the public were sufficiently clean for their purpose for the two months reaming for the practice to use this building. Had the practice chosen to remain in this location deep cleaning and refurbishment would have been considered.

We saw that all consultation and treatment rooms had suitable hand washing facilities. Examination couches were washable and clean. Instructions about hand hygiene and infection control were available throughout the practice with antibacterial hand gels in clinical rooms. We found protective equipment such as gloves were available in the treatment/consulting rooms.

Patients we spoke with had no concerns about cleanliness or infection control. Policies were in place and staff had received hand washing and infection control training. The practice had undergone twice yearly external infection control audits. The results for the last year were 94% and 97% respectively.

An infection control policy and supporting procedures were provided to staff and which supported them in their work and in the delivery of treatments.

Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these in order to comply with the practice’s infection control policy.

We were told the practice did not use any instruments which required decontamination between use and that any instruments used were for single use only. Procedures for the safe storage and disposal of needles and clinical waste were evident in order to protect the staff and patients from harm. Staff understood their role in respect of preventing and controlling infection. For example reception staff could describe the process for handling submitted specimens.

Equipment

We spoke with the practice team who told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw equipment maintenance records. Portable electrical equipment had been checked and staff knew how to carry out visual inspections. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales and thermometers.

Are services safe?

Staffing and recruitment

The practice had three GPs two male and one female who between them provided 15 sessions per week at Family Health Centre. Each GP session provided comprised 15 patient appointments. The practice also employed six receptionist / administrators, one practice manager, and one apprentice receptionist. Staff provided cover for each other in the event of absences. Staffing levels were reviewed to ensure patients were kept safe and their needs met and had not been reduced during the last several months. During this time the patient list size had reduced as patients who did not want to remain with the practice when it moved location on 31 March 2015 went to other practices.

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. The last member of staff was recruited in 2005 and staff records were kept correctly. Any necessary Disclosure and Barring Service (DBS) checks were in place.

Monitoring safety and responding to risk

Procedures were in place to deal with medical emergencies. Emergency equipment was available and accessible. Staff had received annual training in basic life support.

Accidents were recorded and investigated. Risk assessments and annual reviews had been undertaken.

Health and safety information was displayed for staff to see. The practice had identified a fire procedures and a fire log was maintained. Fire extinguishers and alarms were checked and maintained.

The practice team were able to identify and respond to changing risks in patient's conditions, for example timely referrals were made for all patients attending hospital as a referred patient or as an emergency. All acutely ill children would be seen on the same day as requested.

Arrangements to deal with emergencies and major incidents

The practice had considered and assessed its future. This consideration by the practice demonstrated that they had thought about potential risks to the current service and had planned for this moving forward. Its considered plan was to close the practice and relocate services at Towerhill - two miles away. The practice considered that moving to a larger practice would achieve greater performance, capacity and flexibility. It had consulted with NHS England and the public had been consulted as part of this process. The practice was to relocate as from 31 March 2015.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians we spoke with told us about the basis for their approaches to care and treatments. They were familiar with The National Institute for Health and Clinical Excellence (NICE) and local commissioners' guidelines, assessments and care plans of patients' needs and these were reviewed appropriately.

The clinicians we spoke with told us how they aimed to ensure that each patient was given support to achieve the best health outcomes for them. Practice meetings recorded safety issues considered and new guideline discussions and how these might have implications for the practice. We saw that these records referenced NICE guidelines and assessments of patients' needs and these were reviewed when appropriate.

Clinicians took on a lead and special interest role for long term conditions such as diabetes, heart disease and asthma. Annual checks and reviews were provided to patients with long term conditions or with complex needs and multidisciplinary care plans.

All GPs we spoke with used national standards for referral and referral rates to hospital and community services were in line with other local practices.

Discrimination was avoided when making care and treatment decisions. Clinicians explained to us how patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The Quality and Outcomes Framework (QOF) is a system for the performance management and payment of GPs in the NHS. It was intended to improve the quality of general practice and the QOF rewards GPs for implementing "good practice" in their surgeries. This practice had achieved high scores for QOF over the last few years (for the last year of QOF data for the practice 2013 / 2014 they obtained 97.5%) which demonstrated they provided good effective care to patients. QOF information also indicated that patients with long term health conditions had received care and treatment as expected and above the national average, for example patients with depression, epilepsy and heart failure.

Information provided to us by the practice for 2014 indicated that 90% of children / babies had received their immunisation. Pre-school booster rates appeared low at 60%, but the practice believed this figure to be low because of data delays around immunisations at school. The practice had no formal action plan for further assessments or actions in relation to pre-school booster rates.

The practice kept up to date disease registers for patients who were vulnerable and for those with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). These registers were used to identify and monitor patients' health needs and to arrange annual health reviews.

The practice implemented the Gold Standards Framework for end of life care. One of the GPs took the lead for this group of patients. They had a palliative care register and participated in multidisciplinary meetings to discuss the care and support needs of patients and their families. The patient's care plan and any other relevant information were shared with the out of hour's services to inform them of any particular needs of patients who were nearing the end of their lives.

The practice had a system in place for completing clinical audit cycles. However these were only for medicines management and not all staff were involved in completing audit cycles. An example of a medicines audit was for the prescribing of a named medicine used to treat moderate to moderately severe pain which one of the GPs was running.

Effective staffing

There were protocols available to the practice to support the recruitment of staff with relevant skills, knowledge and experience. There was an induction check list in place which identified the essential knowledge and skills needed for new employees. We spoke with staff who confirmed they had received an induction when they commenced employment. Staff records were correctly maintained.

An appraisal policy was in place. We saw that all staff had evidence of annual appraisals in their files. We saw that the format used provided an opportunity to develop an action plan to address any training or learning needs identified in the appraisal process. We spoke to staff who told us that the practice had been supportive of their learning and development needs over their many years of employment. However, the last 12 months had been a challenging time of change and preparation for the location to close and for

Are services effective?

(for example, treatment is effective)

staff to transfer to the new service had taken priority over individual training plans. Informal supervision had taken place and staff were appreciative of the personal support provided to them by the Practice Manager.

There was a policy in which included a capability assessment which supported the manager to assess and manage any poor performance.

All GPs were up to date with their yearly continuing professional development requirements and had joined the service at the Family Centre in the course of the last year. These clinical staff took opportunities to attend clinical meetings at Towerhill Surgery where they also worked.

Clinical staff with responsibilities for the monitoring of long term conditions such as asthma and diabetes were also able to demonstrate they had undertaken training to fulfil these responsibilities. For example, they told us they had completed accredited training for checking patients' physical health as well as the management of the various specific diseases and long term conditions.

The practice manager kept a record of training carried out by all staff. We noted that the system recorded that fire training had not been undertaken for any staff in the last year at that location.

Working with colleagues and other services

The practice had in-house systems for the receipt, recording and communication of results, notifications and referrals. Systems were in place for important information such as incoming blood tests ensuring that they were reviewed.

There were clear arrangements and protocols in place for following up on patients that had been referred to other services or discharged from hospital. Systems were in place to ensure that clinicians communicated with patients to keep them informed.

There were processes in place to ensure other services were quickly notified of events which would impact or affect patient care, for example updating the out of hour's service in relation to patients receiving or needing palliative care.

The practice had information in relation to bereavement which was used to help families and friends.

There was opportunity for patients to use a choose and book system and its use and uptake was monitored.

The practice worked co-operatively with other health and social care providers in the local area.

The GPs and the practice manager attended various meetings with management and clinical staff from practices across Knowsley Clinical Commissioning Group (CCG). These meetings exchanged information, best practice and national developments and guidelines for implementation and consideration. They were monitored through performance indicators and practices were benchmarked.

Information sharing

Information helping clinicians to deliver effective care was appropriately managed, securely kept and clearly communicated to the relevant clinician or other healthcare provider in a timely manner.

There was good management of effective patient information between paper and electronic systems and of information exchanged between relevant clinicians. We saw that all letters relating to blood results and patient hospital discharge letters were reviewed daily by the GPs.

The practice participated in a cancer care gold standard framework (GSF) meeting with a GP, district nurse and McMillan nurse. GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life, delivered by generalist care providers.

Computer logs were kept for individuals in a range of identified groups. This helped the practice and its staff identify patients with certain needs in order to help to meet those needs. For example, vulnerable adults, patients with carers, patients with mental health needs and looked after children.

Same day appointments were offered to individuals in identified groups including young children.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. Clinicians we spoke with understood the key parts of the legislation and were able to describe how they would implement it in their practice. Clinical staff also described to us their understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the capacity to consent to medical

Are services effective?

(for example, treatment is effective)

examination and treatment). The consent policy and procedures included Gillick competency and how to assess this and had links to further national and professional body guidance.

There was a practice documentation recording consent for specific interventions. For example, for child patient vaccinations, a parent's written consent was obtained and documented.

Health promotion and prevention

A selection of health promotion information and advice leaflets were available in the waiting area.

As the practice was to relocate to Towerhill on 31 March 2015 few new patients were seeking to join the practice. We were assured that should new patients seek to register then new patient assessments would be carried out.

The practice used the coding of health conditions in patients' electronic records and disease registers to plan and manage services.

The practice had ways of identifying patients who needed additional support, and it was able to offer additional help. For example, the practice kept a register of all patients with a learning disability and they were all offered an annual health check.

Patients were systematically invited into the practice for an annual review with a GP to assess their health and social care needs. These reviews included making patient referrals, providing patient with advice and signposting patients as appropriate to partner organisations. The practice had strong links with partner organisations and notably those supporting patients with Alzheimer's disease.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Administration and reception staff we spoke with were aware of the importance of providing patients with privacy and of the importance of confidentiality and had received appropriate training. Computer screens at reception could not be viewed by patients or other visitors. Staff could take patient phone calls away from the main reception area so as to avoid being overheard if necessary. The design of the building meant that there was no available room for reception staff to speak in private to patients and so a consultation room would be used, if free, for this.

Consultations took place in designated rooms with a couch for examinations and screens to maintain privacy and dignity. We observed staff were discreet and respectful to patients. Patients we spoke with told us they were always treated with dignity and respect.

We reviewed the most recent GP Patient Survey data available (January 2015) for the practice on patient satisfaction. Of the 113 patients who replied;

- 87% said the last GP they saw or spoke to was good at treating them with care and concern CCG average 84%
- 99% say the last nurse they saw or spoke to was good at giving them enough time CCG average 92%

The practice offered patients a chaperone prior to any examination or procedure. Information about having a chaperone was seen displayed in the reception area and all treatment and consultation rooms.

Care planning and involvement in decisions about care and treatment

The GP National Patient Survey information for 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, and generally rated the practice well in these areas.

For example the survey showed 85% said the last GP they saw or spoke to was good at giving them enough time and 91% that the last GP they saw or spoke to was good at listening to them. Also 90% said the last GP they saw or spoke to was good at explaining tests and treatments. Overall, 85% said the last GP they saw or spoke to was good at involving them in decisions about their care. These results were in line with other practices in the local Clinical Commissioning Group (CCG).

Various registers were kept. These computer registers included logs of patient's carers, older people, patients suffering from mental health conditions or learning disabilities, chronic conditions, dementia or cancer. These were kept and used to provide effective communication and support.

The practice had a data protection and access to records policy that informed patients how their information was used, who may have access to that information. Information was available for patients on the practice website.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

Patients were complimentary about the care they received from the practice team. They commented that they were treated with respect and dignity. Patients we spoke with told us they had usually had enough time to discuss things fully with the GP but they were concerned by the changes they had faced in the practice in the course of 2014 as GPs had changed and as the practice prepared to relocate. They told us all the staff were compassionate and caring.

Staff spoken with told us that bereaved relatives known to the practice were offered support following bereavement. GPs and the practice nurse were able to refer patients on to counselling services. The practice signposted carers to support led by community services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Further to the retirement of the previous partners in the spring of 2014, the new provider of services Family Centre (Kirby) Limited carried out a review of the premises and services. Further to that review and in consultation with NHS England a decision was made to relocate the practice. It will merge with Dr Maassarani & Partners and be based within Towerhill Primary Care Resource centre, Ebony Way, Kirkby, Liverpool. Public consultation and meetings were held in the course of 2014. The practice wrote to all patients telling them about the changes. The practice will operate from Towerhill from 1 April 2015. Some patients we spoke with were sorry to lose their local health centre. As a result of this change 600 patients had decided to move to other practices which were local to them rather than transfer to Towerhill. The remaining 3200 patients were transferring to Towerhill Primary Care Resource Centre. Some patients we spoke with who were transferring to Towerhill said they were reassured that they would receive care from a regular GP team in modern premises with close links to other community services.

Tackling inequity and promoting equality

The practice was committed to ensuring equal opportunities for access to services and treatments to all patients and avoiding discrimination on the grounds of age, gender, disability, status, orientation, race or religion. The practice endeavoured to make appointments available to meet the needs of patients. There were long appointment opportunities for patient with special needs or as required. English was the first language for the majority of the practice population. Language Line translation services were available for those who spoke other languages. Clinical records identified patients with caring responsibilities as well as those being cared for so that staff were alerted to any special support or assistance they may need. Carers were given age and care related advice and support. Telephone appointments were available. The services provided by the practice took into account patient's age disability and provided collaborative working arrangements for pregnancy and maternity services.

Access to the service

Appointments were available from 8am to 6.30pm each weekday. The practice provided extended hours one

evening per week to accommodate those patients who worked. There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed.

Appointments were tailored to meet the needs of patients, for example those with long term conditions and those with learning disabilities were given longer appointments. Home visits were made when necessary.

Patients we spoke with described their personal and variable experiences through 2014 but generally felt that appointment had become more accessible in 2015.

In the 2015 national GP Patient Survey;

85% of respondents say the last GP they saw or spoke to was good at giving them enough time

Local (CCG) average: **87%**

94% of respondents find it easy to get through to this surgery by phone

Local (CCG) average: **76%**

90% of respondents with a preferred GP usually get to see or speak to that GP

Local (CCG) average: **65%**

100% of respondents find the receptionists at this surgery helpful

Local (CCG) average: **87%**

78% of respondents were able to get an appointment to see or speak to someone the last time they tried

Local (CCG) average: **83%**

77% of respondents are satisfied with the surgery's opening hours

Local (CCG) average: **80%**

We saw that practice staff worked with the out-of-hour's services and other agencies to make sure patients' needs were met when they moved between services. This was particularly important with the impending transfer of the surgery to the new location. We saw that if patient's needed appointments with other providers such as a referral to hospital this referral would normally be made during the patient's consultation with the GP.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in

England and there was a designated responsible person to handle complaints in the practice. The Practice Manager managed this process. There was information available on display to patients.

We saw that there were very few complaints that had been made in 2014 and all had been promptly actioned in accordance with the policy.

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 vision and strategy of this practice to deliver care and promote good outcomes for people was embedded in the decision to relocate the practice as from 1 April 2015. The managerial arrangements had included necessary communications with staff. The staff themselves had maintained continuity of service through the uncertainties of 2014 and all spoke highly of the support given by the Practice Manager during this time. Staff and patients were looking forward to improved and continuous stability in 2015.

Staff we spoke with said that throughout the changes in 2014 they knew and understood how the service was operating even though they were often unclear about their own futures and future responsibilities in the new surgery. Staff were aware that NHS England consultation with patients was now completed.

Governance arrangements

Practice staff had understood their roles and responsibilities during a time of transition.

Local arrangements were in place to monitor and report environmental safety risks and staff were aware of these. However, we saw improvements were needed for practice analysis with regard to reporting of incidents, learning from incidents and undertaking practice based or co-ordinated systematic clinical audits other than for medicines audits and reviews.

The practice policies and procedures in place and governing activity through the transition year of 2014 were mostly the policies and procedures used or acquired by the previous partners and these were available to staff. The practice held meetings and clinicians were increasingly attending clinical meetings at the Towerhill Resource Centre in preparation for the relocation of the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards.

We did not find a systematic approach to clinical or internal audit which was practice wide. There was no strategic plan for the practice due to the scheduled merger with Dr Maassarani & Partners at Towerhill Primary Care Resource

Centre. There was no practice plan for why; how; and when, different areas of care were examined for quality. Therefore Family Centre (Kirby) Limited could not monitor the services and treatments it was providing. Audits only included medicines audits and reviews and the governance arrangements for the practice had therefore not demonstrated opportunities for structured learning from events and incidents. The process of on-going learning from events and incidents contributes to on-going quality improvements.

Leadership, openness and transparency

We spoke with staff in different roles all of whom were clear about lines of accountability and leadership. They spoke of a year of great and uncertain change. Many of them had worked for a long time in a service provided by a husband and wife GP partnership. This changed in early 2014 when Family Centre (Kirby) Limited provided this leadership and this in turn was to progress to the relocation of the service on 31 March 2015 at new premises and under new arrangements on merging with Dr Maassarani & Partners at Towerhill.

Staff told us they felt they would have liked more information about the relocation its strategy and its implications as 2014 progressed. Patients said they were aware of the consultation exercise and some said they were sorry to lose their local facility. The lead partner felt they had communicated to patients and staff as promptly and as clearly as the change process allowed.

Practice seeks and acts on feedback from its patients, the public and staff

The practice did not have a Patient Participation Group (PPG), but was moving to the new location which did have an active PPG. Patients told us they had been engaged in discussions about the relocation of services and indicated that the practice had taken account of any recommendations or suggestions which they had made as part of consultation.

Staff reported a close knit team and explained that they could discuss their concerns with the Practice Manager. We saw how staff interacted and saw staff to be polite and kind to all patients, staff and visitors. Regular non-clinical meetings took place at the practice. Clinical meets had been progressing at the Towerhill Resource Centre in anticipation of the relocation.

Are services well-led?

Requires improvement 

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

Management lead through learning and improvement

The GPs had undertaken their annual appraisals.

The nurse clinician was registered with the Nursing and Midwifery Council, and as part of this annual registration was required to update and maintain clinical skills and knowledge. We saw evidence of updated training and learning undertaken.

We were told by the GPs they regularly attended local clinical meetings facilitated by the local Clinical Commissioning Group (CCG). Similarly the practice manager regularly attended meetings with other practice managers to provide support and share good practice.

There was a central register of training that staff were due to complete.

As the practice was scheduled to merge on 21 April 2015 the system to review policies and procedures was to take on the new policies of the merged practice with Dr Maassarani & Partners at Towerhill.