

Everton Road Surgery and Merseyview Walk in Centre

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

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?

Good 

Summary of findings

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 6 |
| What people who use the service say | 8 |
| Areas for improvement | 8 |

Detailed findings from this inspection

| | |
|--|----|
| Our inspection team | 9 |
| Background to Everton Road Surgery and Merseyview Walk in Centre | 9 |
| Why we carried out this inspection | 9 |
| How we carried out this inspection | 9 |
| Detailed findings | 11 |

Overall summary

Letter from the Chief Inspector of General Practice

This is the report from our inspection of Everton Road Surgery and Merseyview Walk in Centre. Both services are operated by the company SSP Health Ltd. and are located in the same building, Everton Road Health Centre. (This report does not cover other services that are available within the health centre.)

Everton Road Surgery and Merseyview Walk in Centre are registered with the Care Quality Commission to provide primary care services. Both the practice and walk in centre are registered as one location. SSP Health Ltd. was caretaking the walk in centre at the time of our inspection. The overarching policies and procedures were the same for both services. One GP lead was in charge of overseeing both services.

We undertook a planned, comprehensive inspection on the 21 October 2014 at Everton Road Surgery and Merseyview Walk in Centre. We reviewed information we held about the services and spoke with patients, GPs, and staff.

Both the practice and walk in centre were rated as Good overall. There were some elements of the practice and walk in centre that could be improved but both services provided good care to the population it served.

Our key findings were as follows:

- There were systems in place to mitigate safety risks. The premises were clean and tidy. Systems were in place to ensure medication including vaccines were appropriately stored and in date.
- Both the practice and walk in centre were effective. Patients had their needs assessed in line with current guidance and the practice promoted health education to empower patients to live healthier lives.
- Both the practice and walk in centre were caring. Feedback from patients and observations throughout our inspection highlighted the staff were kind, caring and helpful.
- Both the practice and walk in centre were responsive and acted on patient complaints and feedback.

Summary of findings

- Both the practice and walk in centre were well led. The staff worked well together as a team and had regular staff meetings and training.

However, there were also areas of both the practice and walk in centre where the provider could make improvements.

The provider should:

- Complete the induction mandatory training for recently recruited members of staff.
- Complete the appraisal process for staff, in particular the nursing staff.
- Ensure more robust security arrangements for checking the stock of prescription forms.
- Ensure only a GP carries out a medication review.

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?

Both the practice and walk in centre are rated as good for safety. Both the practice and walk in centre had systems in place for monitoring safety and learning from incidents and safety alerts to prevent reoccurrences. For example the practice carried out significant event audits to help GPs' individual and practice based learning.

All staff were aware of the safeguarding vulnerable adults and children policies in place and who to contact for further guidance. The practice had a GP lead for safeguarding who liaised with other agencies when necessary.

There were systems in place to ensure medication including vaccines, were safely stored and in date.

Both the practice and walk in centre were clean and tidy. All equipment was regularly maintained to ensure it was safe to use.

Both the practice and walk in centre had emergency medication available including oxygen and a defibrillator.

Good



Are services effective?

Both the practice and walk in centre are rated as good for effective. Data showed that the practice was performing reasonably in line with other local practices and took National Institute for Health and Care Excellence (NICE) guidelines into consideration. This included assessments of capacity and systems in place to promote good health. Some staff had received training suitable for their role and had received appraisals. The practice worked with other local multidisciplinary teams including pharmacy teams.

Good



Are services caring?

Both the practice and walk in centre are rated as good for caring. Information from surveys and comment cards and patients we spoke with indicated that staff were helpful and caring. There was accessible information to ensure patients understood the services available. We observed that patients were treated with kindness and respect.

Good



Summary of findings

Are services responsive to people's needs?

Both the practice and walk in centre are rated as good for responsive. We found that the practice had sought ways to improve their service for their local population and had acted on suggestions made by patients.

The walk in centre was available for unscheduled appointments between 8.00am and 8.00pm every day including weekends and bank holidays.

The practice offered pre-bookable appointments and patients could contact the practice early in the morning to arrange urgent same day appointments. Children were always offered same day appointments for urgent care. The practice carried out telephone consultations and home visits when necessary.

Good



Are services well-led?

Both the practice and walk in centre are rated as good for well led. The practice staff worked well together as a team and strove to always improve their systems of care by having monthly staff meetings.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice offered a named GP for those patients who were 75 years and older in line with the new GP regulations. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs.

The practice held monthly Gold Standard Framework meetings to discuss patients who required palliative care with other health care professionals to ensure patients received 'joined up' care appropriate to their needs.

Immunisations such as the flu vaccine were offered to older patients.

Good



People with long term conditions

There were registers of patients with long term conditions which enabled the practice to monitor and arrange appropriate medication reviews. The Practice Nurse supported patients with a variety of long term conditions such as chronic obstructive pulmonary disease. The Health Care Assistant helped with blood pressure monitoring of patients.

The practice used the Quality and Outcomes Framework to monitor patient outcomes and worked on local initiatives.

Good



Families, children and young people

Mothers and babies at 6 weeks old were routinely checked by the Health Visitor and GP. After this appointment, appointments were made for the baby to have immunisations with the Practice Nurse.

The practice had a system in place for flagging up those children who had not received their vaccinations and the practice was encouraging follow up visits. The Practice Nurse had recently received refresher training on immunisations.

The practice had a system for ensuring that children requiring prompt care were seen as a priority.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice had a designated Health Trainer who could spend more time with patients to discuss their current lifestyles and to promote healthy living such as healthy eating and weight loss.

All patients were offered referrals to hospitals of their choice by operating a 'Patient Choose and Book' service.

Good



People whose circumstances may make them vulnerable

The practice kept a list of patients with learning disabilities and arranged support and an annual health check. The practice sign posted patients with no fixed abode to any relevant service.

The practice had a substance misuse lead who dealt specifically with patients struggling with drug addictions.

The practice and the walk in centre used the facilities from language line to ensure patients whose first language was not English could receive support with their appointments and also access other local health care services.

Good



People experiencing poor mental health (including people with dementia)

The practice maintained a register of patients who experienced mental health problems. The register was used by clinical staff to offer patients an annual health check and medication review.

The practice also had links with local counselling services.

Good



Summary of findings

What people who use the service say

As part of our inspection process, we asked for comment cards for patients to be completed prior to our inspection.

For Everton Road Surgery we received 18 comment cards and spoke with nine patients. All comments received indicated that patients found the reception staff helpful, caring and polite. Patients' experiences of making appointments and being able to see the same GP at the Everton Road Surgery were mixed.

For the surgery, our findings were in line with results received from the national GP patient survey and the practice's in-house survey. For example, the latest national GP patient survey results showed that in July 2014, 78% of patients described their overall experience of this surgery as good (from 112 responses); 81% were able to get an appointment to see or speak to someone the last time they tried and 71% found it easy to get through to practice by phone.

The practice's in-house surgery results for 2013-2014 (from 40 responses) indicated that 100% rated the customer service provided by receptionists as always helpful or helpful. The national GP patient survey showed that 88% found the receptionists helpful.

Results from the national GP patient survey also showed that 75% said the last GP they saw or spoke to was good at explaining tests and treatments and 73% said the last GP they saw or spoke to was good at involving them in decisions about their care.

For Merseyview Walk in Centre we received one comment card and spoke with 10 patients. All comments received indicated that patients found the reception staff helpful, caring and polite.

For the walk in centre, the GP patient survey showed 85% of patients described their overall experience of this service as good (from 32 responses) and 94% were able to get an appointment to see or speak to someone the last time they tried. 82% found it easy to get through to the centre by phone. 91% said the last GP they saw or spoke to was good at explaining tests and treatments and 86% said the last GP they saw or spoke to was good at involving them in decisions about their care. There were no in house survey data available for the walk in centre.

Areas for improvement

Action the service SHOULD take to improve

- Complete the induction mandatory training for recently recruited members of staff.
- Complete the appraisal process for staff, in particular the nursing staff.

- Ensure more robust security arrangements for checking prescription forms.

Ensure only a GP carries out a medication review.

Everton Road Surgery and Merseyview Walk in Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector and the team included a GP specialist advisor, a practice manager specialist advisor, a second CQC inspector and an expert by experience.

Background to Everton Road Surgery and Merseyview Walk in Centre

Everton Road Surgery and Merseyview Walk in Centre are located near Liverpool City centre and are part of a group of services owned by SSP Health Ltd. Both services are located in the same building (Everton Road Health Centre) which is shared with other services such as community and dental services. SSP Health Ltd. is currently caretaking Merseyview Walk in Centre and is awaiting contract proposals.

Both the practice and walk in centre share the same reception area but have completely separate computer and appointment systems. There is one lead GP in charge of both services. Each service has a separate practice manager but share the reception staff, Practice Secretary and Health Care Assistant.

Everton Road Surgery is located on the lower ground floor. The practice has four GPs (three male and one female) a Practice Nurse, a Health Care Assistant and administration

staff. The practice is open 8.00am to 6.30pm Monday to Thursday and offers extended opening hours on a Friday from 8.00am to 8.00pm. Patients requiring a GP outside of normal working hours are advised to contact an external out of hours provider (Urgent Care 24). The practice has an Alternative Provider Medical Services (APMS) contract and also offers enhanced services for example; various immunisation and learning disabilities health check schemes. The practice is a training practice and also offers community placements to medical students from the University of Liverpool School of Medicine.

There were approximately 4,860 patients registered at the practice at the time of our inspection. The practice treated all age groups but the majority of the patients seen at the practice were under 50 years of age.

Merseyview Walk in Centre is located on the ground floor and has a shared waiting room area. The walk in centre is GP led. There are three GPs (two male and one female). The walk in centre provides unscheduled care to unregistered patients. The walk in centre is open 8.00am to 8.00pm everyday including weekends and bank holidays.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Both the practice and walk in centre had not been previously inspected and we carried out planned inspections to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

Detailed findings

How we carried out this 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)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the Practice Manager for Everton Road Surgery provided before the inspection day. There were no areas of risk identified across the five key question areas. We carried out an announced visit on 21 October 2014 and spent eight and a half hours at the practice.

We reviewed all areas of Everton Road Surgery and Merseyview Walk in Centre. We spoke with a range of staff including two of the GPs, the Practice Nurse, the Health Care Assistant, reception staff, the Practice Manager and the Practice Secretary on the day. We also spoke with three managers from SSP Health Ltd. We sought views from patients and via comment cards and reviewed survey information.

Are services safe?

Our findings

Safe Track Record

The Practice had a system in place for reporting, recording and monitoring significant events and information from complaints. The practice had an incident management procedure and an incident recording form which was accessible to all staff via the practice's computers. The practice carried out an analysis of these significant events and this also formed part of GPs' individual revalidation process.

Learning and improvement from safety incidents

We looked at the minutes from the practice's significant event annual review. There were written reports of the events, details of the investigations (root cause analysis) and learning outcomes. There was a clear framework for actions to be taken by designated staff within set time frames with a date for the review of the effectiveness of any action taken. Minutes from monthly staff meetings clearly demonstrated that discussions about any incidents took place. We looked at two incidents that had occurred and found appropriate actions had been taken and new procedures had been implemented to reduce the risk of incidents happening again.

Both Everton Road Surgery and Merseyview walk in centre collected any information with regards to national patient safety alerts or from the Medicines and Healthcare products Regulatory Agency (MHRA) and this was cascaded to the appropriate staff members. For example we could see the alert regarding the Ebola outbreak in Africa had been actioned.

Reliable safety systems and processes including safeguarding

The practice had safeguarding vulnerable adults and children policies in place which were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. In addition there were contact numbers displayed both in reception and treatment areas. All staff had received training at a level suitable to their role, for example the GP lead had level three training.

The practice had a computer system for patients' notes and there were alerts on a patient's record if they were at risk or subject to protection. The practice used a traffic light

system (red, amber green) to flag up whether patients were on a risk register or whether they needed to be monitored. We spoke with the GP lead for safeguarding who discussed various examples of cases of safeguarding both children and vulnerable adults and what action was taken.

A chaperone policy was available on the practice's computer system. The Practice Nurse acted as the main chaperone and a notice was in the waiting room to advise patients the service was available should they need it.

Medicines Management

Everton Road Surgery had two treatment rooms; one for the Practice Nurse and one for the Health Care Assistant. The practice had a fridge for the storage of vaccines available in each of the treatment rooms. The Practice Nurse and Health Care assistant took responsibility for the stock controls and fridge temperatures in their rooms. We found all vaccinations to be in date. There was a cold chain policy in place and fridge temperatures were checked daily. Regular stock checks were carried out to ensure that medications were in date and there were enough available for use. The Practice Nurse carried out vaccinations for children and had recently received immunisation training updates.

Emergency medicines such as adrenalin for anaphylaxis and benzyl penicillin for meningitis were available for both the practice and the walk in centre. These were stored securely. The Health Care Assistant had overall responsibility for ensuring emergency medication was in date for both the surgery and walk in centre and carried out weekly checks. Emergency drugs were also available in GP bags for home visits. All the emergency medication was in date.

The practice did use paper prescriptions; these were securely stored and disposed of. However there was no mechanism in place for checking how many prescription pads were available on the premises and tracking when they were used which could mean prescription pads could be unaccounted for.

Systems were in place to check on patients who had not collected their prescriptions. There were clear guidelines available to patients both in the practice information leaflets and the practice web site on how to order and collect prescriptions and there was a repeat prescriptions policy in place for staff.

Are services safe?

The practice worked with pharmacy support from the local Clinical Commissioning Group and a pharmacy lead worker from SSP Health Ltd visited the practice and carried out medication audits.

Cleanliness & Infection Control

Everton Road Health Centre had a Care Manager who had responsibility for ensuring the overall safety of the building which included the cleanliness of the premises. There were cleaning schedules in place for an external cleaning company and Legionella testing had been carried out.

Both Everton Road Surgery and Merseyview Walk in Centre areas were found to be clean and tidy. Treatment rooms had the necessary hand washing facilities and personal protective equipment (such as gloves) was available. Hand gels for patients were available throughout the building. Sharps bins were appropriately stored and information clearly displayed in each treatment room about safely disposing of sharps to prevent injuries. Clinical waste disposal contracts were in place and spillage kits were available.

There was a designated member of staff to act as a lead for infection control at both Everton Road Surgery and Merseyview Walk in Centre. The member of staff had undergone training suitable for this role in their previous employment and had completed an e-learning course available on the SSP Health website. A recent audit had been carried out. The action required as a result of this audit had been completed and we were advised that audits were to be continued every four months.

Staff received annual infection control training and there were policies and procedures in place which were easily accessible for all staff.

Equipment

Everton Road Health Centre's Care Manager ensured all electrical equipment had received a portable appliance check to ensure the equipment was safe to use. All faults with main equipment for the building were reported to the Care Manager.

Clinical equipment in use was checked weekly to ensure it was working properly. There was a defibrillator available at reception which was working but there was no record of it being recently checked.

Staffing & Recruitment

The practice had three GPs, one Practice Nurse and a Health Care Assistant. The walk in centre had three GPs. The clinical members of staff for both services were supported by reception staff, a Practice Secretary and two Practice Managers.

We saw a staff rota for two weeks and staff covered for each other when necessary. Additional agency staff were sometimes used at reception over the weekends.

SSP Health Ltd. had a recruitment policy in place and information about Disclosure and Barring Scheme (DBS). We looked at staff recruitment documentation supplied by SSP Health Ltd. which was very comprehensive. We looked at recruitment files for two recently appointed members of staff and found all checks had been carried out. Risk assessments were in place for staff who did not require a DBS check.

Monitoring Safety & Responding to Risk

There were procedures in place for monitoring and managing risks to patient safety. Everton Road Health Centre housed several services and the Care Manager had responsibility for ensuring the overall safety of the building. All new employees working in the building were given induction information for the building which covered health and safety and fire safety.

Arrangements to deal with 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. In addition the premises were fitted with panic buttons.

All staff received basic life support training and there were emergency drugs available in the practice and walk in centre and in GP bags such as adrenalin. There was a defibrillator available on the premises. There was an emergencies policy in place and discussions with the Health Care Assistant and Practice Secretary clearly demonstrated how they would all respond to a medical emergency. Both the practice and walk in centre had pulse oximeters and oxygen.

The practice had a business contingency plan in place for major incidents such as power failure or building damage.

Are services safe?

The plan included emergency contact numbers for staff but we found when we spoke to reception staff that they were a little unsure of the practicalities of what they should do if faced with a major incident.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had a system of registers for patients who had greater needs for example learning disabilities register. This helped the practice identify patients who required specific appointments such as annual health checks or medication reviews.

We spoke with two GPs who were aware of their professional responsibilities for keeping up to date with guidance for best practice such as National Institute for Health and Care Excellence (NICE) guidance. Access to NICE guidance was available via the computer systems.

Everton Road Surgery carried out medication reviews for patients. However in discussion with the lead GP it was evident that this had occasionally been delegated to the Practice Nurse who was not a prescriber. The lead GP told us that only a GP would be involved in future medication reviews for patients.

Patients attending the Merseyview Walk in Centre were asked to complete a form regarding their symptoms before being seen. Patients were then triaged so that those patients who needed urgent attention were seen promptly.

Management, monitoring and improving outcomes for people

Everton Road Surgery participated in the Quality and Outcomes Framework system (QOF). This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice. The Practice Manager for Everton Road Surgery attended meetings with other SSP Health practices in the area to regularly discuss practice performance and improvements in QOF and to ensure targets were met.

The practice also met with the local Clinical Commissioning Group (CCG) to discuss performance; however there were on-going issues with the data supplied by the CCG for the numbers and weighting of patients for meaningful benchmarking of quality outcomes to be made.

The walk in centre had monitoring systems in place. For example we saw a consultation audit which checked whether GPs were carrying out appropriate consultations and treatment during September 2014.

The GP lead carried out clinical audits for both the surgery and walk in centre. The GP lead clearly valued the benefit of audits as there were many completed and also revisited to ensure any protocols changed as a result of the audit cycle were effective. Examples of audits included management medicines audits such as Domperidone and monitoring Lithium and urinary tract infection management.

Effective staffing

SSP Health Ltd had taken over Everton Road Surgery and Merseyview Walk in centre in April 2013 and the company inherited the majority of existing staff. SSP Health Ltd had a comprehensive induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality and security procedures.

All staff for both services received training that included: - safeguarding vulnerable adults and children, information governance, moving and handling, equality and diversity, conflict resolution, fire awareness and basic life support. SSP Health Ltd provided e-learning and staff also attended local Clinical Commissioning Group training days. We reviewed the staff files for two new members of staff for both services and found that the training was incomplete for their induction. In addition three GPs listed on the training matrix spread sheet (dated April 2014) did not appear to have had any training. We were assured by the Practice Manager for Everton Road Surgery this would be completed as soon as possible.

SSP Health Ltd. had appraisal systems in place however we found gaps in the appraisal system for both services. The Practice Manager had begun staff appraisals for only two receptionists but there was a timetable in place for the appraisals to be completed.

The Practice Nurse had received an informal discussion from a nurse support team for SSP Health Ltd. However, the member of staff had left the company and a new appraiser for nurses and health care assistants had only just been appointed. Staff we spoke with however felt well supported and told us they were encouraged to attend training courses if they so wished.

Working with colleagues and other services

The practice had access to patients' blood tests and X-ray results from local hospitals and had a system in place for

Are services effective?

(for example, treatment is effective)

recording information on to patients' medical records. Cases which required immediate follow up were flagged up on the practice's computer task system for the GP to action. Each GP could access their patients' follow up requirements and we saw that allocated time throughout the day was given to GPs to deal with hospital letters and test results so that actions were taken in a timely manner. Urgent information was given directly to the GP. Patients were contacted as soon as possible if they required further treatment or tests.

Patients were referred to hospital using the 'Patient Choose and Book' system. The Practice Secretary kept a list of patients who had been referred under the two week rule (i.e. urgent referrals such as cancer) and contacted the patient after one week to ensure the patient had an appointment.

Patients were often directed to the walk in centre if they had attended the local A&E department with minor medical problems. Patients after being seen at the walk in centre were then re-directed to their normal GP for any referrals unless it was a matter of urgency in which case the walk in centre would refer the patient and also inform the patient's GP.

Information Sharing

Everton Road Surgery had a completely separate computer system from Merseyview Walk in Centre and data about patients was not shared automatically between systems. For example, if a patient was registered at Everton Road Surgery, decided to attend the walk in centre and ask for a repeat prescription from the walk in centre, this would not be able to be actioned.

Systems were in place to ensure information regarding patients was shared with the appropriate members of staff. Information about individual clinical cases was shared at staff meetings. For example, Everton Road Surgery in conjunction with community nurses and matrons held monthly multidisciplinary Gold Standard Framework meetings for patients who were receiving palliative care and minutes of these meetings were available to all staff involved.

Everton Road Surgery liaised with the out of hours provider Urgent Care 24 regarding any special needs for patients. Information from hospitals indicating patients had not attended any urgent referrals was followed up by the GP.

Consent to care and treatment

We spoke with the lead GP about their understanding of the Mental Capacity Act 2005. They provided us with an example of their understanding around consent and mental capacity issues. They gave us an example of a case involving a vulnerable adult whereby a multidisciplinary team approach was called for and a mental capacity assessment had been carried out. The GP was aware of Gillick guidelines for children. Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Health Promotion & Prevention of ill health

Once patients were registered with the practice, the Health Care Assistant carried out a full health check. We looked at the information covered in a routine health check and found it to be very comprehensive including information about the patient's individual lifestyle as well as their medical conditions. The Health Care Assistant referred the patient to the GP or other clinic within the practice when necessary.

The Health Care Assistant also carried out regular blood pressure monitoring checks and NHS checks for adults between 40-65 years of age.

The Practice Nurse looked after patients with long term conditions such as diabetes for example. The Practice Nurse carried out children's vaccinations and we could carry out see lists of patients who required follow up vaccinations on the computer system.

We observed there were adverts to patients to ensure they received their flu jabs and any patients who were considered to be at risk because of their health were invited to make an appointment.

The practice had a Health Trainer who attended the practice once a week. The Health trainer gave advice on: losing weight and eating a healthy diet and becoming more active.

There were health promotion and prevention advice leaflets available in the waiting rooms for both the practice and walk in centre including information on alcohol awareness, smoking cessation and immunisations.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We observed receptionists for the walk in centre assist patients who required extra help in completing health questionnaires.

Care Quality Commission (CQC) comment cards we received and patients we spoke with all indicated that they found staff to be helpful, caring, and polite and that they were treated with dignity. Only one comment indicated that one member of staff had been abrupt. Results from the national GP survey for Everton Road Surgery showed that 74% of patients said the last GP they saw or spoke to was good at treating them with care and concern.

Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Results from The GP national survey showed that 64% of patients were satisfied with the level of privacy when speaking to receptionists at the surgery and 72% of patients surveyed from the walk in centre were happy with the level of privacy at the reception area.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey for Everton Road Surgery showed that 75% said the last GP they saw or spoke to was good at explaining tests and treatments and 73% said the last GP they saw or spoke to was good at involving them in decisions about their care.

Discussions with patients from Everton Road Surgery also indicated that patients felt listened to and that they understood their treatment.

For Merseyview Walk in Centre, 91% said the last GP they saw or spoke to was good at explaining tests and treatments and 86% said the last GP they saw or spoke to was good at involving them in decisions about their care.

Patient/carers support to cope emotionally with care and treatment

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed that they would offer them a private room to discuss their needs. The Health Care assistant and Practice Secretary told us that patients with emotional issues could be signposted to various bereavement counsellors and support organisations to ensure their needs were being met.

There were a variety of information leaflets available in both waiting rooms for various support groups including for carers. Addaction (an organisation that helps support people with drug and alcohol addictions) attended the surgery once a week.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Everton Road Surgery had an established patient participation group (PPG). The numbers of patients attending meetings had reduced and the group was currently looking for more participants. Adverts encouraging patients to join the PPG were available in the waiting room, in the practice information leaflet and on the practice's website. We saw minutes from meetings that were held with the PPG, the GP lead and the Practice Manager.

We looked at minutes from a meeting held with the PPG in March 2014. From the minutes of this meeting, we could see that suggestions put forward by the PPG had been implemented in the practice. For example, the action plan called for the touch screen for booking in patients to avoid any queues at reception to be improved and this had been remedied.

Tackling inequity and promoting equality

Both the surgery and the walk in centre had access to interpreter services (language line) and worked closely with link workers from the community to strive to improve equal access to health care and health promotion services in the area. Staff were aware of the interpreter services available and how to access them.

The reception desk was fitted with a hearing loop and we observed how reception staff helped patients who had any difficulties with reading or writing. The building had disabled facilities including access and a ramp and lift for disabled access to the lower ground floor for Everton Road Surgery.

The practice had an equality policy and anti-discrimination policy to tackle bullying or harassment. Staff received training about Equality and Diversity.

Access to the service

Everton Road surgery is open 8.00am to 6.30pm Monday to Thursday and offers extended opening hours on a Friday from 8.00am to 8.00pm. Patients requiring a GP outside of normal working hours are advised to contact an external out of hours provider (Urgent Care 24). The practice offered pre-bookable appointments and patients could contact the practice early in the morning or were sometimes advised to call back at 2pm to arrange urgent same day appointments. We were told children were always offered same day appointments for urgent care however for one patient we spoke with, the patient felt that this had not been the case. There were notices in the waiting room to advise patients that if they had more than one medical problem that needed attention, they should book a longer appointment. The practice carried out telephone consultations and home visits when necessary.

Mersey view walk in centre provides unscheduled care to unregistered patients. The walk in centre is open 8.00am to 8.00pm everyday including weekends and bank holidays.

Listening and learning from concerns & complaints

The practice had a complaints policy in place and information about how to make a complaint was available both in the waiting room and within the practice leaflet and website. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

We looked at a review of an annual summary of formal complaints received by the practice from April 2013 to March 2014. Complaints were broken down into twelve different categories such as whether the complaint was a clinical issue or about staff attitude in order to identify any trends. The review outlined whether patients' complaints had been dealt with in an appropriate timescale and highlighted whether the patient was happy with the outcome of the complaints process. Complaints were discussed at staff meetings.

Are services well-led?

Good 

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

Our findings

Vision and Strategy

SSP Health's vision statement within practice information leaflets is 'to deliver outstanding clinical services responsive to patient needs, using traditional and innovative methods, encompassing a health and social care approach to enhance the quality of patient's lives.'

In discussions with one of the GPs and practice manager, we were informed that the practice strove to provide a really good quality service with an emphasis on safety.

All staff were engaged in producing a high quality service and each member of staff had a clear role within the structure of the practice. For example, there were leads for safeguarding and infection control.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs.

Governance Arrangements

The GP lead was the designated lead for Clinical Governance for the practice and the walk in centre. All the practice policies and procedures were the same for both the surgery and the walk in centre and supplied by SSP Health Ltd. The practice had policies and procedures to support governance arrangements which were available to all staff on the SSP Health web site. The policies included a 'Whistleblowing' policy and 'Information Governance' policy. All policies were in date.

Leadership, openness and transparency

SSP Health Ltd. had a clear leadership structure which had named members of staff in lead roles for oversight of the performance and monitoring of their practices. Both Everton Road Surgery and Merseyview Walk in Centre also had clear leadership structures in place. For example there was one lead GP who was responsible for both services. All GPs at Everton Road Surgery had specific clinical lead roles such as mental health, palliative care and child health. Staff we spoke with told us they were well supported and knew who to go to in the practice with any concerns.

Practice seeks and acts on feedback from users, public and staff

Both Everton Road Surgery and Merseyview Walk in Centre constantly strove to gain patient feedback and to listen and act when necessary. Results of surveys and complaints were discussed at staff meetings. There was a patient participation group in place for Everton Road Surgery and minutes from meetings and results of surveys demonstrated actions were taken when necessary.

Everton Road Surgery had a continuous patient survey. A suggestion box and comment book was available at the front reception desk for both the walk in centre and the surgery.

Management lead through learning & improvement

There were plans to put annual appraisals in place whereby members of staff could discuss their future roles and how they could improve on their performance. We found that only two had been completed so far but saw a schedule for the completion of others. The Practice Nurse had received an informal appraisal but SSP Health Ltd had only just recruited a new appraiser to carry out appraisals for nursing staff. GPs were all involved in revalidation, appraisal schemes and continuing professional development.

All staff attended a variety of staff meetings. Meeting minutes we viewed were clear as to what was discussed and the action needed. There was monthly staff meetings arranged for all staff for both the walk in centre and surgery. There was a clear agenda to these meetings which included administration and clinical issues. The agendas covered any incidents and complaints.

Other internal meetings included: twice weekly reception staff meetings and monthly SSP Health Ltd practice managers' meetings where data outcomes were discussed.

The lead GP and practice manager for Everton Road surgery attended local Clinical Commissioning Group meetings on a monthly basis. The CCG confirmed the practice attended meetings and CCG training events.