

Drs Misra and Bird Surgery

Quality Report

133 Liverpool Road, Liverpool, Sefton
L23 5TE

And 41-41 Moss Lane, Bootle Merseyside L20 0EA

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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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Misra and Bird Surgery at 133 Liverpool Road Crosby Liverpool Merseyside L23 5TE on 13 October 2016 and at their branch surgery located at 41-43 Moss Lane Bootle Liverpool Merseyside L20 0EA on 14 October 2016. This report covers our findings from both premises.

Overall the practice is rated as good but requires improvement in providing safe services.

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

- The practices are situated in converted residential buildings and the provider was aware of the limitations of the premises. Although clinical areas were reasonably acceptable, work could be done to improve the premises in terms of furnishing and decluttering of the premises to make the environment safer.
- The practice had disabled access, translation services and a hearing loop.

- There were some systems in place to mitigate safety risks including analysing significant events and safeguarding. However, there was a lack of adherence to basic health and fire safety legislation. For example, there was no gas or fixed electrical wiring safety certificates for either building. There was no fire alarm or emergency lighting at the Liverpool Road practice. There was a lack of risk assessments for both premises.
- Non-clinical staff who acted as chaperones had not received appropriate training or recruitment checks for this role.
- There were unsuitable arrangements for the storage of old documents containing patient information such as hospital letters.
- The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Patients' needs were assessed and care was planned and delivered in line with current legislation.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service; including having a patient participation group (PPG) and acted, where possible, on feedback.
- Staff worked well together as a team and all felt supported to carry out their roles.

The provider must:

- Ensure disclosure and barring (DBS) checks are carried out for all staff acting as chaperones and that they receive appropriate training.
- Comply with all health and fire safety legislation and have the following:-
 - gas safety certificate,
 - fixed electrical wiring certificate,
 - emergency lighting, fire alarm and first aid kit and appropriate accident reporting books at the Liverpool Road Site,
 - control of substances to health risk assessments (COSHH),
 - display screen risk assessments for staff.
 - Disabled access risk assessments
- Securely remove excess boxes of documents containing patient information and ensure any document to be shredded is securely stored.

The provider should:-

- Update the contents of the patient information leaflet on how to make a complaint so that it reflects the information in the practice policy and national guidance.
- Treat verbal complaints in the same way as written complaints i.e. to keep records of any verbal complaints and any actions taken as a result; and implement a monitoring system to identify any trends to prevent reoccurrence.
- Have a register of patients who have Deprivation of Liberty Safeguards (DoLS) in place.
- Act on any findings from the recent Legionella risk assessment report.
- Update the infection control policy, ensuring all staff know who the lead is and increase the monitoring and auditing for infection control and complete their action plan following the external infection control audit in July 2016.
- Have formal safeguarding meetings with documented minutes.
- Keep hard copies of the business disaster recovery plan both on and off the premises for staff to refer to.
- Display a map of the buildings at the entrance clearly showing where oxygen is stored and have the appropriate safety signage for oxygen.
- Have curtains/screens available for the treatment room used by the visiting midwife at the branch surgery.

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 requires improvement for providing safe services. This was because the provider did not comply with basic health and fire safety legislation. For example

- There were no gas and electrical safety certificates for either of the premises.
- There was no control of substances hazardous to health (COSHH) risk assessments for materials used in the buildings.
- There was no emergency lighting, fire alarm or first aid kit for the premises at Liverpool Road.

In addition, there were no risk assessments in place for staff who did not have disclosure and barring service (DBS) recruitment checks. Non-clinical staff that acted as chaperones had not received a DBS check or chaperone training.

The practice had received an external infection control audit but did not undertake any in-house audit work. The audit had identified areas of improvement which the practice was working towards.

However, the practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were other systems, processes and practices in place that were essential to keep patients safe including medicines management and safeguarding, however there were no formal safeguarding meetings. There was emergency medication and equipment available.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role with the exception of chaperone training.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff. However, the patient information leaflet on how to make a complaint needed to be updated and the practice should implement a system to record verbal complaints.

Good



Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. However, some policies such as the infection control policy needed to be updated. There was a lack of risk assessments for the safety of the premises and equipment. The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received inductions and attended staff meetings and events.

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 is rated as good for providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s and the practice participated in a local 'frailty' scheme to ensure patients received a full assessment of their health and social needs.

Good



People with long term conditions

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. The practice offered a phlebotomy service to both its patients and to patients from other practices. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for providing services for families, children and young people. The practice regularly liaised with health visitors to review vulnerable children and new mothers. However there were no formal documented safeguarding meetings. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Working age people (including those recently retired and students)

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. There were online systems available to allow patients to make appointments. Evening appointments were available at both practice sites once a week.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 (from 118 responses which is approximately equivalent to 2% of the patient list) showed the practice was performing in line with local and national averages in certain aspects of service delivery. For example,

- 75% of respondents described their experience of making an appointment as good (CCG average 69%, national average 73%)
- 87% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).

In terms of overall experience, results were comparable with local and national averages. For example,

- 87% described the overall experience of their GP surgery as good (CCG average 81%, national average 85%).

- 77% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards, of which 40 were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who more vulnerable were supported in their treatment. Two comment cards referred to a long wait for appointments.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results for July to September 2016 from 240 responses showed that, 219 patients were either extremely likely or likely to recommend the practice and 5 responses said unlikely and 16 were unsure.

Drs Misra and Bird Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to Drs Misra and Bird Surgery

Drs Misra and Bird Surgery has a main practice based in Crosby and another branch site in Bootle Merseyside. There were 5200 patients on the practice register at the time of our inspection.

The practice is managed by three GP partners (all male). There is a nurse prescriber, a practice nurse and a healthcare assistant. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday with the exception of one afternoon a week at each site. The practice at Liverpool Road is closed on Wednesday afternoons and the practice at Moss Lane is closed on Thursday afternoons. The practice also provides later opening until 8pm on alternate Mondays at Liverpool Road and alternate Wednesdays at Moss Lane. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group (CCG).
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 13 and 14 October 2016.
- Spoke to staff and representatives of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events. Significant events were discussed at staff meetings.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice worked with the local medicines management team to review safety alerts.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Health visitors attended the practice every week and could discuss any concerns on an informal basis with the GP if necessary. Further improvement could be made by having formal safeguarding meetings to ensure a clear audit trail of discussions and any action taken.
- Notices in the waiting rooms advised patients that chaperones were available if required. However, non-clinical staff who acted as chaperones were not trained for the role and had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice was in converted residential properties and the provider was aware of the limitations of the premises. However, although clinical areas were reasonably acceptable, much could be done to improve

the premises in terms of basic décor, furnishing and de-cluttering of the premises especially at the branch practice to make the work place safer and more hygienic. For example, the storage system for old hospital letters, test results and other correspondence for patients was inadequate in terms of keeping patient information secure. There were open cardboard boxes of various unfilled documents containing patient information at both sites ready for shredding. However there were also many open boxes which were overflowing with documents at the branch surgery some of which we saw dated back to 2001. Some non-clinical rooms contained a variety of items that were no longer in use that could be removed.

- It was unclear who specifically had overall responsibility as the infection control lead for the practice as we were told different names. There was an infection control policy but this needed updating. Staff had received e-learning training. As a result of an external Infection control audit, some improvements had been made in the cleaning of the premises and new chairs had been bought for the waiting room at the branch surgery. However, there was still work to be completed such as the installation of new taps and suitable flooring for some rooms. Chairs used by the nurses were ripped at both premises. There was an old fridge in the health care assistant's room that was rusty on the outside which contained food and drink. The chairs and the fridge had been identified in the infection control audit to be removed in July 2016. Cleaning schedules were in place but the practice was not scheduled for a deep clean. There were no further in house infection control audits and this could be improved. There were spillage kits and appropriate clinical waste disposal arrangements in place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Emergency medication was checked for expiry dates. Blank prescription pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS for clinical staff. However, there were no risk assessments in place for those staff without DBS checks.

Monitoring risks to patients

- There was a health and safety policy available however the practice did not fully comply with all health and safety legislation and did not have the following:-
- gas safety certificates,
- fixed electrical wiring certificates,
- emergency lighting, fire alarm and first aid kit and appropriate accident reporting books at the Liverpool Road Site,
- control of substances to health risk assessments (COSHH).
- Display screen risk assessments or working environment risk assessments. Reception staff at the branch surgery did not have proper desks and they had inadequate leg room.
- Disability access risk assessments.

The practice had received a Legionella risk assessment the week before our inspection for both buildings but was awaiting the report. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice had updated fire risk assessments themselves and but they were missing important information such as fixed electrical wiring testing and reference to oxygen being available on the premises. There were no fire maps at the entrances of buildings or

safety signage for where the oxygen was stored. There were fire extinguishers on both premises which were checked and the practice had annual fire drills. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction and on an annual basis..

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator and oxygen which was checked regularly. There was a first aid kit available at the Moss Lane Surgery but not at Liverpool Road. Both sites had accident books available but these were just paper booklets as opposed to the recommended accident books conforming to data protection legislation.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, there was no hard copy of the plan either on or off site which effectively meant if the computers were to fail the staff would contact the practice manager. There were telephone contact numbers at reception.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

There was a named GP for the over 75s and the practice participated in a local 'frailty' scheme to ensure patients received a full assessment of their health and social needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had good systems in place to ensure they met targets and results from 2014-2015 were 99.5% of the total number of points available. Performance for mental health related indicators and diabetes management was comparable with local and national averages for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 79% compared to local average of 88% and national averages of 88%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading

(measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 81% compared with a local average of 80% and national average of 78%.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits and clinical audits. The practice had been part of a local respiratory project which had improved the inhaler technique for patients with the aim of reducing hospital admissions for patients who had respiratory diseases.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Training included: safeguarding, fire safety awareness, equality and diversity, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. Staff told us they were supported in their careers and had opportunities to develop their learning.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Are services effective?

(for example, treatment is effective)

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Further improvements could be made by having a register of patients who had deprivation of liberty safeguards (DoLS) in place. GPs were aware of the relevant guidance when providing care and treatment for children and young people.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice offered a smoking cessation service.

The practice carried out vaccinations and cancer screening and performance rates were comparable with local and/or national averages for example, results from 2014-2015 showed:

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 94% to 100 % compared with CCG averages of 83% to 97%. Vaccination rates for five year olds ranged from 93% to 98% compared with local CCG averages of 90% to 97%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 99% compared to a national average of 82%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However, the room where the visiting midwife worked did not have any curtains around the couch.

Results from the national GP patient survey published in July 2016 (from 118 responses which is approximately equivalent to 2% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 86% said the GP gave them enough time (CCG average 86%, national average 87%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 94% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. Results from the national GP patient survey showed patients responded

positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable or above local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%)

Staff told us that telephone translation services were available and there were hearing loops at both practice premises.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a register of 137 carers on its list and pro-actively offered flu vaccinations.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent a card and offered a longer appointment to meet the family's needs or signposted those to local counselling services available. Information leaflets were available in the waiting room for local bereavement and counselling services.

The practice patient participation group (PPG) had previously held coffee mornings at the practice to raise money for the McMillan cancer charity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patient or those otherwise requiring one.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was a hearing loop available at both practices.

Access to the service

The practice was open 8am to 6.30pm every weekday with the exception of one afternoon a week at each site. The practice at Liverpool Road was closed on Wednesday afternoons and the practice at Moss Lane was closed on Thursday afternoons. The practice also provided late night opening until 8pm on alternate Mondays at Liverpool Road and alternate Wednesdays at Moss Lane. Patients requiring a GP outside of normal working hours were advised to contact the GP out of hours service by calling 111.

Results from the national GP patient survey published in July 2016 (from 114 responses which is approximately equivalent to 2% of the patient list) showed that patient's satisfaction with how they could access care and treatment were comparable with local and national averages. For example:

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 78% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 81%, national average 85%).
- 87% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 75% said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 63%, national average 65%).

- 75% of respondents described their experience of making an appointment as good (CCG average 69%, national average 73%).

The practice offered an appointment text reminder service and also had a cancellation list. The PPG produced a newsletter to make patients aware of Accessible Information standards so that patients could alert reception staff to their communication needs.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made such as referral to the local acute visiting service. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 who handled all complaints in the practice. Information about how to make a complaint was available in a practice information leaflet at the reception desk and on the practice website. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint. However, information in the leaflet for patients needed updating to give the patient the correct information for who they should contact if they were dissatisfied with how the complaint was handled.

The practice discussed complaints at staff meetings. We reviewed a log of previous complaints and found written complaints were recorded and written responses included apologies to the patient and an explanation of events. Although verbal complaints were responded to, they were not treated in the same way as written complaints i.e. there were no records of verbal complaints kept, actions taken and any system to monitor any trends to prevent reoccurrence.

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

The practice described their ethos as providing traditional GP services with continuity of patient care at its core. This was reflected in patient comments we received. The practice was aware of the limitations of the premises and the difficulty in recruiting GPs to general practice. The practice was seeking to recruit a female GP.

Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- An overarching governance policy and policies that all staff could access on the computer system. However, the infection control policy needed to be updated and the health and safety policy needed to be made practice specific.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including, monthly practice partners meetings and full staff team meetings. Other meetings included palliative care meetings with other healthcare professionals.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

However, there was lack of safety risk assessments for the premises.

Leadership, openness and transparency

Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service when possible.

- There was an established PPG and the practice had acted on feedback. The PPG had worked with the practice to allow patients who were in full time employment access to services by having one late night opening per week at alternate sites.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice. The practice monitored comments received which were mainly very positive about the service. There were very few comments about the difficulty of obtaining appointments and the practice continued to monitor the appointment system.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice team took an active role in locality meetings. Clinicians kept up to date by attending various courses and events. The practice took part in local schemes such as the Respiratory Community Project. The practice was looking towards joining the South Sefton Federation of GPs in the future.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not comply with health and safety legislation. There was no gas or fixed electrical wiring certificates for either premises.</p> <p>There was no Control of substances hazardous to health risk assessments or safety sheets for materials used in both properties.</p> <p>The provider had not carried out any display screen risk assessments or work station assessments for their staff.</p> <p>There was no first aid kit in one practice and the accident books did not comply with standard data protection. There was no fire alarm or emergency lighting at one practice site. There was no disability access risk assessment and fire risk assessments lacked important information.</p> <p>Regulation 12 (2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider had not carried out any risk assessments with regard to staff who did not have DBS checks in place. Non-clinical staff with chaperoning duties had not had a DBS check.</p>

This section is primarily information for the provider

Requirement notices

Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider's record management systems for keeping and destroying records did not meet current legislation and guidance.

Regulation 17 (2) (d) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.