Netherton Practice

Quality Report

Netherton Health Centre
Magdalen Square
Netherton
Bootle
Merseyside
L30 5SP
Tel: 0151 247 6098
Website: www.ssphealth.com/our-practices/netherton-practice

Date of inspection visit: 7th July 2015
Date of publication: 24/09/2015

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Netherton Practice. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing effective, caring, responsive and well-led services. The practice required improvement for providing safe services.

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

- Staff were aware of procedures for reporting significant events and safeguarding patients from risk of abuse. There were appropriate systems in place to protect patients from the risks associated with equipment, the safety of the premises, recruitment of staff and infection control. Improvements were needed to the processes in place to ensure all safety incidents were analysed, appropriately recorded and lessons learned shared with all relevant staff to mitigate future risk. The security arrangements for managing prescriptions needed improvement. The systems in place for safeguarding adults and children needed to be improved to ensure patient safety was effectively promoted. Greater continuity of GP staffing was needed to ensure effective communication between GPs and ensure effective patient care. Clear information on who locum GPs should contact if there is a clinical issue they need support with was not available.
- Patients care needs were assessed and care and treatment was being considered in line with best practice national guidelines. Referrals were made to other agencies to ensure patients received the treatments they needed. Improvements were needed to the systems for monitoring referrals made. The website for the practice contained no health promotion information for patients to refer to.

Summary of findings

- Feedback from patients showed they were overall happy with the care given by all staff. They felt listened to, treated with dignity and respect and involved in decision making around their care and treatment.
- The practice responded to the needs of its population groups. The practice encouraged patients to give their views about the services offered and made changes as a consequence. Information about the types of appointments available should be better publicised.
- There were systems in place to review quality and performance and steps had been taken to make these systems more effective.

The areas where the provider must make improvements are:

- Improvements need to be made to the security of prescriptions.
- Improvements need to be made for the systems for safeguarding adults and children. Robust systems for managing requests for reports for safeguarding meetings from the local authority need to be introduced.

The areas where the provider should make improvement are:

- Improvements should be made to the processes for managing significant events to ensure all events are recorded and to ensure any learning arising from the investigation of an event is consistently shared with all relevant staff and GPs who do not regularly work at the practice.
- Confidential information relating to safeguarding should be held securely
- Make improvements to the continuity of GPs employed at the practice to promote effective communication between clinical staff and continuity of care for patients. Ensure that a contact person for lone working GPs to approach for support around clinical issues or safety incidents is clearly available for staff to refer to.
- Review referrals to ensure all referrals of patients with suspected cancer are seen within two weeks.
- Ensure that patients have suitable access to information about all services available at the practice, such as the different types of appointments and health promotion information.

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?

Requires improvement

The practice is rated as requires improvement for safe. Staff were aware of procedures for reporting significant events and safeguarding patients from risk of abuse. There were appropriate systems in place to protect patients from the risks associated with equipment, the safety of the premises, recruitment of staff and infection control. Improvements were needed to the processes in place to investigate and act upon any incident and to share learning with all staff to mitigate future risk. A number of GPs who were not directly employed by SSP Health Ltd worked at the service which did not promote continuity of care and made it difficult to ensure that learning from safety incidents was effectively communicated. A contact person for lone working GPs to approach for support around clinical issues or safety incidents was not clearly available for staff to refer to The security arrangements for managing prescriptions needed improvement. The systems in place for safeguarding adults and children needed to be improved to ensure patient safety was effectively promoted.

Are services effective?

Good

The practice is rated as good for effective. Patients care needs were assessed and care and treatment was being considered in line with best practice national guidelines. Referrals were made to other agencies to ensure patients received the treatments they needed. Improvements were needed to the systems for monitoring referrals made. Staff were provided with the training needed to carry out their roles and they told us they were appropriately supported. The website for the practice contained no health promotion information for patients to refer to.

Are services caring?

Good

The practice is rated as good for caring. Patients were overall positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Staff we spoke with were aware of the importance of providing patients with privacy.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. Access to the service was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with clear guidance

Summary of findings

about how to handle a complaint. The practice acted on patient feedback. Improvements should be made to patient access to information about all services available at the practice, such as the different types of appointments.

Are services well-led?

The practice is rated as good for well led. There were systems in place to review quality and performance and steps had been taken to make these systems more effective.

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

Good

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care. The practice ensured each person who was over the age of 75 had a named GP. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice had identified patients at risk of unplanned hospital admissions and a care plan had been developed to support them. The practice carried out home visits and also visited care homes in the area.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. Patients who were housebound were visited at home for annual reviews of long term conditions and these were planned alongside immunisations, such as flu, for patient convenience. Patients on multiple disease registers were offered extended appointments of up to 45 minutes so that their annual reviews could look at all their conditions together. Clinical staff kept up to update in specialist areas which helped them ensure best practice guidance was always being considered. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients. They kept a record of patients needing palliative care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Child health development and immunisation clinics were provided. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns. There was a policy of same day appointments for all children. The staff we spoke with had appropriate knowledge about child protection and they had

Summary of findings

access to policies and procedures for safeguarding children. Staff put alerts onto the patient's electronic record when safeguarding concerns were raised. However, we found improvements needed to be made to the systems in place for safeguarding children.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice was open 8.00am to 6.30pm Monday to Friday. The practice did not offer extended hours opening. This service was offered to patients at a neighbouring practice also provided by SSP Health Ltd. The practice offered pre-bookable appointments up to four weeks in advance, book on the day appointments and telephone consultations. Patients could book appointments in person, on-line or via the telephone which provided flexibility to working patients and those in full time education. The practice had introduced a system whereby patients could cancel their appointments by text which made it easier for patients to cancel appointments and aimed to increase access by reducing wasted appointments. Health checks were offered to patients who were over 45 years of age to promote patient well-being and prevent any health concerns. In-house services such as phlebotomy and 24 hour blood pressure monitoring provided convenience for working patients.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient was partially sighted to enable appropriate support to be provided. Alerts were also available to ensure the length of the appointment was appropriate. For example, if a patient had a learning disability then a double appointment was offered to the patient to ensure there was sufficient time for the consultation. Staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and they had access to the practice's policy and procedures and had received training in this. However, we found Improvements needed to be made to the systems for safeguarding vulnerable adults.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients who experienced poor mental

Summary of findings

health. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. The practice referred patients to appropriate services such as psychiatry and counselling services.	

Summary of findings

What people who use the service say

We looked at 28 CQC comment cards that patients had completed prior to the inspection and spoke with four patients. Patients were mostly positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients were very complimentary about the support they received from the reception staff and from the permanently employed GP all of whom had worked at the practice a long time. Patients said they could generally get an appointment when one was needed, generally had enough time to discuss things fully with the GP, treatments were explained and that they felt listened to. Patients we spoke with told us they waited to see the GP employed by SSP Health Ltd who had worked at the practice for a long time rather than see a locum. Two comment cards indicated and two of the patients we spoke with said they would like to be able to discuss more than one condition at a time. The policy at the practice was that each appointment was ten minutes in duration and that only one condition could be dealt with at each appointment. Double appointments could be booked, however, this information was not clearly advertised for patients.

The National GP Patient Survey published in January 2015 found that 84% of patients at the practice stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. Ninety five per cent of patients stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. Eighty seven per cent said the last GP they saw was good at listening to them, 80% said the last GP was good at explaining tests and treatments and 94% said the last nurse they saw was good at giving them enough time. These responses were about average when compared to other practices nationally. In response to questions about patient access to the service, The National GP Patient Survey found that 79% of patients were satisfied with opening hours. Ninety per cent rated their ability to get through on the telephone as easy or very easy. Eighty six were able to get an appointment to see or speak to someone the last time they tried. These results were about or above average when compared to other practices nationally.

The results of the last patient survey carried out by the practice in April 2015 and completed by 100 patients found that the majority of patients felt they were treated with dignity and respect by the GPs, nurses and reception staff. Ninety eight per cent of patients were happy with the overall service provided and 97% would recommend to family and friends. We noted this did not look at patient's experiences of accessing appointments in any detail. The survey results indicated 98% of patients said the telephones were always answered promptly. The survey identified that a number of patients were not aware of all the services offered, for example, different types of appointment. Action had been taken to raise patients' awareness.

We looked at the results of the family and friends test from January to May 2015 and found that the majority of patients were either extremely likely or likely to recommend the practice. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.

Areas for improvement

Action the service MUST take to improve

- Improvements need to be made to the security of prescriptions.
- Improvements need to be made for the systems for safeguarding adults and children. Robust systems for managing requests for reports for safeguarding meetings from the local authority need to be introduced.

Summary of findings

Action the service SHOULD take to improve

- Improvements should be made to the processes for managing significant events to ensure all events are recorded and to ensure any learning arising from the investigation of an event is consistently shared with all relevant staff and GPs who do not regularly work at the practice.
- Confidential information relating to safeguarding should be held securely
- Make improvements to the continuity of GPs employed at the practice to promote effective communication between clinical staff and continuity of care for patients. Ensure that a contact person for lone working GPs to approach for support around clinical issues or safety incidents is clearly available for staff to refer to.
- Review referrals to ensure all referrals of patients with suspected cancer are seen within two weeks.
- Ensure that patients have suitable access to information about all services available at the practice, such as the different types of appointments and health promotion information.

Netherton Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and the team included a second CQC inspector and a GP and practice manager specialist advisers.

Background to Netherton Practice

Netherton Practice is based in the Bootle area of Liverpool. The practice treats patients of all ages and provides a range of medical services. The staff team includes one GP employed by SSP Health Ltd, two bank GPs who are employed by an agency, work solely for SSP Health Ltd and are regularly based at the practice, a practice manager, a practice nurse, a healthcare assistant and reception/ administrative staff. There had been changes at the practice and as a result there is a vacancy for a GP/GPs. The vacancy/ies are covered by other bank or locum GPs (GPs employed by an agency who do not work solely for SSP Health Ltd).

The practice is open 8.00am to 6.30pm Monday to Friday. The practice does not offer extended hours opening. This service is offered to patients at a neighbouring practice also provided by SSP Health Ltd. Patients requiring a GP appointment outside of normal working hours are advised to contact an external out of hour's service provider (Go2Doc). The practice offers pre-bookable appointments up to four weeks in advance, book on the day appointments, telephone consultations and home visits to patients who are housebound or too ill to attend the practice. Patients can book appointments in person, on-line or via the telephone.

The practice is part of NHS South Sefton Clinical Commissioning Group. It is responsible for providing primary care services to approximately 2306 patients. The practice is situated in an economically deprived area. Sixty two per cent of patients have a long standing health condition, 52% of patients have health related problems in daily life and 22% of patients have caring responsibilities which are all slightly higher than average when compared to other practices nationally. The practice has an Alternative Provider Medical Services (APMS) contract.

Why we carried out this inspection

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.

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.

How we carried out this inspection

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

- Is it safe?
- Is it effective?

Detailed findings

- 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
- Mothers, babies, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed 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 07 July 2015. We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face during the inspection, we looked at survey results and reviewed CQC comment cards completed by patients. We spoke with the office staff and senior managers from SSP Health Ltd. We spoke with one GP (employed by SSP Health Ltd), nurse, health care assistant, practice manager, administrative staff and reception staff on duty. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We explored how the GP made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Requires improvement

Are services safe?

Our findings

Safe Track Record

The practice used a range of information to identify risk and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. Staff who regularly worked at the practice told us they felt confident in reporting and raising concerns and felt they would be dealt with appropriately and professionally. They told us that significant events were discussed at monthly clinical meetings and actions agreed and that an annual review took place to ensure that any actions identified had been appropriately completed. We saw the minutes of an annual review of significant events which took place in June 2015. The practice nurse did not regularly attend clinical meetings as they did not work at the practice on the day they were held. The practice manager told us this had been identified and steps had been taken to address this to enable better information sharing. The practice nurse told us that they would review records of clinical meetings to ensure they kept up to date.

The rotas for the last three months showed there were 13 GPs who were not directly employed by SSP Health Ltd who worked at the service. A number of these GPs were not regularly based there. This meant that out of 119 available sessions 35 were covered by GPs who were not regularly based at the practice. GPs who did not regularly work at the practice had access to a Bank GP and locum GP Induction Pack that provided guidance to these staff on their duties and responsibilities. We saw that this pack explained the process for reporting a significant event. On two days a week only one GP was available on site. The Induction Pack did not make it clear who to contact should the GP have any immediate safety concerns. This information was important for GPs not regularly based at the practice to have. Having a number of GPs who did not regularly work at the practice also made it difficult to ensure that learning from safety incidents was effectively communicated. These GPs did not attend clinical meetings. The Local Medical Director for SSP Health Ltd told us he had begun to email this information to all staff who needed it.

We looked at a sample of records of safety incidents. There was a delay of a week in the results of an ECG being seen by a GP as the results were left for a particular GP (who only worked two days per week) to review. Following this safety incident it was agreed that all test results would be placed in an urgent file to be seen by the GP on duty that day. At the time of our visit this information was not clearly indicated in the Bank GP and locum GP Induction Pack that provided guidance to this staff on their duties and responsibilities. We checked the urgent file on the day of our inspection and we saw that this had been reviewed by the locum GP on duty. Following our visit we were sent a revised version of the Induction Pack which showed this information had been made available. On further discussion we were told that SSP were introducing a system whereby a GP from SSP would review all urgent referrals remotely by computer if necessary following the administrative staff making this information available to them by same day scanning.

We found that a clinical audit report indicated that a delay in a referral for suspected cancer had not been recorded as a safety event. Although records indicated this had been discussed at a clinical meeting attended by the regular GP, registered provider and local medical director, there was no record of the analysis of the incident, learning points or actions to be taken.

We asked the practice for a list of all safety events for the last 12 months. Discussion with staff during our visit indicated that there had been a safety incident that had not been entered into the safety incident log. We saw records that indicated the event had been investigated but not to indicate that the learning from this incident had been shared with all relevant staff. All records of significant events need be held together to enable patterns and trends to be identified and suitably addressed.

A significant event had been recorded which related to a new statement of fitness to work note (fit note) being issued instead of a duplicate. The agreed actions arising from this were recorded. However, the Induction Pack for GPs which would be used by GPs who do not regularly work at the practice had not been updated to reflect this.

Requires improvement

Are services safe?

Reliable safety systems and processes including safeguarding

Staff had access to safeguarding policies and procedures for both children and vulnerable adults. These provided staff with information about identifying, reporting and dealing with suspected abuse. We saw that the contact details for both child and adult safeguarding teams was clearly available for staff to refer to.

Practice training records showed that all permanent staff had received training in safeguarding adults and children relevant to their role. A sample of records for GPs not employed by SSP Healthcare Ltd showed that they had received training in safeguarding children. We were told that the criteria for deploying staff via an agency was that they had received both children and adult safeguarding training. The reception staff and clinical staff we spoke with on the day of our visit demonstrated knowledge and understanding of safeguarding and knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies to report concerns.

The lead for safeguarding was the permanent GP who was at the practice two days a week. In his absence the practice nurse was the safeguarding lead. The staff rota showed there were two days a week when neither the safeguarding lead or their deputy were on duty. The safeguarding policy and procedures did not make it clear who staff should go to in their absence it they had any safeguarding issues. The Bank GP and locum GP Induction Pack provided contact details for safeguarding concerns to be reported outside of SSP Healthcare Ltd but it did not give the telephone number of who to contact within the organisation for advice and support. The practice nurse told us that she did not think GPs would approach her for advice and support on safeguarding issues. SSP Health Ltd provided revised information following the inspection to show this had been addressed.

The lead GP for safeguarding was unclear of the process for managing requests for reports for safeguarding meetings for children and adults and the oversight of this appeared to be with the administrative staff. The administrative staff told us they passed any requests on to the lead GP or a regular bank GP. We found that there was no list of requests for reports to monitor information requested and sent to ensure this had been appropriately completed. The lead GP could not recall ever being asked to complete a report for a safeguarding meeting. In the absence of the lead GP and deputy for safeguarding it was unclear who would take the responsibility for attending/writing a report for a child or adult safeguarding meeting.

We observed that confidential paperwork relating safeguarding children was out in the reception area which is visited and used by staff who were not employees of SSP Health Ltd.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant and on-going issues when patients attended appointments. For example children subject to child protection plans. This enabled staff to recognise patient's individual needs and circumstances.

Medicines Management

The practice worked with pharmacy support from the local clinical commissioning group (CCG) and in addition SSP Health Ltd had their own pharmaceutical advisor. Regular medication audits were carried out with the support of the pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

Medication reviews were carried out. These were being carried out in an opportunistic manner, for example, by staff noting the date this was due on prescriptions and highlighting this to patients or by GPs recognising this was required during a consultation.

We looked at how the practice stored and monitored emergency medicines and vaccines. Vaccines were securely stored and were in date and organised with stock rotation evident. We saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of the vaccines. A cold chain policy (cold chain refers to the process used to maintain optimal conditions during the transport, storage, and handling of vaccines) was in place for the safe management of vaccines. We spoke to staff who managed the vaccines and they had a clear understanding of the actions they needed to take to keep vaccines safe. Appropriate emergency medicines were held, they were in date and held securely.

GPs did not take any emergency medication with them on home visits. A risk assessment had been carried out across all SSP Health Ltd practices to demonstrate the reasoning for this.

Requires improvement

Are services safe?

We checked one doctor's bag. We found around ten blank prescriptions that had the name of the practice recorded on them but they did not contain the prescription number or the name of the issuing GP. A record was not made of which GP printable prescriptions were allocated to. Thirteen temporary locum/bank GPs had worked at the practice over the previous three months. We were told that printable prescriptions were issued to these GPs, however a record was not made of which prescriptions were issued and which were retuned. Improvements need to be made to the management of prescriptions to avoid the risk of misappropriation.

Cleanliness & Infection Control

The practice nurse was the lead for infection control. They had undertaken basic training in infection control and obtained support and guidance from the local infection control teams as needed. There was a current infection control policy with supporting policies and guidance in place.

The patients we spoke with commented that the practice was clean and appeared hygienic. We looked around the premises and found them to be clean. The treatment rooms, waiting areas and toilets were in good condition and supported infection control practices. Surfaces were intact, easy to clean and the premises were uncluttered. Staff had access to gloves and aprons and there were appropriate segregated waste disposal systems for clinical and non-clinical waste. We observed good hand washing facilities to promote good standards of hygiene. Instructions about hand hygiene were available throughout the practice.

We were told the practice did not use any instruments which required decontamination between patients and that all instruments were for single use only. Checks were carried out to ensure items such as instruments, gloves and hand gels were available and in date.

The local community infection control team carried out infection control audits of the premises. The last audit was undertaken in May 2015 and showed the practice had scored 98% compliance. A cleaning schedule was in place. The premises were leased and the owner carried out legionella risk assessments and regular monitoring.

Equipment

Clinical equipment in use was checked to ensure it was working properly. We were shown certificates to demonstrate that equipment such as the weighing scales, vaccine fridge and blood pressure machines had been tested and calibrated. Staff we spoke with told us there was enough equipment to help them carry out their role and that equipment was in good working order.

Staffing & Recruitment

The practice had a recruitment policy in place that set out the standards it followed when recruiting clinical and non-clinical staff. The administrative/reception, health care assistant, practice nurse and one GP had worked at the practice for several years. There was a system in place to record professional registration such as for the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration for clinical staff was up to date and valid. We looked at a sample of recruitment records that showed staff had received a Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) checks where necessary (these checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post). A risk assessment indicated why this check had not been carried out for some staff. All staff acting as chaperones had received a DBS check.

The practice used GP locums and bank GPs with the recruitment processes being managed centrally at the providers main headquarters. We looked at the recruitment records relating to a sample of bank and locum GPs. We found that appropriate checks were undertaken for example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity insurance, and criminal records checks through the Disclosure and Barring Service (DBS). We noted that the date of the GMC check was not always recorded.

Senior managers told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had undergone staff changes and at the time of our inspection there were two regular bank GPs (bank staff are employed by an agency but work solely for SSP Health Ltd) and one permanently employed GP. The remaining sessions were covered by other bank or locum GPs (locum GPs are not directly employed or contracted to work for SSP Health

Requires improvement

Are services safe?

Ltd). We looked at the rota for a three month period and found that (not including the permanently employed GP and two regular bank GPs) there were 13 different GPs working at the practice during this period. Some covered only a small number of sessions each week. We spoke to one of the owners of SSP who told us that they had been advertising for permanent GPs but had received little response.

We found that the high use of staff who were not regularly based at the practice did not promote continuity of patient care or safe communication between GPs. Bank and locum GPs informed reception staff if a referral was needed and administrative staff generated the referrals required. If any referral letters, prescriptions, reviews of blood results were not completed on the same day the reception staff escalated this to the practice manager. The GP in the following day would complete the outstanding work. A GP told us that if they had concerns about a patient they had to leave a message with the reception staff as they did not always know which GP would be working at the practice when they were not there.

Monitoring Safety & Responding to Risk

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available for all staff and a health and safety poster was on display. The staff who were permanent and GPs who had worked at the practice continuously had received training in fire awareness and health and safety. The practice had other systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included medicines management, dealing with emergencies and monitoring the safety of equipment.

Arrangements to deal with emergencies and major incidents

Emergency medicines were available and staff knew of their location. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. The practice had oxygen for use in the event of an emergency. This was appropriately stored and monitored to ensure suitability for use. The practice also had access to automated external defibrillator (used to attempt to restart a person's heart in an emergency).

Staff told us they had up to date training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR). Training records confirmed that this training was generally up to date. We were told that a check was made to ensure locum GPs had received up to date training in this area. We noted that drills to test out the accessibility of emergency equipment and staff response times were not undertaken.

A disaster recovery and business continuity plan was in place. The plan included the actions to be taken following loss of building, loss of telephone system, loss of computer and electrical equipment, loss of utilities and staff incapacity. Key contact numbers were included for staff to refer to.

Panic buttons were available for staff on their computers and in treatment rooms and in the reception area for staff to call for assistance. The staff who were permanent and GPs who had worked at the practice continuously had received training in managing abusive or aggressive patients.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We spoke to a GP who permanently worked at the practice. They told us they undertook their own learning to keep up to date with new clinical protocols, best practice guidelines and relevant legislation. They told us there were no clinical updates provided by SSP Health Ltd on a regular basis, for example, via newsletter or journal clubs to keep clinicians up to date. The Local Medical Director for SSP Health Ltd, who was responsible for governance systems told us that SSP Health Ltd were putting in place a newsletter and email updates to address this. We saw a newsletter dated July 2015 which included information from the Medicines and Healthcare Products Regulatory Agency (MHRA). This also referred to a GP forum being held in September 2015 which would be an opportunity for GP training and learning. The permanently employed GP, practice nurse and health care assistant attended training and educational events provided by the Clinical Commissioning Group (CCG). Clinical staff had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. The practice manager told us that clinical staff met with other nurses and GPs from local SSP Health Ltd practices to share learning and provide a network of support.

The clinical staff specialised in clinical areas, for example, the permanent GP was the lead for palliative care and the practice nurse managed specialist clinical areas such as diabetes, asthma and cervical cytology. This meant that these clinicians were able to focus on specific conditions and provide patients with regular support based on up to date information.

Referrals for investigations or treatment were mostly done through the "Choose and Book" system which gave patients the opportunity to decide where they would like to go for further treatment.

The GPs used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital to ensure an appointment was provided within two weeks. The administrative staff kept a log of all referrals made, however, this was not used for any review purposes, for example to check if all referrals with suspected cancer had been seen within two weeks.

We saw that the Bank GP and locum GP Induction Pack that provided guidance to these staff on their duties and responsibilities did not make it clear who to contact should the GP have any clinical concerns when working on a lone basis at the practice.

The practice provided several enhanced services which involved them working closely with the CCG to ensure patient needs were effectively assessed. For example, the practice took part in the avoiding unplanned admissions to hospital scheme.

Management, monitoring and improving outcomes for people

The practice had systems in place which supported GPs and other clinical staff to improve clinical outcomes for patients. The practice kept up to date disease registers for patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD), which were used to arrange annual health reviews. There was a monthly review system in place to ensure that patients attended for reviews when needed.

There were systems in place to evaluate the operation of the service and the care and treatment given. The practice used the information it collected for the Quality Outcomes Framework (QOF) to monitor the quality of services provided**.** This was a system for the performance management of GPs intended to improve the quality of general practice and reward good practice. The report from 2013-2014 showed the practice was overall meeting national targets.

Quality improvement audits were carried out. We looked at examples of audits which included prescribing of medications, new cases of cancer diagnosis and an audit of whether H pylori faecal antigen testing (a test to determine the presence of bacteria) was occurring as per local guidance prior to a routine gastroscopy referral. We found that the results either confirmed no changes were needed to practice or where necessary changes had been made to practice to improve patient care. As a result of one audit we saw that guidelines were put in the GP consulting rooms and in the Bank GP and locum GP Induction Pack to share learning. We looked at the minutes of a clinical meeting held in June 2015 where the results of clinical audits had been discussed between the local medical director, registered provider and permanent GP. Given that a number of different GPs work at the practice it would be

Good

Are services effective?

(for example, treatment is effective)

difficult for any learning from audits to be shared through formal meetings which highlighted the importance of newsletters and email updates as a method of communication.

The practice had achieved and implemented the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of these patients and their families.

Effective staffing

Practice staffing included GPs, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff were generally up to date with mandatory training courses such as annual basic life support, fire awareness and infection control. One of the bank GPs who was regularly based at the practice was due for their basic life support training to be renewed and we were told that a date to complete this had been identified. We noted that the training a regular bank GP had undertaken was not included in the training overview which would enable their training needs to be monitored and addressed. We saw the training records for the practice nurse which demonstrated they had undertaken training to keep their clinical skills up to date.

An appraisal policy was in place. We spoke to two reception staff, the practice nurse and the health care assistant. They said they had received an appraisal in the last 12 months and that a personal development plan had been drawn up as a result which identified any training needed. They told us the practice was supportive of their learning and development needs. We spoke to a GP who was permanently based at the practice and they told us they were up to date with their yearly continuing professional development requirements and had been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). The practice manager told us that before any temporary staff were used a check was carried out to ensure the GPs had received an annual appraisal. We saw the terms and conditions for a regular locum agency used which confirmed this. The Local Medical Director for SSP Health Ltd had introduced a system for reviewing GP consultations. We saw records that showed this had been carried out for the regular GPs at the practice since February 2015. We were told this system was in place for locum GPs also and that if any concerns were identified a meeting would be arranged to address them.

Working with colleagues and other services

The practice liaised with other healthcare professionals such as the Community Diabetic Specialist, the Community Matron and mental health services to promote patient care. Palliative care meetings were held on a monthly basis. Clinical staff met with district nurses, community matrons and Macmillan nurses to discuss any concerns about patient welfare and identify where further support may be required. The permanent GP we spoke with told us that they liaised with health visitors if there were any concerns about a child's welfare.

Information Sharing

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. This software enabled scanned paper communications, such as those from hospital, to be saved in the computer system for future reference.

Bank and locum GPs informed reception staff if a referral was needed and administrative staff generated the referrals required. If any referral letters, prescriptions, reviews of blood results were not completed on the same day the reception staff escalated this to the practice manager. The GP in the following day would complete the outstanding work. If a GP had concerns about a patient they left instructions with the reception staff as they did not always know which GP would be working at the practice when they were not there.

The practice had systems in place to communicate with other providers. For example, there was a system for communicating with the local out of hour's provider to enable patient data to be shared in a secure and timely manner and systems in place for making referrals to other health services.

The practice was implementing the electronic Summary Care Record and information was available for patients to refer to (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

Good

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

We spoke with a GP about their understanding of Gillick guidelines. They were 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.

Mental Capacity Act training was available to all staff and SSP Health Ltd had also disseminated information regarding Deprivation of Liberty Safeguards to all its practices. We spoke with one GP about their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They were aware of the circumstances in which best interest decisions may need to be made in line with the Mental Capacity Act when someone may lack capacity to make their own decisions.

Health Promotion & Prevention

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and there was some information in the practice information leaflet. The practice had links with smoking cessation and alcohol services and staff told us these services were pro-actively recommended to patients.

The website for the practice contained information about clinics and services available, however, there was no health promotion information available. For example, regarding treatments for common conditions, information on long term conditions or sign posting to support services such as those for drug and alcohol misuse.

The practice monitored how it performed in relation to health promotion. It used the information from Quality and Outcomes Framework (QOF) and other sources to identify where improvements were needed and to take action. Quality and Outcomes Framework (QOF) information showed the practice was in general meeting its targets regarding health promotion and ill health prevention initiatives. The practice scored lower than national average in ensuring women aged 25 – 65 had cervical screening within the last 5 years. The practice had identified this as an area for improvement and they were monitoring eligible patients to promote this service where it had not been received.

New patients registering with the practice completed a health questionnaire and were given a new patient medical appointment with the health care assistant. This provided the practice with information about their medical history, current health concerns and lifestyle choices. This ensured the patients' individual needs were assessed and access to support and treatment was available as soon as possible.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We looked at 28 CQC comment cards that patients had completed prior to the inspection and spoke with four patients. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients were very complimentary about the support they received from the reception staff and from the permanently employed GP all of whom had worked at the practice a long time. Patients said they generally had enough time to discuss things fully with the GP, treatments were explained and that they felt listened to, however two comment cards indicated and two of the patients we spoke with said they would like to be able to discuss more than one condition at a time. The policy at the practice was that each appointment was ten minutes in duration and that only one condition could be dealt with at each appointment. Double appointments could be booked, however, this information was not clearly advertised for patients.

The National GP Patient Survey published in January 2015 found that 84% of patients at the practice stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. Ninety five per cent of patients stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. Eighty seven per cent said the last GP they saw was good at listening to them, 80% said the last GP was good at explaining tests and treatments and 94% said the last nurse they saw was good at giving them enough time. These responses were about average when compared to other practices nationally.

The results of the last patient survey carried out by the practice in April 2015 and completed by 100 patients found that the majority of patients felt they were treated with dignity and respect by the GPs, nurses and reception staff. 98% of patients were happy with the overall service provided and 97% would recommend to family and friends.

Staff we spoke with were aware of the importance of providing patients with privacy. They told us there was an area available if patients wished to discuss something with them away from the reception area.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity were maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations.

Information was provided to patients about the practice's zero tolerance for abusive behaviour.

Care planning and involvement in decisions about care and treatment

Results from the National GP Patient Survey published in January 2015 showed 83% of practice respondents said the GPs were good or very good at involving them in decisions about their care and 92% felt the nurses were good or very good at involving them in decisions about their care. These responses were about average when compared to other practices nationally.

The results of the last patient survey carried out by the practice in April 2015 and completed by 100 patients found that 95% of patients had confidence and trust in the GPs and 94% had confidence and trust in the nurses.

Patients we spoke with told us that health issues were discussed with them, treatments were explained, they felt listened to and they felt involved in decision making about the care and treatment they received. Patient feedback on the comment cards we received indicated they felt listened to and supported.

Patient/carer support to cope emotionally with care and treatment

The reception staff had worked at the practice for a long time and they told us they knew the patients well. When patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We saw patient information leaflets and posters sign posting patients and families to support agencies and services. The website available for patients contained little information about services available for patients to enable them to cope emotionally with care and treatment.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had multi-disciplinary meetings to discuss the needs of palliative care patients.

They kept a record of patients needing palliative care. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

The practice offered patients a chaperone prior to any examination or procedure. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). There was a chaperone policy in place at the practice and staff had received training around carrying out this role. This service was advertised on waiting room noticeboards and in consulting rooms. The practice nurse, health care assistant and two reception staff had been trained to be chaperones.

The practice was in the process of establishing a Patient Participation Group (PPG). At the time of our inspection the practice had identified five patients who would like to participate but they had not met formally as a group. We saw that the practice manager had advertised the PPG availability in the waiting room and was considering setting up a virtual group as well as meetings at the practice. The practice sought patient feedback by other means such as utilising a suggestions box in the waiting room, having an in-house patient survey and utilising the Friends and Family test.

We saw that the practice acted on patient feedback. For example a recent survey carried out by the practice had identified that a large proportion of patients were unaware they could book an appointment up to four weeks in advance, request a same day appointment for an urgent issue or request a chaperone. The practice had responded by publicising this information at the practice. In response to patient feedback in 2014 a review of the appointment system was carried out and changes made to the types of appointments offered.

Tackling inequity and promoting equality

The practice provided disabled access in the reception and waiting areas, as well as in the consulting and treatment rooms. Disabled parking facilities were available. The practice had shared access to an induction loop to assist patients with reduced ranges of hearing. This was not available at the reception on the day of our visit. We noted that the reception desk was not at a low level that would assist communication with patients who used a wheelchair.

Staff knew about interpreter services for patients where English was not their first language. Information about interpreting services was available in the waiting area.

Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient was partially sighted to enable appropriate support to be provided. Alerts were also available to ensure the length of the appointment was appropriate. For example, if a patient had a learning disability then a double appointment was offered to the patient to ensure there was sufficient time for the consultation.

Staff spoken with indicated they had received training around equality and diversity.

Access to the service

The practice was open 8.00am to 6.30pm Monday to Friday. The practice did not offer extended hours opening. Patients requiring a GP appointment outside of normal working hours were advised to contact an external out of hour's service provider (Go2Doc). The practice offered pre-bookable appointments up to four weeks in advance, book on the day appointments, telephone consultations and home visits to patients who were housebound or too ill to attend the practice. Patients could book appointments in person, on-line or via the telephone. Priority was given to children requiring an urgent appointment. The practice had introduced a system whereby patients could cancel their appointments by text to reduce wasted appointments.

The National GP Patient Survey published in January 2015 found that 79% of patients were satisfied with opening hours. Ninety per cent rated their ability to get through on the telephone as easy or very easy. Eighty six were able to get an appointment to see or speak to someone the last time they tried. These results were about or above average when compared to other practices nationally.

We looked at a patient survey carried out by the practice in April 2015 and completed by 100 patients. We noted this did not look at patient's experiences of accessing

Good

Are services responsive to people's needs?

(for example, to feedback?)

appointments in any detail. The survey results indicated 98% of patients said the telephones were always answered promptly. The survey identified that 55% of patients were not aware that routine appointments could be booked four weeks in advance, 41% were not aware that in cases of medical emergency they would be seen on the day and 26% were unaware they were able to request a chaperone to be present during a consultation. The practice had taken action to bring this information to the attention of patients by displaying this around the practice. We noted that information about chaperones and urgent appointments was not included in the patient information leaflet.

The practice had carried out an audit of capacity for appointments in December 2014. This concluded that only 95% of available appointments had been used and that the practice was offering 5% more appointments than the needs of its patient population.

We looked at 28 CQC comment cards that patients had completed prior to the inspection. The comments were mostly positive and indicated that patients were overall satisfied with the standard of care provided. Two patients commented that being only able to discuss one condition at a time was frustrating. One said they did not always get to see the same GP. One said more appointments needed to be offered and one said that there had been a delay in getting a prescription. We spoke with four patients who were overall satisfied with arrangements for access to the service. One said they would prefer to wait for an appointment with the GP they preferred than to see a GP they did not know and another commented that they were not satisfied with the system of only being able to discuss one condition at a time in their ten minute appointment. Reception staff and the practice manager told us double appointments could be booked, however, we did not see that this information was clearly advertised for patients.

We noted on the day of our visit that the touch screen that enables patients to electronically register their arrival at the practice was not working. All incoming calls and patients at the reception desk were being managed by one member of staff. We were told the touch screen had been broken for a couple of months and the issue had been appropriately reported. In the interim we noted that the practice had not reviewed how it could manage this issue to prevent any delays in patient access.

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 the records of complaints and found five had been made between the period of April 2013 and June 2015. 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. Staff told us that complaints were discussed at staff meetings so that any learning points could be cascaded to the team. We saw records of an annual review of complaints carried out in June 2015.

The patients we spoke to on the day of our visit knew how to make a complaint about the practice. A recent survey by Healthwatch identified that eight out of eighteen patients interviewed did not know how to complain.

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 'Vision Statement' of SSP Health stated how the practice aimed to deliver outstanding clinical services responsive to patient's needs. This was detailed in a patient information leaflet which was

available within the patient waiting areas.

Governance Arrangements

Regular staff attended a monthly meeting where practice related issues were discussed, such as significant events. We were told that clinical meetings took place quarterly and we saw the minutes from a meeting in June 2015 which showed audits, safeguarding and palliative care were discussed.

The Local Medical Director for SSP Health Ltd had introduced a system for reviewing GP consultations. We saw records that showed this had been carried out for the regular GPs at the practice since February 2015. We were told this system was in place for locum GPs also and that if any concerns were identified a meeting would be arranged to address them. Peer reviews of referrals were taking place between the regular GPs at the practice.

The practice had a number of policies and procedures in place to govern activity and staff knew how to access them. We looked at a sample of policies and procedures, the policies had been recently reviewed and contained the required information. The Bank GP and Locum Induction Pack needed to contain all learning identified from significant events and clear information on who lone working GPs would approach if they had a clinical concern about a patient that they needed support with or if they needed to discuss a safety incident.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The clinical staff spoken with and senior managers told us that QOF data was regularly reviewed and action plans were produced to maintain or improve outcomes. The practice had achieved 98.5% of total QOF points available which was slightly higher than average when compared to other practices nationally.

Quality improvement audits were carried out. Clinical audits were led by SSP Health's Local Medical Director. We looked at examples of audits and found that the results either confirmed no changes were needed to practice or where necessary changes had been made to practice to improve patient care. As a result of one audit we saw that guidelines were put in the GP consulting rooms and in the Bank GP and locum GP Induction Pack to share learning. Meetings were held to discuss the outcomes of audits, however, given a number of different GPs worked at the practice it would be difficult for any learning from audits to be shared through formal meetings. This highlighted the importance of other forms of communication such as newsletters. A newsletter had been recently introduced.

Leadership, openness and transparency

The members of staff we spoke with both clinical and non-told us that they felt valued and well supported. They said that there was an open culture within the practice and they had the opportunity and were happy to raise issues at meetings or as they occurred with the practice manager. Staff told us they felt the practice was well managed.

Human resource policies and procedures, for example, the induction, sickness and absence and disciplinary procedures were available for staff to refer to.

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

The practice was in the process of establishing a Patient Participation Group (PPG). At the time of our inspection the practice had identified five patients who would like to participate but they had not met formally as a group. We saw that the practice manager had advertised the PPG availability in the waiting room and was considering setting up a virtual group as well as meetings at the practice. The practice sought patient feedback by other means such as utilising a suggestions box in the waiting room, having an in-house patient survey and utilising the Friends and Family test. We looked at the results of the family and friends test from January to May 2015 and found that the majority of patients were either extremely likely or likely to recommend the practice.

Staff told us they felt able to give their views at practice meetings or to the practice manager. Staff told us they could raise concerns and felt they were listened to.

Management lead through learning & improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff were offered annual appraisals to

Are services well-led?

Good

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

review performance and identify development needs for the coming year. Staff told us the practice was supportive of their learning and development needs and that they felt well supported in their roles.

Procedures were in place to record incidents, accidents and significant events and to identify risks to patient and staff safety. Improvements needed to be made to the processes for managing significant events to ensure all events were recorded and to ensure any learning arising from the investigation of an event was consistently shared with all relevant staff and GPs who did not regularly work at the practice.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The systems in place for the safe management of prescriptions required improvement to avoid the risk of misappropriation.**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The systems in place for safeguarding adults and children required improvement. Robust systems for managing requests for reports for safeguarding meetings from the local authority need to be introduced.**