

# Great Homer Street Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

**Requires improvement**



Are services effective?

**Requires improvement**



Are services caring?

**Good**



Are services responsive to people's needs?

**Good**



Are services well-led?

**Requires improvement**



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

This is the report of findings from our inspection of Great Homer Street Medical Centre. The practice is registered with the Care Quality Commission to provide primary care services. We undertook a planned, comprehensive inspection on 7 October 2014 and we spoke with patients, relatives, staff and the practice management team.

The practice was rated as Requiring Improvement.

Our key findings were as follows:

#### • Safety

The practice is rated as requires improvement for safety as there are areas where improvements must be made. There was an open culture when reporting incidents but staff had not been trained. Systems were in place for children's safeguarding but they were not robust for adults. Safe arrangements were in place for medicines management. The GP's undertook regular minor surgery without policies and procedures to support this. A

number of concerns were identified relating to the unfit state of the premises. Appropriate pre-employment checks were not undertaken and completed before employment.

#### • Effective

The practice is rated as requires improvement for effective as there are areas where improvements should be made. Care and treatment was considered in line with current published guidelines and best practice but written patient consent was not sought for patients undergoing minor surgery. Audits were undertaken but there was a lack of evidence to show what action and learning had taken place. Staff had not received annual appraisals or regular supervision.

#### • Caring

The practice is rated as good for caring. We saw good compassionate care where patients were given time and support during their appointment. Feedback we received from patients before and during our inspection indicated they felt fully involved in their care.

# Summary of findings

## • **Responsive**

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised.

## • **Well-led**

The practice is rated as requires improvement for well-led as there are areas where improvements should be made. Staff we spoke with were clear about their working values and ethos and how important these were in working in an area of high deprivation. Staff felt supported, valued and motivated. We saw transparent and open governance arrangements but in parts they were not effective because systems were not in place to effectively manage staff and or identify, monitor and manage risks to patients and staff working at the practice. The practice proactively engaged the general public, patients and staff to gain feedback (PPG).

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Review the arrangements in place to ensure that people attending the practice are protected against the risks associated with unsafe premises.
- Review the systems for assessing and monitoring the quality and safety of service provision and take steps to ensure risks are managed appropriately.
- Take action to ensure its recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff.
- Ensure that all staff have the necessary skills and competencies in relation to all aspects of their work

and a written record of this is maintained. They must also ensure that all staff have access to a period of induction, supervision and annual appraisal and written records for these must be maintained.

In addition the provider should:

- Ensure alert notifications from national safety bodies are cascaded to all relevant staff and held at the practice.
- Take action to address infection prevention and control to ensure that they comply with the 'Code of Practice for health and social care on the prevention and control of infection and related guidance'. In particular for the impact the increased infection control risks caused by the unfit premises.
- Review the systems and processes in place for the safeguarding of vulnerable adults.
- Ensure that written consent is sought for all patients undergoing minor surgical procedures in line with DOH guidance.
- Audits and reviews of services were taking place however the provider should ensure that actions and learning taking place following the results should be clearly documented.
- Review the system in place for reviewing all letters relating to blood results and patient discharge letters.
- Electronic patient summaries should be completed for all to ensure that if required by another provider, patients can receive healthcare faster, easier access for instance in an emergency situation or when the practice is closed.
- Review all policies and procedures to ensure they are up to date.
- Ensure minutes are taken for all clinical and practice meetings.

**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 safe as there are areas where improvements should be made. Staff reported an open and transparent culture when accidents, incidents and complaints occurred but formal training had not taken place. The practice had reliable systems and processes for safeguarding children but adult safeguarding training for staff had not been undertaken.

Safe arrangements were in place for medicines management.

All areas were clean and tidy but the premises was in a state of disrepair across the roof and ceilings, this had also caused damage to the carpets in some rooms. The GPs undertook regular minor surgery however there no formal policies and procedures to support this.

A number of concerns were identified relating to the unfit state of the premises.

The practice did not have a robust recruitment policy in place. Appropriate pre-employment checks were not undertaken and completed before employment.

**Requires improvement**



### Are services effective?

The practice is rated as requires improvement for effective as there are areas where improvements should be made. Patients' care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet. However written patient consent was not sought for patients undergoing minor surgery.

The practice used the information they collected for the Quality Outcomes Framework (QOF) and their performance against national screening programmes to monitor outcomes for patients. Audits were undertaken but there was a lack of evidence to show what action and learning had taken place.

Staff had not received annual appraisals or regular supervision. There was proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet people's needs. Good systems were in place for sharing information. However we found that patient summaries had not been completed for patients for some time.

**Requires improvement**



# Summary of findings

## Are services caring?

The practice is rated as good for caring. We saw good compassionate care where patients were given time and support during their appointment. We saw how the whole team responded to both the clinical and non-clinical needs of the patients. Feedback we received from patients before and during our inspection indicated they felt fully involved in their care.

Good



## Are services responsive to people's needs?

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice and a named GP and continuity of care, with urgent appointments available the same day. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as requires improvement for well-led as there are areas where improvements should be made. Staff we spoke were clear about their working values and ethos and how important these were in working in an area of high deprivation. Staff felt supported, valued and motivated. We saw transparent and open governance arrangements but in parts they were not effective because systems were weak in terms of identifying, monitoring and managing risks to patients and staff working at the practice. The practice proactively engaged the general public, patients and staff to gain feedback.

Requires improvement



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Staff were able to recognise signs of abuse in older people and know how to escalate or refer these concerns if needed. They recognised the complex needs of older people and how best to treat them. The practice kept a register of all older people to help them plan for the regular review of care and treatment. Structured assessment of older people took place annually. The practice was working towards establishing a care co-ordinator for all older people on their practice register. If older patients were admitted to hospital in an unplanned way this was reviewed by the GP and if required changes would be made to their treatment plan for example medications. Health promotional advice and support was given to patients and leaflets were seen at the practice. These included signposting older patients and their carers to support services across the local community. Older patients were offered vaccines such as the Flu vaccine each year.

**Requires improvement**



### People with long term conditions

The practice is rated as good for the population group of people with long term conditions. The practice had processes in place for the referral of patients with long term conditions that have a sudden deterioration in health. Registers of long term conditions were kept and annual reviews of patients were carried out, including a review of medications. All patients with an unplanned admission to hospital were reviewed by the GP on discharge. The practice had summary care records and special patient notes in place to share with other providers. We saw health promotional advice information and referral to support services take place for example smoking cessation.

**Requires improvement**



### Families, children and young people

The practice is rated as good for the population group of families, children and young people. The practice had systems in place for identifying children, young people and families living in disadvantaged circumstances. The practice monitored children and young people with a high number of A&E attendances. The GP had written reports for safeguarding and child protection hearings as required. The practice provided ante and post natal support for patients who experienced issues around pregnancy. Regular meetings were held at the practice with midwives, health visitors and district nurses. If required the GP liaised with school nurses working locally. Staff we spoke with were aware of consent best

**Requires improvement**



# Summary of findings

practice (Gillick competences). The practice nurse undertook children immunisation sessions and the practice followed up patients who did not attend. We saw health promotional advice, information and signposting to support organisations and services for families, children and young people, including for sexual health clinics and mental health services.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the population group of the working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students, had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. Appointments were available prior to 9am on one day each week.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. Identification of people at risk of abuse and follow up actions were taken. Systems were in place for sharing information about people at risk of abuse with other organisations where appropriate. The practice had a system in place for identifying people living in vulnerable circumstances. A register was kept of patients with a learning disability to help with the planning of services and reviews. All such patients were offered an annual health check. We heard of the close links with community teams supporting this patient group. We saw health promotional advice and information available for patients.

**Requires improvement**



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients who experienced mental health problems. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. Clinicians routinely and appropriately referred patients to counselling and appropriate therapy services. These sessions were held within the practice.

**Requires improvement**



# Summary of findings

## What people who use the service say

We received 28 completed patient Care Quality Commission (CQC) comment cards and spoke with seven patients who were attending the practice on the day of our inspection. We spoke with people from different age groups, including parents with children, patients with different physical conditions and long-term care needs. The patients were extremely complimentary about the staff and clinicians. This included patients who were themselves carers and patients who had children with learning disabilities. Patients told us they found the staff to be helpful and felt they were treated with respect.

The results of the most recent national GP patient survey told us that the practice was rated as slightly poorer than the average related to being able to make an appointment via the phone and access to the nurses. We saw that 72% of patients found it easy to make an appointment and 87% of patients found it easy to see the nurse.

The practice ran a patient participation group (PPG). We saw that they were regularly consulted about developments made to the practice and the practice manager used their views when planning how the

practice would run in the forthcoming year. We spoke with a PPG member during our inspection and they told us the members worked well together and were an important part of the practice system for making sure the service operated well.

Patients we spoke with told us they were very happy with the service and felt the GPs made sure they received the best course of treatment for them. We heard that the GP completed telephone consultations and, if needed, would book the patient in for a face-to-face appointment. The patients told us that the receptionists were very responsive and they could readily get appointments to see them.

We were told that the staff were all committed to providing the best care possible and really cared about their wellbeing. Patients discussed how the GPs had been extremely supportive for example when a patient had experienced a death in the family. They all told us the doctors and nurses were competent and knowledgeable about their treatment needs. They told us that the service was very good and staff were very respectful.

## Areas for improvement

### Action the service **MUST** take to improve

- Review the arrangements in place to ensure that people attending the practice are protected against the risks associated with unsafe premises.
- Review the systems for assessing and monitoring the quality and safety of service provision and take steps to ensure risks are managed appropriately.
- Take action to address infection prevention and control to ensure that they comply with the 'Code of Practice for health and social care on the prevention and control of infection and related guidance'.
- Take action to ensure its recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff.

- Ensure that all staff have the necessary skills and competencies in relation to all aspects of their work and a written record of this is maintained. They must also ensure that all staff have access to a period of induction, supervision and annual appraisal and written records for these must be maintained.

### Action the service **SHOULD** take to improve

- Ensure alert notifications from national safety bodies are cascaded to all relevant staff and held at the practice.
- Review the systems and processes in place for the safeguarding of vulnerable adults.
- Ensure that written consent is sought for all patients undergoing minor surgical procedures in line with DOH guidance.



# Summary of findings

- Audits and reviews of services were taking place however the provider should ensure that actions and learning taking place following the results should be clearly documented.
- Review the system in place for reviewing all letters relating to blood results and patient discharge letters.
- Electronic patient summary records should be completed for all to ensure that if required by another provider, patients can receive healthcare faster, easier access for instance in an emergency situation or when the practice is closed.
- Review all policies and procedures to ensure they are up to date.
- Ensure minutes are taken for all clinical and practice meetings.

# Great Homer Street Medical Centre

## 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 GP and a Practice Manager.

## Background to Great Homer Street Medical Centre

Great Homer Street Medical Centre is registered with CQC to provide primary medical care services, which includes access to GPs, minor surgery, family planning, ante and post natal care. The practice provides GP services for 2521 patients living in the Everton area of Liverpool. The practice has two GP partners, one practice nurse and one healthcare assistant. Great Homer Street Surgery is currently a training practice for medical students and new GPs. The practice is part of NHS Liverpool CCG.

The practice is open 8.30am to 6.15pm Monday to Friday and each Wednesday they close at 5pm. Patients can book appointments in person, via the telephone and online. Appointments can be booked for up to a week in advance for the doctors and a month in advance for the nursing clinics. The practice treats patients of all ages and provides a range of medical services. When the practice is closed patients can access the out of hour's provider for Liverpool, Urgent Care 24 (UC24).

The practice is registered with the Care Quality Commission to deliver the regulated activities:

Diagnostic and screening procedures

Family planning

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury.

## 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.

## 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?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

## Detailed findings

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

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service.

We reviewed the policies, procedures and other information the practice provided before the inspection.

The information reviewed did not highlight any significant areas of risk across the five key question areas.

We carried out an announced inspection on 07 October 2014 and spent nine hours at the practice.

We reviewed all areas of the practice including the administrative areas. We sought views from patients both face-to-face and via comment cards. We spoke with the practice manager, registered manager, a GP, a nurse, a number of administrative staff and the receptionists on duty.

We observed how staff treated patients visiting and telephoning the practice. We reviewed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with carers and family members of patients visiting the practice at the time of our inspection.

# Are services safe?

## Our findings

### Safe Track Record

Systems were in place to monitor patient safety. Reports from NHS England indicated the practice had a good track record for maintaining patient safety. Information from the General Practice Outcome Standards (GPOS) showed no concerns. Information from the Quality and Outcomes Framework (QOF), which is a national performance measurement tool, showed that the provider was appropriately identifying and reporting significant events. GPs told us they completed incident reports and carried out significant event analysis as part of their on going professional development. We looked at recent significant events from 2014 which had been reported to NHS England using the incident reporting system. We saw two Serious Event Analysis (SEA) had been completed and when these incidents had occurred appropriate and safe action had been taken.

### Learning and improvement from safety incidents

The service had a system in place for reporting, recording and monitoring significant events. Staff reported an open and transparent culture when accidents, incidents and complaints occurred. Staff had not been trained in reporting accidents and incidents. They were unsure what types of incidents were reportable and when we spoke with staff we considered events and incidents they described to us, should have been reported in a formal way. In speaking to the team we were satisfied that appropriate actions had taken place when incidents had occurred. We were told that all incidents were discussed at practice and clinical meetings but there were no minutes kept so staff who were unable to attend, might not be aware that an incident had occurred or what learning had taken place.

The practice had a process for monitoring serious event analysis (SEA) and when required these were reported to the local Clinical Commissioning Group (CCG). They received alert notification from national safety bodies but we were told these were not cascaded to all relevant staff and were not kept within the practice.

From the review of complaint investigations information, we saw that the service ensured complainants were given

full feedback and asked for detailed information about their concerns. We saw how complaints made were used by the service to learn and improve patient safety and experience.

### Reliable safety systems and processes including safeguarding

There was a current local policy for child and adult safeguarding. This referenced the Department of Health's guidance. Staff demonstrated knowledge and understanding of safeguarding of children but less awareness of what actions to take for the safeguarding of vulnerable adults. Staff had undertaken recent child safeguarding training but the practice manager could not verify what levels that had been and it had not included adult safeguarding training. The service had a GP lead for safeguarding and on the day of our inspection they were attending level one training. This level is not high enough for a clinician taking the lead for safeguarding.

The service regularly reviewed cases where there were safeguarding concerns for children. Weekly clinician led meetings were held including the GP, health visitor/ midwife/school nurse/ district nurse as appropriate to discuss vulnerable families to see how they could be best supported. The practice had a clear means of identifying in records those children (together with their parents and siblings) who were subject to a child protection plan.

The GPs worked closely with partners to protect children and vulnerable adults and they regularly participated in child and adult safety reviews as set out in statutory, national and local guidance. A case discussed with us showed practice involvement when an older person who lived in a local care home required a 'best interest' meeting. All professionals including the GP attended the meeting to discuss the patients needs. In addition to this we saw how GPs made available information to inform decision making at child/adult protection conferences.

There was a chaperone policy in place. Relevant staff had undertaken chaperone training and were able to detail how to act as a chaperone. There was signage in the consultation rooms offering chaperones if needed.

### Medicines Management

The practice nurse had lead responsibility for medicines management and they had undertaken training for managing medicines. We spoke with the practice nurse

## Are services safe?

who explained their work to ensure medicines were ordered, recorded, stored and managed safely. Prescription pads were kept secure and there were safety systems in place to minimise the risk of them being misused. There were appropriate policies and procedures to support staff to manage medicines safely. We saw the local Clinical Commissioning Group (CCG) had undertaken recent audits to review prescribing practices and relevant costs. We saw that GPs re-authorised medication for patients with a safe repeat prescription system.

We saw that emergency medicines were stored in the reception within the emergency bag. They were checked to ensure they were in date and records were seen showing this was monitored daily.

Vaccines and certain other medicines were stored in designated fridges and cupboards, which ensured the medicine was stored in line with the manufacturer's guidelines. The fridge temperatures were checked twice daily to ensure that the cold chain was not breached to ensure safe use of these medicines. Appropriate action had been taken when such an event had occurred.

The practice worked with pharmacy support from the Clinical Commissioning Group (CCG) to support the clinical staff in keeping up to date with medication and prescribing trends. The CCG pharmacy support visited the practice during our inspection. From our review of documents we saw that there were up to date medicines management policies in place. The staff we spoke with were familiar with them. Medicines were kept securely and could only be accessed by the clinical staff and Clinical Commissioning Group (CCG) pharmacy support. There were appropriately stocked medicine stores and equipment bags ready for doctors to take on home visits. We saw evidence that the bags were regularly checked to ensure that the contents were intact and in date.

GPs reviewed their prescribing practices as and when medication alerts were received. We were told these would be discussed at practice meetings but no minutes were kept and the alerts had not been retained.

Reception staff we spoke with were aware of the necessary checks required when giving out prescriptions to patients who attended the practice to collect them.

### Cleanliness & Infection Control

All staff had access to a written infection control policy and supporting protocols but not all of these were up to date. The practice nurse was the infection control lead but they had not undertaken infection control training or updates and did not seek advice and support from the local Community Infection Control Nurse. This meant that practice staff may not have had the opportunity to hear of any ICP updates relating to clinical practice and infection control prevention.

Each of the staff we spoke with had basic awareness of infection control prevention including standard principles and hand decontamination, the use of protective clothing and the safe disposal of sharps. However formal training had not taken place.

In each patient consultation and treatment room we saw adequate supplies of liquid soap, hand rub, towels and sharps containers. Alcohol based hand gel was available and used by staff. It was reported that protective equipment such as gowns and gloves were available and used as required to prevent the risk of contamination of the healthcare practitioner's clothing and skin by patients' blood, body fluids, secretions or excretions. We saw the GPs undertook regular minor surgery and whilst the practice nurse was clear about what to do, there were no formal policies and procedures to support this.

We saw that sharps containers were stored in each treatment and consultation room and they were stored on worktops and benches away from the floor and out of reach of children. These containers were appropriately sealed in accordance with manufacturers' instructions once full, and were disposed of according to local clinical waste disposal policy. We saw care equipment for example, bed trolleys, ECG machines, dressing trolleys and found them to be clean and tidy. The practice had a cleaning schedule to ensure the equipment remained clean and hygienic at all times and despite the problems associated with the premises all areas were clean and tidy.

We saw that clinical waste was disposed of in hands free/pedal operated waste bins and appropriate colour coded bags for waste disposal were in place. Clean curtains around the patient bed were seen in each consultation room. The practice used single item equipment for invasive procedures for example, taking blood, minor surgery and cervical smears. Appropriate systems were in place for obtaining and the collection of patient samples taken at the practice.

# Are services safe?

## Equipment

The practice had systems in place to ensure regular and appropriate inspection, calibration, maintenance and replacement of equipment. Suitable equipment which included medical and non-medical equipment, furnishings and fittings were in place. Staff confirmed they had completed training appropriate to their role in using medical devices. We saw evidence that clinical equipment was regularly maintained and cleaned and all electrical equipment had been PAT tested.

## Staffing & Recruitment

The practice did not have a robust recruitment policy in place. Appropriate pre-employment checks were not undertaken and completed before employment, such as references, medical checks, professional registration checks, photographic identification and Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS). These checks provide employers with access to an individual's full criminal record and other information to assess their suitability for the role.

Staff were able to describe their recruitment process and confirmed they had been recruited with a full interview and references taken but records were not available to support this during our inspection.

## Monitoring Safety & Responding to Risk

The practice had a system in place for reporting, recording and monitoring significant events. We were told that incidents were reported at regular practice meetings but minutes were not kept of these meetings. Some staff we spoke with unclear of the reporting system, they had not been trained and did not complete incident forms.

We saw the practice had developed their own health and safety audit which included a walk around the practice looking for any faults or issues. Formal risk assessments for the environment and premises were not seen. The practice did not have a completed fire risk assessment and had not completed a recent legionella test for the building. Formal maintenance plans were not in place for the building though local contractors were commissioned when work was required.

The practice premise was an old building and a number of areas fell below national statutory premises standards. At the time of our inspection the area had experienced heavy rainfall for a number of days. We found the roof of the

practice had a number of problems and had for some time required many interim remedial works. Heavy rainfall had caused further damage to the roof and on our arrival we found that water had leaked into the practice and had damaged the ceilings in the patient waiting and GP consultation rooms. The damage to the ceilings was extensive, large holes had appeared and water leaked down walls close to electrical appliances and sockets. Walls and carpets had become wet and damaged and caused a serious risk to patient safety and a potential risk for infection control. The practice had taken immediate steps to make safe the area. Computers that were in use by members of the public were taken out of use and buckets were used to collect leaking water. Following our inspection we reported our concerns about the premises to NHS England and the Liverpool Clinical Commissioning Group (CCG).

We saw an infection control audit had been undertaken in 2012 but there were many risks in terms of infection control because of the poor state of the premises and this had not been updated. The recent health and safety risk assessment did not identify the many risks related to the premises. The premises were in a poor state of repair and regular and updated risk assessments of the environment, including the impact on infection control risks were required. These were not in place.

The practice had procedures in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. Staffing levels were set and reviewed to ensure patients were kept safe and their needs met. However we were told that one of the administration staff with responsibility for summarising the information for patients had left and this activity had not been completed since their departure.

We were told how the practice worked with the local community and accepted volunteers requiring work experience including children from local schools. The practice manager and lead GP oversaw the rota for clinicians. We saw that sufficient staff were on duty to deal with expected demand including home visits and daily telephone consultations sessions. The lead GP told us they did not use locums often but one was planned for the coming months to meet increased demand.

## Arrangements to deal with emergencies and major incidents

## Are services safe?

We did not see robust and comprehensive plans in place to deal with emergencies such as the one that had occurred on the day of our visit. The practice manager was responding to the damaged state of the building but we did not see a proactive plan setting out what actions staff should take covering business continuity, staffing, records/electronic systems, clinical and environmental events. Staff we spoke with were able to confirm they knew what actions would be taken for instance if there was a telephone failure.

Staff were trained in basic life support skills. Staff we spoke with confirmed this. Emergency equipment, including

drugs, was stored securely yet was accessible. The emergency equipment was checked to ensure that it was correct and in working order. There were policies and protocols in place to deal with emergencies. Staff were able to describe the procedures to be undertaken in the event of a medical emergency. Systems were in place to receive support from the attached acute trust emergency life support team in the case of medical emergencies within the service.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The clinicians we spoke with were providing an effective service for their local population. At times this could be very challenging because of the deprived area in which the practice was sited. Care and treatment was considered in line with current guidance from National Institute for Health and Care Excellence (NICE) and other published guidelines which were available to staff on the software system in place at the practice. This included the Mental Capacity Act and the assessment of Gillick competencies for children when gaining their consent. The General Practitioners (GP) systematically used this system when assessing and treating patients.

GPs we spoke with were clear about the rationale for the treatments they were prescribing and providing. They confirmed they had access to clinical guidelines on the practice intranet for example guidance such as the appropriate management and use of medicines. Each patient attending the practice had their needs assessed and interviews with GPs demonstrated they considered current legislation, standards and nationally recognised evidence-based guidance. Consistency of care was achieved between the day and out-of-hours service for patients with complex and end of life care needs. Systems were in place to ensure communications between services about the needs of these patients were shared.

Care was planned to meet identified needs and was reviewed to optimise patient treatment and experience. GPs and other clinical staff performed appropriate skilled examinations with consideration for the patient. Patients told us this and we interviewed GPs during our inspection. We found that staff had access to the necessary equipment and were skilled in its use and GPs arranged timely investigations as required during the patient consultation. Patients we spoke with were clear about their investigations and their treatment and they understood the results of these.

### Management, monitoring and improving outcomes for people

The delivery of care and treatment achieved positive outcomes for patients which were in line with expected norms. There was evidence that this was sustained over time. There were systems in place to manage and monitor

the service. Key staff had responsibilities for this and weekly management meetings took place but no minutes were kept of these. We saw that key performance indicators were monitored and reviewed such as diabetes care/ pathways and medicines management.

The practice had undertaken a number of clinical audits. These included condition audits such as epilepsy and dementia and medication audits and a patient consultation audit. We found that although some aspects of the audit showed the practice required improving we did not see action plans had been put into place. We were told that all results were discussed at clinicians' meetings and that action was agreed at this time but we found a lack of evidence to demonstrate this. We saw that audits were mainly completed by the trainee doctors and these were chosen by the GPs in the practice.

The practice used the information they collected for the Quality Outcomes Framework (QOF) and their performance against national screening programmes to monitor outcomes for patients. We saw regular reporting was carried out by the deputy practice manager. QOF was used to monitor the quality of services provided. The QOF report from 2013 showed the practice was supporting patients well with conditions such as, asthma, diabetes and heart failure.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. We spoke with the visiting CCG pharmacist who confirmed that medicines were audited and that GPs were happy to take advice and change medication if required due to the results. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

### Effective staffing

All doctors were on the national GP performers list and this was monitored by the local Clinical Commissioning Group. The practice rarely used locum GPs but when they did checks were also made. The practice had a mix of administration and reception staff working with a deputy and lead practice manager. Health care assistants were in post to support the work of the practice nurse.



# Are services effective?

## (for example, treatment is effective)

We looked at the induction programme which included mandatory training, role-specific training, risk assessments, health and safety. We discussed induction with staff who told us they had undertaken it at commencement of employment. They were confident that this process enabled them to undertake their role but there were no records kept of this. Staff confirmed to us also that annual appraisals had not taken place. This means that learning and development needs as well as staff performance were not discussed in a formal and supportive way. Staff were however supported to undertake continuous professional development, mandatory training and other opportunities for development in their role. Essential (mandatory) training topics were identified with relevance to the role, but records were not available on all staff files we reviewed.

We found that all doctors working at the practice had completed their General Medical Council (GMC) revalidation process.

### Working with colleagues and other services

There was proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet patients needs. A good example of this was with the care given to the patients on the zero tolerance schemes. We saw how supported services such as drug and alcohol and counselling services were located in the practice to enable easy access for patients if this was needed. There was effective communication, information sharing and decision making about who might best meet the patient's needs.

We saw good communications with the out of hours services with information about the patient being shared with the practice each day by 8am. This included important information for instance for patients on the end of care pathway whose needs may have changed overnight.

### Information Sharing

We found all staff had information they needed to deliver effective care and treatment to patients. All new patients were assessed and patients' records were set up, this would routinely include paper, electronic records with assessments, case notes and blood and test results. We saw that all letters relating to blood results and hospital discharge letters were reviewed on a daily basis by doctors in the practice. Paper copies of letters were handed to

doctors for review without first being scanned onto the practice IT system. This increased the possibility that patient records could be lost or there could be delay in the information being out onto the system.

We found that when patients moved between teams and services, including at referral this was done in a prompt and timely way. However we found that patient summaries had not been completed for patients for some time due to the staff member with responsibility for this leaving the practice. A Summary Care Record is an electronic record that is stored at a central location. The records can be accessed by other services to ensure patients can receive healthcare faster, easier access for instance in an emergency situation or when the practice is closed.

### Consent to care and treatment

The practice had systems in place to seek patients consent for certain procedures for instance for vaccinations. Staff we spoke with understood their responsibilities for this and why written consent was required in line with legislation and national guidance. We saw that healthcare professionals adhered to the requirements of the Mental Capacity Act 2005 and the Children Act 1989 and 2004. Capacity assessments and Gillick competency of children and young people, which check whether children and young people have the maturity to make decisions about their treatment, were an integral part of clinical staff practices. We found that clinical staff understood how to make 'best interest' decisions for people who lacked capacity and sought approval for treatments such as vaccinations from children's parent or legal guardian.

The practice is registered with CQC for the operation of minor surgery and for this procedure only informal implied consent was sought. This is not in line with good practice guidelines and had not been monitored by the management team before our inspection. The impact of this for patient care could be that patients may be given insufficient information about the procedures and surgery and may not be fully aware of the risks.

### Health Promotion & Prevention

Information on a range of topics and health promotion literature was readily available to patients in the waiting areas. This included information about services to support them in doing this (i.e. smoking cessation schemes). Patients were encouraged to take an interest in their health

# Are services effective?

(for example, treatment is effective)

and to take action to improve and maintain it. This was confirmed for us during our conversations with patients and GPs. This included advising patients on the effects of their life choices on their health and well-being.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Reception and administration staff were able to describe how they would promote patients' dignity and how they treated them with respect. Consultation rooms were private with added privacy of curtain screening within the room itself. Patients' we spoke with told us that staff treated them with dignity and respect. They said that doctors and staff maintained their privacy and dignity at all times.

We observed reception staff dealing with patients' and the public. They treated patients' with respect, listened to them and answered their queries in a professional manner. We spoke to staff about how they dealt with aggressive patients' and people with challenging behaviours. The ethos they displayed was that every person should be treated with respect and compassion however they present at the practice. When patients' arrived at the reception desk staff would try to ensure confidentiality as far as possible. However due to the lay out of the reception area this was compromised as other patients waiting could overhear conversations.

All patients' we spoke with told us they were extremely satisfied with the treatment they received from staff at the practice. They commented that they felt staff were very caring, compassionate and respectful.

### **Care planning and involvement in decisions about care and treatment**

Patients' told us they felt involved in their care, they were given as much time as they needed. We were told how if patients' were getting angry or anxious they would be invited to have an appointment at the end of the patient list to ensure they had adequate time to speak with the GP.

Staff we spoke with were conscious that patients' who were on the zero tolerance scheme might get anxious if they had to wait a long time and they tried to avoid this during the patients appointment.

We saw that patients' had opportunities to discuss their health concerns and preferences to inform their individualised care. If needed the patients family friends or advocate would be allowed to be involved or accompany the patient during an appointment. We observed a number of patients' attending for the flu vaccinations. We saw how the practice nurse took time to explain the process, ensure the patient was fit and ready for the vaccination and with clear explanations how the patient's fears were alleviated. Results from the NHS National Patients Survey 2013 showed good results. Patients' stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care.

Staff had good communication skills. Patients' were communicated with in a way they could understand and it was appropriate and respectful. We saw that written information was provided to patients with long term conditions to help them understand their disease. We saw many patients' leaflets and health promotion information some in different languages along with posters asking patients if they required advocacy services.

### **Patient/carer support to cope emotionally with care and treatment**

Patients' we spoke with told us of the support they were given when a close relative had died. They felt well supported with the home care given and the help their family had received since this time. We spoke with the GPs who reported that should a family need extra support other than could be given by the practice they would be referred to local bereavement support groups.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood the different needs of the local population and they acted on these when improving services. We heard how the practice engaged with the local community and their groups. Local arts groups worked with the practice to engage people in activities to promote their wellbeing. Some of the art work patients had been involved with, were displayed about the practice.

We saw how the practice engaged with commissioners of services and other acute and community providers to ensure a co-ordinated approach to integrated care. Clinics were held at the practice such as alcohol and drugs dependency, counselling, midwifery. We found effective communication and information sharing between services.

The practice was commissioned to provide an enhanced service to patients who might otherwise struggle to find a local GP due to their aggressive behaviours. This scheme is called a zero tolerance scheme. We spoke with staff about this and found they were committed to ensuring these patients received the same services as other patients. We saw that systems were in place to ensure GPs, their staff, patients and bystanders delivered and received those services without the threat or occurrence of violence or without fears for their safety. Staff explained to us how they calmed patients who might be getting anxious. All reception staff had attended de-escalation training and they felt confident they would be able to manage a situation should a distressed patient become upset and aggressive. We saw how supported services such as drug and alcohol and counselling services were located in the practice to enable easy access for patients if this was needed.

The practice was responsive in terms of seeking and acting upon patients views. We saw in reception there were publicised comments forms and a box for patients and public to contribute views. We were told that patient experience feedback was discussed at staff meetings and appropriate actions taken. During our inspection we observed reception staff. We saw how professional they dealt with patient calls and how empathetic and respectful they were during the conversations.

The practice proactively engaged the general public, patients and staff to gain feedback. The practice had an

active Patient Participation Group (PPG) and during our inspection we spoke with one of the members. We were told how caring staff were at the practice and how supportive the practice manager had been at PPG meetings. Examples were given showing us that staff always took account of patient views and perspectives particular in making decisions that could have an impact on older people and their care.

### Tackling inequity and promoting equality

The practice was tackling health inequalities in an area of high deprivation by providing good access to medical care and helping patients navigate a complex health system. Patients we spoke with confirmed that the appointments system was easy to use. They felt staff were supportive from the initial contact and they were satisfied with the choices available to them in terms of access to the service. Results from the NHS National Patients Survey 2013 showed good results for the question 'generally how easy is it for you to get through to someone at your surgery on the telephone'.

Opening hours met the needs of the practice population and were clearly stated. Patients we spoke with told us this. We found the practice had an early morning opening time one day a week to help support those patients that were working. The appointments system was monitored to check how the appointments system or open-access system works. The practice was located in ground floor premises and all areas were fully accessible for disabled patients.

We found the practice had added a number of computers in the patients waiting areas. These were to be used by members of the public, often when completing online forms for housing and benefits. We found the GP's at times had to become involved in speaking or writing letters on behalf of patients (e.g. the housing or legal issues). We saw that GPs and all other staff were aware of local services (including voluntary organisations) that they could refer to. Patient's information sign posted patients and families to welfare and benefits advice organisations. Local councillors regularly held their surgeries at the practice. We saw that in an effort to improve patient access for specific diseases the practice held nurse led clinics e.g. diabetes and we found close working relationships with the health visitors and the community nursing team. When a patient was house bound the practice nurse attended their home to provide

# Are services responsive to people's needs?

## (for example, to feedback?)

care and advice. We also found that for the most vulnerable groups, such as the patients on the zero tolerance scheme, staff would try to get as much done as they could every time the patient attended the surgery.

We found the practice had a clear and up to date practice leaflet containing information about the practice and this was also available to patients online.

### Access to the service

Patients told us they experienced good access to the service. They felt all of their needs were regularly met including their spiritual, ethnic and cultural needs. We spoke with staff and found they were aware that patient's needs might be different. For example, the patients on the zero tolerance scheme required support to ensure they did not become anxious during an appointment with the GP. Patients with learning disabilities were also identified as needing more time, attention and explanations about their care.

Staff explained that the local population had a number of people for whom English was not their first language and they confirmed that if required they could access language line services for interpreter support. After initial contact with the practice patients would be given a choice of appointments. This was either telephone advice, a face to face appointment or a home visit dependent on the patients needs. Each of the patients we spoke with were complimentary about the responses the services had made when contact had been made by them.

We saw good evidence for how practice staff worked with out-of-hours services and other agencies to make sure those patients' needs were met when they moved between services. We saw that when needed a patient appointment with other providers such as a hospital referral would be made during the patients consultation after the appropriate tests and examinations had happened at the practice. We heard from patients that following discharge from hospital the GP and practice staff had been very supportive.

### Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their 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 service. Staff were knowledgeable regarding the complaints process. They had received training in customer relations and conflict resolution and told us how they would try and deal with the situation. They described how they would direct patients with comments or concerns to the patient experience cards held at reception. We saw posters advising patients how they could make a complaint. We were told that complaints made were routinely discussed with staff at regular team meetings but minutes were not kept.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

We spoke with staff about the leadership and culture of the service. They reported an open culture where the management team support was good. There was a well-established management structure with clear lines of responsibility. We spoke with staff with differing roles within the service and they were clear about the lines of accountability and leadership. They spoke of good visible leadership and full access to the senior GP and practice manager.

Staff we spoke were clear about their working values and ethos and how important these were in working in an area of high deprivation. All staff told us they enjoyed working at the practice and they felt valued in their roles. Staff felt supported, valued and motivated and reported being treated fairly and compassionately. Annual team building days were held, all staff we spoke with told us they looked forward to these and pictures of the team together were displayed across the practice. Staff told us they felt confident in the senior team's ability to deal with any issues, including serious incidents and concerns regarding clinical practice. Staff reported an open and no-blame culture where they felt safe to report incidents and mistakes.

### Governance arrangements

We saw clear and open governance arrangements but in parts they were not effective because systems were not in place to manage risk and patient experience well enough. We found practice staff were clear about their accountabilities, a number of them had worked there for a long period of time but at times they worked without formal supervision and without robust and effective policies and procedures. Team meetings were taking place but no formal notes or minutes were taken.

Staff were clear about who was responsible for decision making and there was a transparent culture within the service. However there was a lack of formal risk assessments in place and the issues related to the poor environment had not been managed safely. The practice had a number of policies and procedures to govern activity, however some of these were overdue a review. We also found inadequate arrangements for the recruitment of staff and records that should have been in place to show the

skills and fitness of the practice staff were not in place. Despite this we did not see evidence that this lack of systems had adversely impacted on the quality of care given to patients.

We did see improvements were being made to the use of patient data and information to inform decisions about clinical care and treatment.

### Leadership, openness and transparency

The practice had a plan to relocate the premises within six months and all staff were preparing for this. This included succession planning for staff that might be retiring before or at this time. We felt the lead GP had a good understanding of the current and future leadership needs of the practice and was working hard to ensure patients needs and wishes were included.

The management model in place was supportive of staff. Staff we spoke with said they enjoyed working at the practice, many had worked there for a long period of time. Annual and more regular team events took place and this included the whole practice. Staff spoke positively of these events and how valued and supported they felt working here. The practice had a strong team who working together in the best interest of the patient.

Our conversations with the management team suggested an openness, honesty and transparent approach but if they needed would deal with poor practice and behaviour. All staff were aware of the practice Whistle Blowing Policy and they were confident to use this should the need arise.

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

We found the practice proactively engaged the general public, patients and staff to gain feedback (PPG). The practice had an active Patient Participation Group (PPG) and during our inspection we spoke with one of the members. We were told how caring staff were at the practice and how supportive the practice manager had been at PPG meetings. Examples were given showing us that staff always took account of patient views and perspective particular in making decisions that could have an impact on older people and their care. We looked at minutes of the meetings and confirmed the lead GP was in attendance and asked their views on a number of ways to improve the practice and improve the way they obtained views about patient experience. We saw also that other



# Are services well-led?

Requires improvement 

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

health care professionals attended the meetings to show work that is occurring across the community. Information about the group and how patients could join was available in the patient's waiting room and on the practice website.

Staff reported a culture where their views were listened to and if needed action would be taken. We saw how staff interacted and found there was care and compassion not only between patients and staff but also amongst staff themselves. We were told that regular clinical and non-clinical meetings took place. At these meetings any new changes or developments were discussed giving staff the opportunity to be involved. All incidents, complaints and positive feedback from surveys were discussed. We were told how information on patient experience and

performance was discussed at the meetings. However these meetings were not recorded as minutes so if staff did not attend in person they might not have the opportunity to learn and share the information.

## Management lead through learning & improvement

There was a programme of induction and training and development for all staff but poor records were maintained for these. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles. Staff were supervised until they were able to work independently but written records of this were not kept. We found that staff did not have annual appraisals completed.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

#### Regulated activity

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

#### Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations  
2010 Safety and suitability of premises

Suitable arrangements were not in place to ensure that people attending the practice were protected against the risk associated with unsafe premises. Clear maintenance procedures, plans and risk assessments were not in place to show the premises were maintained. On the day of the inspection there were unfit areas of the practice due to heavy rainfall increasing the health and safety risks for patients and staff working in an unsafe environment.

#### Regulated activity

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

#### Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations  
2010 Cleanliness and infection control

The provider had not fully complied with the 'Code of Practice for health and social care on the prevention and control of infection and related guidance'. Policies and procedures were not in place for undertaking minor surgical procedures. Infection control risk assessments had not been undertaken following extensive damage to the maintenance of the premises.

#### Regulated activity

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

#### Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations  
2010 Requirements relating to workers

The provider did not have adequate systems in place to ensure the recruitment arrangements were in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff. Key documentation was missing from staff files to demonstrate their fitness to work at the practice.



This section is primarily information for the provider

## Compliance actions

### Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations  
2010 Supporting staff

Suitable arrangements were not in place to ensure staff had received training appropriate to their role. Systems were not in place to ensure staff received supervision and annual appraisals. Records to show staff had the skills and competence to undertake all roles were not in place.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.