

Dr Maassarani and Partners

Quality Report

Dr Maassarani and Partners
Towerhill Surgery
Ebony Way
Merseyside
L33 1XT
Tel: 0151 244 4001
Website: www.mazmedical.nhs.uk

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Outstanding	
Are services well-led?	Good	

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection February 2015 – Requires Improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Outstanding

People experiencing poor mental health (including people with dementia) – Outstanding

We carried out an announced comprehensive inspection at Dr Maassarani and Partners on 10 January 2018. Overall the practice is rated as good.

Previously we carried out an announced comprehensive inspection at Dr Maassarani and Partners on 03 February 2015. The overall rating for the practice was requires improvement. The practice was required improvement for safe and well-led services. Requirement notices were made as improvements were needed in the pre recruitment checks completed by the provider and quality of staff supervision and training. The full comprehensive report on the February 2015 inspection can be found by selecting the ‘all reports’ link for Dr Maassarani and Partners on our website at www.cqc.org.uk.

At this inspection we found:

- Systems in place to ensure staff recruitment was safe were established.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- In response to the GP survey results the provider had put systems in place to review and monitor their processes in areas with a lower than average satisfaction rate.

Summary of findings

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- In the 2017 GP survey patients said they did not always get to see the GP of their choice, however patients we spoke with and who completed CQC comment cards told us they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw areas of outstanding practice:

- The practice was outstanding in the area of responsiveness to people in vulnerable circumstances. The practice accepted vulnerable migrants and had taken steps to employ staff from

the migrant groups. Their role was to provide outreach into these communities to encourage a take up of health, social support and educational services.

- The practice recognised the impact of long term debt and unemployment on mental and general health and worked with a local charity to provide job opportunities for young unemployed people and also a debt management service which had directly benefited their patients.
- The systems and processes in place for enabling patients experiencing poor mental health to engage with the practice and receive care, treatment and support were outstanding.

The areas where the provider **should** make improvements are:

- The provider should review their processes for identifying and documenting themes from complaints and incidents.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Dr Maassarani and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser.

Background to Dr Maassarani and Partners

Dr Maassarani & Partners occupies a part of the Towerhill Primary Care Resource Centre. The practice was registered with CQC in June 2014. The practice is situated at Towerhill Surgery, Ebony Way, Merseyside. L33 1XT. The web address is: www.mazmedical.nhs.uk.

The practice provides a range of primary medical services including examinations, investigations and treatments and a number of clinics such as diabetes, asthma and hypertension.

- The practice is responsible for providing primary care services to approximately 10,624 patients.
- Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is significantly higher than the national average.

- The majority of patients, approximately 98%, are white British.

The practice provided:

- Three male general practitioners and one female.
- Four female nurse clinicians who have completed training and achieved a specialist qualification so they can to treat, diagnose and prescribe medicines for certain health conditions.
- Two female practice nurses.
- One female health care assistant and
- One pharmacist.
- The practice is open between 8 am and 6.30pm Monday to Friday.
- Appointments are from 8am to 12.30pm every morning and 3pm to 6.30pm daily. Extended hours appointments are offered to 8pm each Monday and Tuesday.
- A branch surgery of Dr Maassarani & Partners is located in Melling. The Melling Surgery is a purpose built building, the same staff work between the two surgeries. The Melling branch surgery is open Monday 8am to 7.30pm and Wednesday and Thursday 8am to 6.30pm.
- Patients are directed to NHS 111 out of hours services when the practice is closed.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

At our previous inspection on 03 February 2015 we rated the practice as requires improvement for providing safe services as there were insufficient arrangements in respect of staff recruitment and learning from incidents.

These issues had been resolved and improved when we undertook a comprehensive inspection on 10 January 2018.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. Disclosure and barring checks (DBS) were undertaken when required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. The safeguarding lead had completed level five and seven adult safeguarding and child protection training. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care record audits we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.

Are services safe?

- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, and took action to improve safety in the practice. For example all immunisation letters and appointments were dealt with by one person to make sure the process was seamless and reduce the risk of processes being overlooked.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The building used hearing loop system to assist people who used hearing aids to support their independence.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Through collaborative and joined up working the practice identified patients who were at risk of social isolation and provided referrals directly into services that offered support.
- Older patients were provided with health promotional advice and support to help them maintain their health

and independence for as long as possible. For example the practice provided patients with information a local carers charity to encourage access to services across the borough.

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice performance in relation to diabetes care was comparable with local practices.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being

Are services effective?

(for example, treatment is effective)

met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% and relatively high for all standard childhood immunisations.
- From the sample of documents we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 79%, which was in line with the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice identified patients whose circumstances may make them vulnerable who had a life-limiting condition.

People experiencing poor mental health (including people with dementia):

- The practice carried out advance care planning for patients living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

The practice performed better than the CCG and national average in relation to reviewing the care of patients diagnosed with dementia.

- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face to face review in the preceding 12 months was 100% which was better than the local CCG average of 85% and the local average of 84%.

Performance for mental health related indicators was similar to the CCG and national averages.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the records in the preceding 12 months was 91% which was comparable with the local average of 92% and the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Are services effective?

(for example, treatment is effective)

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- Staff had received suicide awareness training in response to learning from an incident.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example a case finding tool was used to identify patients at risk of developing poor mental health; the practice referred patients to evidence based talking therapies and the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 91% which was comparable to the CCG.
- The percentage of patients experiencing physical and or mental health conditions who had received advice about smoking cessation was 99.6%, the CCG average was 97% and the national average was 95%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- A number of clinical audits had been commenced which included antimicrobial prescribing and use of other medicines, atrial fibrillation and osteoporosis care and treatment. One medicine audit had completed two cycles and changes in response included booking a review date with the patient on the day the therapy started and repeat prescriptions were no longer given for this therapy. Other audits were not complete and it was too soon to see where improvements could be implemented and monitored.
- Data available to the CQC showed the number of registered patients suffering income deprivation was significantly higher than the national average, however, the outcomes for most patients was comparable to or better than the local and national averages. The practice took action when performance was below average.
- The most recent published 2016/2017 Quality Outcome Framework (QOF) results showed the practice attained 99% of the total number of points available compared

with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 9.1% which compared well with a national average of 9.6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice performed better than the CCG and national average in relation to reviewing the care of patients diagnosed with dementia. The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face to face review in the preceding 12 months was 100% which was better than the local CCG average of 85% and the local average of 84%.
- The practice used information about care and treatment to make improvements. For example the practice performed worse than the CCG and national averages in relation to females aged 50-70 who take up breast screening within 6 months of invitation. The practice scored 25%; the local CCG average was 53% and the national average was 62%. In response the practice developed a three year action plan which included sending eligible women a letter; three text reminders and three email reminders with regards to attending breast screening within six months of the invitation. The effectiveness of the plan will be evaluated at the next Public Health England cancer data results.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision

Are services effective?

(for example, treatment is effective)

and support for revalidation. The induction process for health care assistants prepared them for their responsibilities. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that processes were in place to include all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 82 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service, staff were helpful, caring and treated them with dignity and respect.
- This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 389 surveys were sent out and 100 were returned. This represented less than 1% of the practice population. The practice was average for its satisfaction scores on consultations with GPs and nurses.

- 93% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.

- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

Patient satisfaction scores were significantly worse than average in three areas.

40% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 61% and the national average of 56%.

- The practice was aware of this data and plans were in place to address and review this issue. Patient's comments and feedback to the CQC indicated there had been some improvement in this outcome. We received 82 comment cards and all respondents praised the practice in general terms only two commented that it was sometimes difficult to get an appointment with the doctor of choice.

49% of patients said they usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 64% and national average of 64%.

- The practice was aware of this data and plans were in place to address and review this issue.
- Patients commented that although they waited to be seen, their consultations were never hurried.

65% of patients said they find it easy to get through to this surgery by phone compared to the CCG average of 77% and the national average of 71%. The practice was aware of this data. This issue had been addressed and plans were in place to monitor the outcomes.

- Action taken included raising awareness to the practice's online booking system.

Are services caring?

- The telephone system had been updated so that patients who dialled for an appointment were now connected into a queuing system instead of not being able to dial through.
- The work flow was also reviewed and changed to increase appointment times to 8am to 6.30pm Monday to Friday and until 7.30pm each Monday evening at the branch surgery and 8.30pm at Towerhill each Tuesday.

Involvement in decisions about care and treatment

- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given) and an information leaflet was available.

Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

- Staff communicated with patients in a way that they could understand, for example, communication aids were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers.

- The practice had identified 198 patients as carers (1.8% of the practice list). The practice had achieved the Knowsley Carer Certificate. In order to achieve the award the practice had to implement a number of initiatives, all of which supported identification and care management of carers.
- The practice had designed and developed two carer specific audits; the 'Carer case Finder' which identified potential 'new' carers and the 'Care of the Carer' audit which identified how well the practice managed carers and what could be done to improve the care of the

carers. Due to these initiatives the practice have been asked to support the redesign and implementation of the Primary Care - Carers Agenda which will be adopted by all GP practices in Knowsley during 2018.

- Staff told us that when families experienced bereavement, the senior partner or usual GP contacted them and a sympathy card was sent. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and giving them advice on how to find a support service. Patients also feedback in the comment cards that the service provided good end of life care and bereavement support.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG 84% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 89% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice and population groups, people experiencing poor mental health (including people with dementia) and people whose circumstances may make them vulnerable as outstanding in responding to meet people's needs.

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. There were longer appointments available for patients with a learning disability.
- The practice provided home visits for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Same day appointments were available for children and those patients with medical problems that require same day consultation. A taxi service was available for patients who could not access transport to get to an appointment.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice worked closely with a local charity with the aim of improving the employment opportunities of their patients who wanted to work and the practice had taken active steps to help people into employment.

Older people:

All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- Where older patients had complex needs, the practice shared summary care records with local care services.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.

All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment.

- This practice had systems in place to promote holistic support. For example through collaborative and joined up working the practice identified patients who were at risk of social isolation and provided referrals directly into services that offered support.
- Older patients were provided with health promotional advice and support to help them maintain their health and independence for as long as possible. For example the practice provided patients with information (from Age UK Knowsley) to encourage access to services across the borough.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Working age people (including those recently retired and students):



Are services responsive to people's needs?

(for example, to feedback?)

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

We rated the practice as outstanding in responsive for people whose circumstances make the vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, those with a learning disability and asylum seekers. The practice had worked in partnership with Knowsley Council to establish a Syrian refugee programme. The practice identified that the Syrian population were facing social isolation, unemployment and had low expectations in relation to education and healthcare. The practice with the support of local charity (an organisation with access to expertise and funding) had recently employed three Syrian refugees on an apprenticeship programme. The intent is that their experiences and knowledge will help the Syrian patients registered at the practice and also educate staff at the practice about the Syrian population's needs. A patient information leaflet in Syrian and GP information sessions were also provided.

The practice had developed a charity and the practice worked through the charity to identify local services that would benefit families, children and young people and people in vulnerable circumstance. In response a debt management service was implemented. This service was supported by the local charity and provided support to help families become debt free. During 2017 the service supported four families in becoming debt free.

The practice actively promoted a local food bank service and worked in partnership with the charitable organisation to break down barriers and enabled families and vulnerable people to access food vouchers.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

- The practice provided longer appointments for patients according to their individual needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice identified patients whose circumstances may make them vulnerable who had a life-limiting condition.
- The practice worked closely with local social and police services to identify people at risk of isolation and put effective steps in place to reduce loneliness a key time of the year. For example the charity set up by the practice was instrumental in organising three lunches over the 2017 Christmas period and approximately 300 people, attended each event. In total 900 people attended these Christmas lunches.

People experiencing poor mental health (including people with dementia): We rated the practice as outstanding in responsive for people experiencing poor mental health (including people with dementia).

- All staff interviewed including administration staff had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated mental health and dementia clinics regularly. Patients who failed to attend were proactively followed up by a phone call from a GP. The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example a case finding tool was used to identify patients at risk of developing poor mental health.



Are services responsive to people's needs?

(for example, to feedback?)

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with schizophrenia, bipolar effective disorder and other psychoses who have had a comprehensive, agreed care plan documented in their record was better than the Clinical Commissioning Group (local) average.
- The percentage of patients with schizophrenia, bipolar effective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was comparable to other practices.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- In response to learning from incidents all staff including reception and administration staff had completed suicide awareness training. The training was role specific so that front line staff would know how to support a patient arriving at the practice or calling in by phone.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.

- The appointment system was easy to use but the provider was taking steps to improve the effectiveness of the telephone system.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was slightly worse than local and national averages. 389 surveys were sent out and 100 were returned. This represented less than 1% of the practice population.

- 75% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 65% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 77% and the national average of 71%. The provider presented evidence that plans were in place to upgrade the telephone system and some changes had been made in response to the survey results.
- 81% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 84%.
- 74% of patients who responded said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%.
- 71% of patients who responded described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 54% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

The practice were aware of these findings and put an improvement plan in place. Changes made included extending the number of appointments available. Planned changes included improving communication with patients about how to make appointments and upgrading the waiting area to make waiting more pleasant.

The findings on the day of inspection and information received from patients who completed CQC comment cards indicated some improvement had been achieved in



Are services responsive to people's needs? (for example, to feedback?)

this area. Eighty-two completed CQC comment cards were returned and 22 patients commented on appointments. Fifteen were very positive about the length of consultations and the ease of getting appointments at a time of choice. Seven people felt it was difficult to get an appointment at the time of choice even though a number of these also indicated they were satisfied with the wait before an appointment and length of consultations.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

- The complaint policy and procedures were in line with recognised guidance. Nineteen complaints were received in the last year (2017). We reviewed 10 complaints and found that they were handled in a timely way.

The practice learned lessons from individual concerns and complaints and acted as a result to improve the quality of care. Action taken in response to investigating a complaint included making sure all work requests are sent to the appropriate person as a task using the electronic record. This reduced the risk of jobs being overlooked. The provided did not record a periodical analysis of complaints to identify trends.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

At our previous inspection on 03 February 2015 we rated the practice as requires improvement for providing well-led services as insufficient arrangements were in place to confirm staff training, learning and development. These issues had been resolved and improved when we undertook this comprehensive inspection on 10 January 2018.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

Good 

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. We discussed with the provider the need to review the current system to ensure objectives were reviewed within agreed timescales.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example local education and employment charities and the clinical commissioning group.
- The patient participation group was supported and encouraged. The practice had identified a young person's champion the aim was to work with the champion to support other patients with education and sign posting. This was a new initiative aimed at increasing the number of young people who attend the surgery for general information as well as specific concerns.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice had created a charity, Care Merseyside (formerly known as Towerhill Community Charity). The

Are services well-led?

Good 

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

charity supported local causes and the practice regularly fundraised this and other charities. The practice supported the local foodbank with financial contributions.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice, particularly in relation to social prescribing and providing holistic care and support.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.