Aintree Park Group Practice

Inspection report

The Orrell Park Surgery
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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 location	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. The practice was previously inspected on 15 October 2015 and rated good overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? –Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Aintree Park Group Practice on 16 November 2018 as part of our inspection programme.

At this inspection we found that:

- Since our previous inspection, the practice had taken on approximately a further 2,000 patients. There had been changes to the governance and staffing structure to meet the demand.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- There were gaps in the management of authorisations for vaccinations, risk assessments for emergency medicines and security of blank prescriptions. The practice advised us after the inspection that steps had been taken to remedy the shortfalls identified.
- The practice reviewed the effectiveness and appropriateness of the care it provided by carrying out clinical audits but there was no schedule of clinical audits in place. It ensured that care and treatment was delivered according to evidence-based guidelines. However, antibiotic prescribing rates were high and the practice had action plans in place to reduce this.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it, however the national GP patient survey outlined lower rates of satisfaction with telephone access. The practice was aware of this and had acted to try and improve telephone access.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service. The practice had a well- established patient participation group (PPG).
- Staff worked well together as a team and all felt supported to carry out their roles.
- There was a strong leadership with a desire to use innovative approaches to deliver patient care. Staff morale was high and staff were encouraged at every level to be part of the forward planning of the practice. There was a strong focus on continuous learning and improvement at all levels of the practice.
- The practice complied with the Duty of Candour.

However, the practice must:

- Ensure care and treatment is provided in a safe way to patients with regards to ensuring documents to authorise medicines are completed.

The practice should:

- Implement a system for monitoring the security of blank prescriptions for printers in the buildings.
- Carry out a risk assessment for how much oxygen is necessary to be stored on the premises and the emergency medicines in use.
- Continue to monitor antibiotic prescribing rates for all individual clinicians.
- Have a programme of scheduled clinical audits to monitor the effectiveness of care and treatment.
- Ensure the infection control lead receives additional training for their role.
- Carry out additional work to ensure the practice is complying with Accessible Information Standards.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Aintree Park Group Practice

Aintree Park Group Practice is located across two sites in a deprived area of Liverpool. The main practice is at 46 Moss Lane Orrell Park Liverpool L9 8AL and the branch surgery is at Oriel Drive Liverpool L10 6NJ. There were approximately 16,099 patients on the practice list at the time of our inspection that was predominantly of a white British background.

The practice is a training practice managed by seven GP partners. There are also two salaried GPs, three regular GP locums and two GP registrars. There are two nurse practitioners, a locum nurse practitioner, two practice nurses and three healthcare assistants. Members of clinical staff are supported by the practice manager and an operations manager, reception and administration staff. The practice also employs a full-time pharmacist and a physiotherapist.

The practice at Moss Lane is open 8am-6.30pm Monday, Thursday and Fridays; 8am-8pm on Tuesdays and 8am-4.30pm on Wednesdays. The branch surgery (Old Roan Surgery) is open 8am-6.30pm on Mondays, Tuesday, Wednesday and Friday and 8am-4.30pm on Thursdays. In addition, Saturday morning appointments are available from 8.30am-11.45am at the branch surgery. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

The practice is part of Liverpool Clinical Commissioning Group and has a General Medical Services (GMS) contract

Aintree Park Group Practice is registered with the Care Quality Commission to provide the following regulated activities:

Treatment of disease, disorder or injury

Surgical procedures

Diagnostic and screening procedures

Maternity and midwifery services

Family Planning

Requires improvement

Are services safe?

We rated the practice as requires improvement for providing safe services.

This was because there were gaps in the management of authorisations for vaccinations, risk assessments for emergency medicines and security of blank prescriptions. The practice advised us after the inspection that steps had been taken to remedy the shortfalls identified. The practice sent us signed patient group directives, which are legal documents for the authorisation of vaccinations, after the inspection.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was shared with staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. There was a lead member of staff for infection control but they had not received any additional training for this role.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 including sepsis.

Information to deliver safe care and treatment

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

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing vaccinations required improvement as we found Patient Group Directives (PGDs) had not been signed. These are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. It was not clear what the process was to ensure PGDs were appropriately reviewed and authorised.
- There was a system for storage and monitoring of blank prescriptions for use on home visits. However, although there was a monitoring system for incoming stock of blank prescriptions for use in printers, there was no monitoring system for use within the buildings and the prescriptions were not kept in lockable printers.
- There was no risk assessment as to what emergency medicines needed to be available. There was one small oxygen cylinder per practice site. We discussed with the practice to review whether this was sufficient in the event of a delayed ambulance call out.

Requires improvement

Are services safe?

- The practice was aware of their high antibiotic prescribing rates and had plans in place to tackle this.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice monitored patients on high risk medications.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Good

Are services effective?

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

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' immediate and ongoing 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice was conducting a pilot study for the use of a practice physiotherapist. The practice advised us that this had significantly reduced referrals to the Musculoskeletal Clinical Assessment Service by up to 69%.

Older people:

- All patients over 75 were offered a full assessment of their physical, mental and social needs.
- The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice worked with a specialist diabetes nurse to help with more complex cases.
- The practice's performance on quality indicators (2017-2018) for long term conditions was in line with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were mainly above the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 78% (Public Health England), which was just below the 80% coverage target for the national screening programme but above local and national averages. The practice advised us after the inspection that their uptake rates had increased. The practice monitored its performance and sent reminders and followed up opportunistically.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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 considered the needs of those whose circumstances may make them vulnerable. There were monthly meetings at the practice attended by other health care professionals to help support patients.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Good

Are services effective?

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long term medication.
- The practice worked with and met with the local mental health team to discuss more complex cases.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health (2017-2018) was in line with local and national averages.

Monitoring care and treatment

There were prescribing audits but only a few clinical audits to demonstrate quality improvement activity. The practice did not have a schedule of audits to be able to routinely review the effectiveness and appropriateness of the care provided. The practice advised us after the inspection that an annual audit schedule was to be introduced. Where appropriate, clinicians took part in local and national improvement initiatives. The practice used information about care and treatment to make improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions.
- 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 ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring and clinical supervision.
- The practice did use locums but these were regular locums who received induction, a locum information pack and continuous support. They attended staff meetings including significant events meetings.
- Trainee GPs and locums were monitored for clinical competence.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective 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 considered 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 need 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 own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Good

Are services effective?

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and 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.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated them.
- The practice gave patients timely support and information.
- The practices GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given) however there was no evidence to demonstrate how the practice had audited and worked towards this. The practice advised us after the inspection that changes to their registration processes and monitoring had been made to increase the amount of information available to facilitate patient access and communication.

- 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 had information leaflets and information on the practice web site.
- The practices GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting 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.
- Telephone, email and face to face GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had been involved in a collaborative development of an electronic noticeboard, for clinicians and community staff to signpost community groups.

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.

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.
- The practice held regular meetings with other care professionals to discuss and manage the needs of patients with complex medical and social 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- 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, online booking of appointments and extended hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Staff had received dementia and suicide awareness training.

Timely access to care and treatment

Patients could 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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice used a text to cancel and text reminder service to reduce the amount of failed to attend appointments.
- The practices GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

Good

Are services responsive to people's needs?

- The practice had worked towards improving telephone access in response to lower satisfaction rates in the national GP patient survey results.

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.

Patient information leaflets about how to make a complaint or raise concerns were available.

- The complaint policy was in line with recognised guidance.
- Formal written complaints were discussed at regular staff meetings.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Good

Are services well-led?

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

Leadership capacity and capability

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

- Leaders 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.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values.
- 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 care 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 that was consistent 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 could 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 had undergone an appraisal in the last year.
- There was a strong emphasis on the safety and well-being of staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- 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.

- 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 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 policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However some monitoring systems for medicines management required further improvement.

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. Practice leaders had oversight of safety 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. However further improvement could be made by having a schedule of audits in place.
- The practice had plans in place and had trained staff for major incidents.

Good

Are services well-led?

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 information technology systems to monitor and improve the quality of care.
- 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 the culture. There was an active patient participation group.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared both within the practice and with other practices and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice took part in research programmes.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There was no system to ensure Patient Group Directives (PGDs) for authorisation of vaccinations were appropriately reviewed. Only a few PGDs had been recently signed and many at both sites were not signed.