Dr SS Sapre and Partners

Quality Report

Aintree Road Medical Centre
1B Aintree Road
Bootle
Liverpool
L20 9DL
Tel: 0151 922 1768
Website: www.aintreeroadmc.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	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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr S S Sapre & Partners on 26 November 2015. Overall the practice is rated as requires improvement. Specifically, we found the practice to require improvement for providing safe, effective and well led services. The practice is rated as good for providing caring and responsive services.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There were systems in place to mitigate safety risks including analysing significant events and safeguarding however they were not consistently applied.
- The premises were clean and tidy. Systems were in place to ensure medication including vaccines were appropriately stored and in date. Emergency medicines were readily available as was a defibrillator but the practice did not have oxygen available for use in an emergency.
- The recruitment procedure was not consistently followed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. However the screening of patients at risk of dementia fell below the levels expected in a practice signed up to provide the enhanced service for dementia. The practice could not evidence care plans for these patients and could not produce minutes of multi-disciplinary team meetings for the care of palliative patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and that 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.
  - Although there was a clear leadership structure and staff felt supported by management, not all of the areas highlighted as requiring improvement had been focused on. The practice did not have a registered manager in place and could not demonstrate that this was being effectively dealt with. The lead GP could not demonstrate that the one day he spent at the practice was sufficient to allow full direction and control of the regulated activities.

There were areas were the provider must make improvements. The provider must:

- Ensure all recruitment checks as required by Schedule 3 are completed and copies of these checks are held in recruitment records.
- Ensure all significant events are reported, recorded and follow the written procedure for handling significant events.
- Apply the same level of scrutiny to complaints about clinical care, as would be applied to significant events ensuring lessons learnt are discussed and shared.
- Have oxygen in place for use in an emergency.
- Ensure a hearing loop is available for any patients who may need this.
- Carry out regular fire drills and keep records of these.
- Conduct a risk assessment on the need for Legionella checks and if required organise annual Legionella testing.
- Provide appropriate levels of screening for conditions, using appropriate tools.
- Ensure MDT meetings are held; where these are by telephone, keep appropriate records of these and minutes of all 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?

Requires improvement

The practice is rated as requires improvement for the provision of safe services. The practice had not undertaken the required level of background checks in respect of some members of clinical staff. The practice could not confirm that locum GPs had the appropriate level of medical indemnity insurance in place. Although processes were in place to conduct significant event analysis, complaints which raised issues that required investigation and analysis did not receive the same level of scrutiny. As a result opportunities to learn from this were missed. Some significant events had not been recorded. The practice did not have oxygen available for use in an emergency. The practice did have a defibrillator available for use in an emergency. The practice did not carry out Legionella testing and did not have a risk assessment in place to support the decision.

Are services effective?

Requires improvement

The practice is rated as requires improvement for provision of effective services. The practice was signed up to provide an enhanced service to proactively offer assessment to patients at risk of

dementia and to continually improve the quality and effectiveness of care provided to patients with

dementia**.** On inspection, we found no dementia screening tools were used. At the time of this inspection 10 patients were identified as having dementia, representing 1% of the practice population. There were no care plans in place for these patients. Two of these patients had received a health check. (Figures for the expected prevalence of dementia are much higher). The practice said they held palliative care meetings, but no minutes of these were available.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care.

Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

The practice leaders acted on data to drive improvements; for example, we saw that QOF exception reporting had dropped from 4.9% in 2013-14 to 2.8% in 2014-15.

Patients said they found it easy to make an appointment with a named GP and that 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. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints about administration within the practice was shared with staff. However, learning from any complaints about clinical care was not always shared more widely to maximise learning points.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for providing well-led services.

The practice is registered with the Care Quality Commission as being run by an individual, Dr S S Sapre. However, it was presented to us as being a partnership. The lead GP failed to show that they were in day to day control of the practice. The practice had failed to submit validated applications to register the practice as a partnership, and appoint a Registered Manager.

The designated practice manager and practice administrator worked between this practice and another site, accommodating a further two practices run by Dr Sapre. Our findings on the day indicated that the practice required a more permanent presence from a practice manager, rather than being managed remotely for several days each week.

The practice had a number of policies and procedures to govern activity and had systems in place for knowing about notifiable safety incidents. The practice sought feedback from staff and patients. The patient participation group was active.

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

Requires improvement

The practice is rated as requires improvement for the care and treatment of older people. There were aspects of the safe, effective and well-led domains that impacted on all population groups.

The practice had not carried out the work required to identify those patients at risk of dementia. Where patients had been identified, only two had received an annual health check. The practice were unable to show us care plans for these patients. The rate of flu immunisation take-up by this patient group was 65.5%, compared to the national average of 73.24%. The provider could not show plans in place to increase this, which would help older patients to maintain good health and well-being.

People with long term conditions

Requires improvement

The practice is rated as requires improvement of the care of patients with long term conditions. There were aspects of the safe, effective and well-led domains that impacted on all population groups. In three of the five indicators of performance for care of patient with diabetes, the practice was performing below the national average. The practice had improved in two areas. The practice had a higher rate of unplanned hospital admissions than the national average, but there was no plan in place to help reduce this. The practice told us they held palliative care meetings with the multi-disciplinary team but were unable to evidence this.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care and treatment of families, children and young people. There were aspects of the safe, effective and well-led domains that impacted on all population groups.The uptake of cervical screening at the practice had improved slightly but was still below the national average. Childhood immunisation for children under 12 months of age was below the national average, although there were better rates of child immunisation in two year olds and pre-school children. Appointments were available outside of school hours and the premises were suitable for children and babies. GPs responded to requests for submission of safeguarding reports for safeguarding review boards.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

Summary of findings

There were aspects of the safe, effective and well-led domains that impacted on all population groups. 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 try to improve accessibility. The practice leaders explained that patients could access a sister practice approximately five miles away. Travel to that practice by public transport would be difficult for patients without a car and staff were unable to say how many times patients had accessed appointments this way.

The practice had started to offer online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. There were aspects of the safe, effective and well-led domains that impacted on all population groups.

The practice did not have a hearing loop available to assist communication with patients who were deaf or had impaired hearing.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments for people with a learning disability. It had told vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of patients experiencing poor mental health, including those with dementia. There were aspects of the safe, effective and well-led domains that impacted on all population groups.

The practice had care plans in place for those patients diagnosed with a mental health condition, but did not have care plans in place for all patients diagnosed with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Those patients diagnosed with a mental health problem were offered longer appointments to ensure their needs were met.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 445 survey forms were distributed and 100 were returned, giving a response rate of 22.5%. This sample represents the views of 4.13% of the practice population.

- 76.3% found it easy to get through to this surgery by phone compared to the CCG average of 64.8% and a national average of 73.3%.
- 95% found the receptionists at this surgery helpful (CCG average 83.3%, national average 86.8%).
- 88.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81.1%, national average 85.2%).
- 96.3% said the last appointment they got was convenient (CCG average 92.2%, national average 91.8%).
- 81.6% described their experience of making an appointment as good (CCG average 66.9%, national average 73.3%).
- 51.6% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62.8%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 completed comment cards, 37 which were positive about the standard of care received, 11 that expressed negative views, and one blank comment card. Positive comments were made about the facilities and the friendliness and helpfulness of the staff. Some patients expressed positive views about GPs that they had seen over a number of years. Negative comments we received were based on lack of continuity of care, difficulty in getting an appointment and requests for home visits being declined.

We spoke with two patients during the inspection. They said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure all recruitment checks as required by Schedule 3 are completed and copies of these checks are held in recruitment records.
- Ensure all significant events are reported, recorded and follow the written procedure for handling significant events.
- Apply the same level of scrutiny to complaints about clinical care, as would be applied to significant events ensuring lessons learnt are discussed and shared.
- Have oxygen in place for use in an emergency.
- Ensure a hearing loop is available for any patients who may need this.
- Carry out regular fire drills and keep records of these.
- Conduct a risk assessment on the need for Legionella checks and if required organise annual Legionella testing.
- Provide appropriate levels of screening for conditions, using appropriate tools.
- Ensure MDT meetings are held; where these are by telephone, keep appropriate records of these and minutes of all meetings.

Dr SS Sapre and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Dr SS Sapre and Partners

Dr S S Sapre and Partners is a practice located in Bootle, Liverpool and falls within the South Sefton Clinical Commissioning Group. The practice is located in an area measured as one of the most socially deprived in the country. Male life expectancy is 77 years, compared to the England average of 79 years. Female life expectancy is 82 years, compared with an England average of 83 years. Almost 60% of patients registered with the practice have a long-standing health condition. Just over 40% of patients are in paid work or full time education. Over 19% of patients are classed as unemployed.

The practice is located in a modern facility suited to delivery of GP services. The patient register is made up of approximately 2,400 patients. The practice has one treatment room and three consulting rooms, all located on the ground floor of the practice. The upper floor is given over to administrative offices, a meeting room and staff area. The practice is fully accessible but does not have automated entrance doors.

The practice team is made up of three partners, two male GP's and one non-clinical manager. The practice retains the services of a female locum GP who delivers one clinical session each week. The combined hours of all the GPs gives the equivalent of just over one full time GP. A practice nurse supports the clinical team, working three days a week. There is an assistant practice manager who works part time at the practice, supported by the administrative team of six staff. The practice had recently appointed a business advisor who was helping to update policies, procedures and other support functions within the practice.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 11.30am every morning and 3.30pm to 6pm each afternoon. Extended hours surgeries are offered on Thursday each week between 6.30pm and 8.00pm. The practice is not open at weekends.

If patients require the services of a GP outside of the practice opening hours, they are directed by a phone message, to call NHS 111, who with triage their call and refer onwards to the appointed out of hours provider, Go to Doc.

The practice presented itself as a partnership. The Responsible Individual had failed to submit validated applications to register the practice as a partnership, and appoint a Registered Manager.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 November 2015. During our visit we:

- Spoke with a range of staff including two GPs, a practice manager, a practice administrator, a business manager, a practice nurse and two members of reception staff.
- We spoke with patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

We also looked at how well services 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
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. However, we found this process was not being applied consistently. We were aware of an event at the practice that was not logged and recorded as a significant event, or submitted to us in the pre-inspection information return. When we asked the practice about this, they said they could locate the paperwork and send it to us on the day following the inspection. When we received this, we found the document was created on the day of the inspection i.e. this confirmed that it had not been recorded and did not follow the process for dealing with significant events at the practice.

We reviewed safety records, incident reports national patient safety alerts and minutes of clinical meetings where incidents were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

We looked at issues arising from complaints. When we reviewed these we saw that these did not receive the level of scrutiny applied to significant events. As a result of this, learning opportunities were missed. Although the practice discussed the events with patients concerned, the opportunity to review how patient care was delivered was not acted upon.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse. However, improvement was required in adhering to these systems.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that the nurse would act as a chaperone, if required. Staff who acted as chaperones were trained for the role. When the nurse was not available, other staff would perform this role. However, these staff had not received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice nurse did not have a DBS check to the required (Enhanced) standard. The DBS check held on file for the nurse was issued in respect of a completely different role, in which there was no care of patients, vulnerable or otherwise, and was only a standard background check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The infection control clinical lead liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, there was no Legionella check in place, or risk assessment to support the decision not to have Legionella testing in place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to bring prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found that insufficient recruitment checks had been undertaken prior to employment. For example, for a locum used,

there was no proof of identification, and no evidence of medical indemnity insurance. For another permanent member of the clinical team, there was no DBS check available.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available to all staff in the shared drive of the practice computer system. The practice had up to date fire risk assessments but could not evidence regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other policies and checks in place to monitor safety of the premises such as infection control checks and cleaning schedules.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice was able to call on part-time staff to provide additional cover during holiday periods and in the event of unplanned absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises but did not have oxygen in place. There was a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.The medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Overall, the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However we found the practice did not use recognised screening tools for the assessment of patients at risk of dementia. This could mean that patients at risk of dementia miss the opportunity of early intervention, treatment and support.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice discussed and monitored how guidelines were applied through clinical meetings which were held weekly.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 2.8% exception reporting. (QOF includes the concept of exception reporting to ensure that practices are not penalised where, for example, patients do not attend for review, or where a mediation cannot be prescribed due to a contra-indication or side effect.) Data from 2014-15 showed;

- Performance for diabetes related indicators had improved on last year, but was lower than the CCG and national average, in three out of five areas.
- Performance for mental health related indicators was better in three out of four areas, compared to the CCG average. The percentage of patients experiencing poor mental health, who had a care plan in place was 96.43% (CCG average 88.47%), the percentage of patients whose alcohol consumption had been recorded was 90% (CCG average 89.55%), and patients whose smoking status was recorded was 94.68% (CCG average 94.1%)

The figures relating to those patients diagnosed with dementia, who had received a face to face review of their care in the preceding 12 months, was 80% compared to the CCG average of 84.01%. However, when we checked records at the practice on the day of our inspection, we saw that just two of 10 patients diagnosed with dementia had received an annual health check. The practice offered no rationale for this or reasons as to why this had happened. The practice is contracted to offer proactive assessment to patients at risk of dementia and to continually improve the quality and effectiveness of care provided to patients with dementia.

We noted that other areas for improvement were being worked on with the support of a pharmacist from the local clinical commissioning group. However, in figures for the last performance year we noted that antibiotic prescribing was still relatively high, with the percentage of specific groups of antibiotics (Cephalosporin's or Quinolones) staying at 9.73% compared with the national average of 6.87%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit on patients who used inhalers, showed a significant number demonstrated poor user technique. All patients were reviewed by a pharmacist who demonstrated best technique and applied the use of a tool which showed patients when they were using inhalers to their best advantage. The recommendation from the pharmacist was that the nurse should be trained to use the tool, introduced by the pharmacist in reviews of these patients to ensure they maximised the potential relief provided by their medicines. The nurse received this training and by November 2015, had reviewed 80% of all COPD and asthma patients, giving guidance and support on best technique and ensuring the right type of inhalers were used.

Effective staffing

Requires improvement

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We were told that multi-disciplinary team meetings took, in that district nurses would discuss patients over the phone, but no minutes were kept of these discussions.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, one GP was unclear on the use of independent mental health advocates.
  When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records and audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme had improved and from 73.15% of patients screened in 2013-14, to 77.66%, which was closer to the CCG average of 81.33%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were below CCG averages for children 12 months and under. For example, immunisation rates for children under 12 months ranged from 77.8% to 85.2%, compared to the CCG average of 94.7%. Immunisation rates for children of two years of age were better than the CCG average. For example, the range of immunisation in this area was between 75% and 100%, compared to the CCG average of 83.1% and 100%.

Requires improvement

Are services effective?

(for example, treatment is effective)

Flu vaccination rates for the over 65s were below the national average, at 65.5% (national average 73.24%, but was slightly higher for at risk groups, at 54.43% (national average 51.34%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. However, we found that only two patients diagnosed with dementia had received an annual health check.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice performed in line with local and national results for its satisfaction scores on consultations with doctors and nurses. The practice achieved scores that were comparable with CCG and national averages in relation to the helpfulness of reception staff. For example:

- 86.5% said the GP was good at listening to them compared to the CCG average of 87.2% and national average of 88.6%.
- 91.5% said the GP gave them enough time (CCG average 92.2%, national average 91.9%).
- 94.6% said they had confidence and trust in the last GP they saw (CCG average 97.1%, national average 97.1%)
- 84.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85.1%).
- 88.8% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.7%, national average 90.4%).
- 95% said they found the receptionists at the practice helpful (CCG average 83.3%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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

- 82.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.9% and national average of 86%.
- 82.6% said the last GP they saw was good at involving them in decisions about their care (CCG average 79.9% , national average 81.4%)

Staff told us that translation 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.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, we saw that improvements had been made in two of the key measurement areas of care of diabetic patients. The practice had also made improvements to the management of patients with asthma and COPD, ensuring patients gained the maximum benefit from their medicines.

- The practice offered a late evening clinic until 8pm for working patients who could not attend during normal opening hours. The practice also offered patients who needed an urgent appointment, the option of visiting a sister surgery. However access to this surgery by public transport would be difficult. The provider confirmed when asked that not many patients had ever accessed this option, and couldn't give numbers of patients that had accessed appointments in this way.
- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly, frail patients and those who were housebound.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available but there was no hearing loop in place at the practice for use by deaf patients or those with impaired hearing.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 11.30am every morning and 3.30pm to 6.00pm each afternoon. Extended hours surgeries were offered on Thursday each week between 6.30pm and 8pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Patients we spoke with on the day said they were able to get appointments when they needed them.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was generally above local and national averages. People told us on the day that they were were able to get appointments when they needed them.

- 87.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 70.4% and national average of 74.9%.
- 76.3% patients said they could get through easily to the surgery by phone (CCG average 64.8%, national average 73.3%).
- 81.6% patients described their experience of making an appointment as good (CCG average 66.9%, national average 73.3%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and patients could request a copy of the complaints policy.

We looked at complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. However, where a complaint raised concerns about clinical issues, we found this was not treated as a significant event and given the appropriate level of scrutiny.

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

The practice leadership team gave a short presentation at the start of the inspection day. In this the lead GP gave the mission statement of the practice. Staff we spoke to on the day were unaware of the mission statement, could not describe what it was or how it was related to staff roles, responsibilities, values and behaviours. Staff we spoke with did display a commitment to providing a good service to patients.

The lead GP ran two further practices, located approximately five miles from the surgery. We were told all three practices were being run as one business, and of the move to a partnership arrangement. This does not reflect the current CQC registration status of the practice. The practice had been in touch with NHS England regarding this, but this would not affect the providers responsibility to ensure the practice is correctly registered with the CQC, as is required.

Governance arrangements

The practice had a governance framework which supported the delivery of services by the practice.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Policies were implemented and were available to staff
- There was a good understanding of the performance of the practice
- There was a programme of clinical and internal audit which was used to monitor quality and to make improvements
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice had recently employed a business manager, who had reviewed all policies and procedures for the practice. However, there were key issues that had not been picked up on, such as incomplete recruitment records and the registration status of the practice, which did not reflect the current way in which the practice was operating.

The way in which services were delivered had changed, with the original lead GP stepping back and recruiting a partner who delivered five clinical sessions each week. The lead GP had reduced their own working time at the practice to two clinical sessions each week.

The lead GP described the practice as being run as a partnership. The registration of the practice did not match this arrangement. The two clinical sessions each week worked by the lead GP, meant they were not in day to day control of the running of the service, which is what the current registration with CQC requires. We found that whilst the support of the non-clinical partner assisted the management of the service, this required improvement.

The lead GP confirmed he spent a significant portion of time at two other practices he ran, which were situated some five miles away. It was clear that there was a significant amount of work entailed in running these services, and at the time of our inspection, the pace of change had left a lack of focus, for example on registration matters and other areas of governance at Aintree Road Medical Centre.

Communication with patients on how the changes would be managed and who the new GP partners would be was lacking. From comment cards, we saw that patients who had been used to seeing the original lead GP, were now experiencing change that they were not informed about and translated this as being a lack of continuity of care.

Leadership, openness and transparency

The GPs in the practice have the experience, capacity and capability to run the practice. They were visible in the practice and staff told us that they were approachable and listened to members of staff.

The practice had systems in place for knowing about notifiable safety incidents.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were and confident in doing so and felt supported if they did.

Are services well-led?

Requires improvement

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

Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice. Staff were encouraged to identify opportunities to improve the service delivered by the practice, for example, there were plans for a member of staff to be trained as a health care assistant.

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

The practice encouraged feedback from patients, the public and staff.

- The practice had recently engaged further with the PPG, moving from a virtual to a physical group. The plan was to gather feedback from patients when they were visiting the practice, rather than through formal surveys which some patients may be reluctant to take part in. The active members of this PPG had only recently met with the practice manager and shared their ideas and proposals for improvements to the practice. For example, by trying to engage with young mothers at local pre-school groups and nurseries.
- We saw no clear evidence of communication with patients around changes on how the services at the practice would be delivered in future. For example, of which GPs would be delivering services and which sessions they would be working. This would have alleviated any concerns patients had about continuity of care going forward.
- The practice had also gathered feedback from staff through through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

We saw how the practice used data to drive improvement. Of particular note was the improvement in uptake of cervical screening and in management of COPD and asthma patients. However, we saw that most audits were carried out by the CCG and medicines management team. The practice did focus on data to drive improvement and could demonstrate its responsiveness in this area although could not show any plans to increase dementia screening to levels commensurate with expected prevalence.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Safe care and treatment. The provider failed to comply with regulation 12(2)(a) (b) and (i). The provider did not have oxygen available for use in an emergency. The provider did not use recognised screening tools to screen for patients at risk of dementia. Screening activity was not in line with expected rates of prevalence of dementia. The provider had only delivered health checks to two of the 10 patients diagnosed with dementia. The provider could not evidence multi-disciplinary care meetings in respect of shared care of patients.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Good governance. The provider failed to comply with regulation 17(2)(a). Clinical issues raised through complaints did not undergo the same level of scrutiny as significant events, which limited learning from those events. Some significant events had not been recorded as required. The provider failed to comply with regulation 17(2)(b). There was no risk assessment in place to determine the need for Legionella testing at the practice.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Fit and proper persons employed.

The provider was failing to comply fully with the provisions of regulation 19(3)(a) and (b). All information specified in Schedule 3 was not held in relation to a permanently employed GP and nurse, and information required was not kept in relation to the employement of a locum GP.