

# Picton Green Family Practice

## Quality Report

Picton Neighbourhood Health & Children's Centre  
137 Earle Road  
Liverpool  
L7 6HD  
Tel: 0151 295 3377  
Website: [pictongreenfamilypractice.nhs.uk](http://pictongreenfamilypractice.nhs.uk)

Date of inspection visit: 1 October 2014  
Date of publication: 11/12/2014

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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Requires improvement</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9
Outstanding practice	9

### Detailed findings from this inspection

Our inspection team	11
Background to Picton Green Family Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	26

## Overall summary

### Letter from the Chief Inspector of General Practice

This is the report of findings from our inspection of Picton Green Family Practice. Picton Green Family Practice is registered with the Care Quality Commission to provide primary care services.

We undertook a planned, comprehensive inspection on 1 October 2014 at the practice location in the Picton Neighbourhood Health Centre. We spoke with patients, relatives, staff and the practice management team.

The practice was rated as Good. They provided effective, responsive, caring and compassionate care that addressed the needs of the diverse population it served.

Our key findings were as follows:

- We found aspects of the service required improvement. Staff were recruited by the practice prior

to required checks being undertaken and information about them being obtained. There was little evidence of such checks and required personal information held on file.

- The service was caring. Patients spoke highly of the practice. They were very pleased with the individualised care given by all staff and told us staff were kind, compassionate and caring.
- The service was responsive. The practice served a diverse population in a deprived area of Liverpool. The practice provided good care to its population taking into account their cultural, religious, socio economic and language needs.
- The service was effective. People's needs were assessed and care was planned and delivered in line with current legislation.
- The service was well led. The practice worked hard to monitor, evaluate and improve services. They worked

# Summary of findings

in collaboration with other practices and the CCG within the Neighbourhood Team. Staff enjoyed working for the practice and felt well supported and valued.

We saw an area of outstanding practice as detailed below:

- The practice organised a health awareness event recently (July 2014) for all its patient population. The purpose was to raise health awareness among patients across the diverse spectrum it served. Various organisations were in attendance such as Cancer UK to promote the awareness of cancer screening. Information was given to patients in different languages to increase uptake. Health visitors attended to help promote the importance of immunisations, health trainers gave advice on healthy lifestyle and the Citizens Advice Bureau was in attendance to offer help and advice. We were told this was a well-attended, positive event that helped the practice to engage better with their population and promote health awareness.

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

Importantly, the provider must:

- Take action to ensure its recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff.

In addition the provider should:

- Improve the way they managed Patient Group Directives to ensure safe administration of the relevant medicines by appropriately qualified staff.
- Improve training for all staff in infection control to ensure they are appropriately skilled in prevention and control of infections.
- Improve the medical emergency equipment to ensure staff can safely and appropriately respond to medical emergencies.

**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?

Aspects of the service required improvement.

Information from NHS England and the Clinical Commissioning Group (CCG) indicated that the practice had a good track record for maintaining patient safety. Effective systems were in place to provide constant oversight of the safety of patients. Staff took action to learn from any incidents that occurred within the practice. Staff took action to safeguard patients and when appropriate, made safeguarding referrals. However required information relating to staff and their suitability for their role was not available, checked or held by the practice.

Requires improvement



### Are services effective?

The service was effective.

Data showed patient outcomes were mostly average for the locality. The National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessment of capacity and promotion of good health. Staff had received training appropriate to their roles and further training needs had been identified and planned. The practice carried out appraisals and personal development plans for all staff. Multidisciplinary and good team working was evident.

Good



### Are services caring?

The service was caring.

Patients we spoke with and who completed the practice's comment cards were extremely complimentary about the service. They all found the staff to be person-centred and felt they were treated with dignity and respect. We observed a person-centred culture and found strong evidence that staff were motivated and provided kind and compassionate care. Staff we spoke with were aware of the importance of providing patients with privacy and of confidentiality.

Good



### Are services responsive to people's needs?

The practice was responsive.

The practice reviewed the needs of their local population. They engaged with the local Neighbourhood Team and the local Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice and continuity of care, with urgent appointments available the same day and home visits made where the need arose. Staff were

Good



# Summary of findings

knowledgeable about interpreter services for patients where English was not their first language. Regular patient surveys were conducted and the practice took action to make suggested improvements.

The practice responded appropriately to complaints about the service. There was an accessible complaints system. There was evidence of shared learning from complaints with staff and other stakeholders.

## **Are services well-led?**

The service was well led and effectively responded to changes.

Governance and risk management structures were in place. The practice had a clear vision and set of values which staff were clear about and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice carried out proactive succession planning for example, a deputy practice manager was in place prior to the future planned retirement of the practice manager. Staff were committed to maintaining and improving standards of care. The practice had an active patient participation group (PPG). Staff had received induction, training, regular performance reviews and attended staff meetings and events

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice did not have a high population of elderly patients. The practice population age range was predominately in the 15 to 64 years age group. However we saw that care was tailored to individual needs and circumstances, including a person's expectations, values and choices. Care and treatment was delivered with consideration to current published guidelines and good practice. For example the Quality and Outcomes Framework (QOF) information indicated the percentage of patients aged 65 and older who had received a seasonal flu vaccination was similar to the national average.

The practice safeguarded older vulnerable patients from the risk of harm or abuse. There were policies in place, staff had been trained and were knowledgeable regarding vulnerable older people and how to safeguard them.

Good



### People with long term conditions

The practice had an average number of patients with long standing health conditions (49% of its population). There was a higher than average number of patients claiming disability allowance (9% of its population). Patients with long term conditions were supported by a healthcare team that cared for them using good practice guidelines and were attentive to their changing needs. There was proactive intervention for patients with long term conditions. Patients had health reviews at regular intervals depending on their health needs and condition. Registers of patients with long term conditions enabled the practice to monitor this population group's needs as a whole. Quality and Outcomes Framework (QOF) information indicated that patients with long term health conditions received care and treatment as expected for the national average including for example patients with diabetes having had regular screening and monitoring.

We spoke to patients with long term conditions at the inspection, they all said they received very good care and treatment; staff treated them with compassion and were caring and thoughtful in how they treated them and in respect to their disability. The practice was fully accessible to disabled patients.

Good



### Families, children and young people

The practice served a higher than average younger population with the majority of patients in the 15 to 64 years of age group. We spoke with five patients who were younger than 64 years old and who had

Good



# Summary of findings

children and babies. We received extremely positive feedback regarding their care and treatment at the practice. They told us they were confident with the care and treatment provided to them. We were told that they always prioritised sick children for appointments and would always fit them in on the same day.

Patients received safe and appropriate care. Staff had a good understanding of safeguarding and protecting children from the risk of harm or abuse. Staff engaged with the local area child safeguarding team. The practice had a clear means of identifying in records those children (together with their parents and siblings) who were subject to a child protection plan. The practice had appropriate child protection policies in place to support staff and staff were trained to a level relevant to their role in safeguarding and child protection.

There was a lower than average uptake of children receiving their childhood immunisations. The practice had identified this as requiring action and had developed initiatives such as a dedicated staff member who continually chased up parents of children who had missed their vaccinations and offered support and education to try to improve uptake.

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

The practice had a higher than average working age population with the majority of patients falling within the 15 to 64 years of age group. The practice also served those in a high area of deprivation and with a higher than average number of unemployed people. The practice cared for this population group well with care and compassion. The practice had surveyed patients and established there was little need to commence morning surgery before 9am and therefore tailored their appointment system around this to enable access for the patient population it served. Patients told us that they were happy with the opening hours of the practice.

We spoke with patients from this group. They told us they received very good care from staff that were kind, caring and compassionate and that they had confidence in.

Good



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

The practice were aware of their vulnerable patients. The practice cared for children and older people living within high income deprivation and unemployment. They identified vulnerable patients and this was recorded within records. Reception staff were very knowledgeable and caring towards patients living in vulnerable circumstances. The practice discussed any concerning patients as a

Good



# Summary of findings

team, safeguarding policies and protocols were in place and staff were trained in safeguarding of vulnerable adults and children. The safeguarding lead was the lead GP who had received appropriate training.

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

The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. The practice monitored patients with poor mental health according to clinical quality indicators and in line with good practice guidelines.

**Good**





# Summary of findings

## What people who use the service say

We spoke with seven patients including members of the patient participation group (PPG). We received 20 patient questionnaires which the practice had devised and collected from patients over two days prior to our inspection.

All patients were extremely positive about the practice, the staff and the service they received.

They told us the staff were very caring and compassionate, they were treated with dignity and respect and had confidence in the staff and the GPs who cared for and treated them.

A patient survey was undertaken by the practice in January 2014. Fifty patients completed and returned the survey. This demonstrated overall satisfaction with the practice was excellent with the majority of patients scoring the practice as excellent or very good (76%). Only 4% of patients scored them as fair with none of the patients who completed the survey scoring them as poor.

The main concern from speaking to patients, patient questionnaires received on the day and from the patient survey were appointments. Patients told us that appointments were sometimes difficult to get and they sometimes had delays in waiting times to see the GP.

We spoke with a representative of the PPG. They told us they felt the group had a contribution to make in service improvement and were listened to. They also told us all the staff were very good and caring.

The results of the national GP patient survey published in July 2014 told us that 86% of respondents said the last GP they saw or spoke to was good at treating them with care and concern, 79% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care and 78% of respondents said the last nurse they saw or spoke to was good at treating them with care and concern. Eighty three percent described their overall experience of this practice as good. Eighty two percent were satisfied with the surgery's opening hours.

Patients told us that the staff were all committed to providing the best care possible and really cared about their wellbeing. Reception staff knew patients by their first name and were caring and compassionate with all patients. They all told us the doctors and nurses were extremely competent and knowledgeable about their treatment needs. They told us that the service was exceptionally good and their views were valued by the staff

## Areas for improvement

### Action the service MUST take to improve

The provider must take action to ensure its recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff.

### Action the service SHOULD take to improve

The provider should:

- Improve management of Patient Group Directives to ensure safe administration of medicines by appropriately qualified staff.
- Improve training for all staff in infection control to ensure they are appropriately skilled in prevention and control of infections.
- Improve the medical emergency equipment to ensure staff can safely and appropriately respond to medical emergencies.

## Outstanding practice

- The practice organised a health awareness event recently (July 2014) for all its patient population. The purpose was to raise health awareness among

patients across the diverse spectrum it served. Various organisations were in attendance such as Cancer Uk to promote the awareness of cancer screening.

## Summary of findings

Information was given to patients in different languages to increase uptake. Health visitors attended to help promote the importance of immunisations, health trainers gave advice on healthy lifestyle and the Citizens Advice Bureau was in attendance to offer help

and advice. We were told this was a well-attended, positive event that helped the practice to engage better with their population and promote health awareness.

# Picton Green Family Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector and included a GP, a CQC inspector and a specialist advisor who was a Practice Manager:

### Background to Picton Green Family Practice

Picton Green Family Practice is registered with the Care Quality Commission to provide primary care services. It provides GP services for 2,600 patients living in the Picton neighbourhood area of Liverpool. The practice has one GP partner, a vacant GP post covered by a regular locum doctor, a practice manager, a practice nurse, healthcare assistant and administration and reception staff.

The practice is open Monday, Wednesday, Thursday and Friday from 8am to 6.30pm and 8am to 8pm on Tuesday. Patients can book appointments in person or via the phone. The practice provides telephone consultations, pre bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of medical services. When the practice is closed patients can access the out of hour's provider for Liverpool, Urgent Care 24 (UC24).

The practice is part of Liverpool Clinical Commissioning Group (CCG). The practice is situated in an area of high deprivation. The practice population is made up of a higher than national average younger population and a lower than national average of patients aged over 65 years. Nearly 50% of the patient population has a long standing health condition and a higher than national average number of unemployed.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

### How we carried out this inspection

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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

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

# Detailed findings

We reviewed the practice's policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas. We carried out an announced inspection on 1 October 2014 and spent seven hours at the practice.

We reviewed all areas of the practice including the administrative areas. We sought views from patients both face-to-face and via practice patient questionnaires. We spoke with the practice manager, deputy manager, registered manager, a GP, a healthcare assistant,

administrative staff and reception staff on duty. We spoke with patients who were using the service on the day of the inspection and with a member of the patient participation group.

We observed how staff handled patient information, spoke to patients face to face and talked to those patients ringing the practice. We discussed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with carers and family members of patients visiting the practice at the time of our inspection.

# Are services safe?

## Our findings

### Safe Track Record

Reports from NHS England indicated that the practice had a good track record for maintaining patient safety. Information from the General Practice Outcome Standards (GPOS) showed no concerns. Information from the Quality and Outcomes Framework (QOF), which is a national performance measurement tool, showed that the provider was appropriately identifying and reporting significant events. GPs told us they completed incident reports and carried out significant event analysis as part of their on-going professional development. We looked at recent significant events from 2014 which had been reported to NHS England using the incident reporting system.

The practice had systems in place to monitor patient safety. The practice manager and GPs discussed significant events and showed us documentation to confirm that incidents were appropriately reported. The partner GP discussed them at the practice meetings and at GP practice neighbourhood team meetings. Action was taken to learn lessons and put measures in place to reduce the risk of the event recurring in the future. Staff told us how they actively reported any incidents that might have the potential to adversely impact on patient care. Concerns regarding the safeguarding of patients were passed on to the relevant authorities as quickly as possible.

The minutes of practice meetings we reviewed showed that new guidelines, complaints, incidents and significant events, were discussed. The staff we spoke with were positive about the use of incident analysis and how this assisted them to develop the care provided. The clinicians were confident that treatment approaches adopted followed best practice.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events

We looked at the records of significant events that had occurred in the last 12 months. Significant events and complaints were discussed at practice meetings. There was evidence that appropriate learning had taken place where necessary and that findings were disseminated to relevant staff.

We saw evidence to confirm that, as individuals and a team, staff were actively reflecting on their practice and

critically looked at what they did to see if any improvements could be made. Significant events, incidents and complaints were investigated and reflected on by the GPs and practice managers. GPs told us significant event audits were included in their appraisals in order to reflect on their practice and identify any training or policy changes required for them and the practice. The team recognised the benefits of identifying any patient safety incidents and near misses.

### Reliable safety systems and processes including safeguarding

The practice had up to date 'child protection' and 'vulnerable adult' policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were easily available to staff on their computers and in hard copy. Staff had easy access to contact details for both child protection and adult safeguarding teams.

Staff had received training in the last 12 months on safeguarding. The clinical staff had level three training and all other staff level one training. They were knowledgeable about the types of abuse to look out for and how to raise concerns. For example, the practice manager and GPs told us about child protection and safeguarding concerns, how they were made aware through alert systems on the computer of people at risk and how reception staff who were familiar with the patients discussed issues or concerns with them.

One of the GPs took the lead for safeguarding and had attended appropriate training to support them in carrying out their work, as recommended by their professional registration safeguarding guidance. They were knowledgeable about the contribution the practice could make to multi-disciplinary child protection meetings and serious case reviews. The safeguarding lead did not regularly attend local case conferences due to time constraints; however they did complete reports when necessary.

The practice had a current chaperone policy. Staff told us they had received training in chaperoning and we saw evidence of certificates to confirm this. A chaperone policy notice was displayed in the consultation rooms however there was no signage offering chaperones in the reception

## Are services safe?

area. This would have been more useful so that patients waiting in the reception area would have the opportunity to ask for a chaperone before entering into the consultation or treatment rooms.

### Medicines Management

We checked medicines stored in the treatment rooms, doctors bags and fridges. We found that they were stored appropriately. There was a current policy and procedures in place for medicines management including cold storage of vaccinations and other drugs requiring this. We saw the checklist that was completed daily to ensure the fridge remained at a safe temperature and there was a procedure in place for action to take in the event of a potential failure of the cold chain. All medicines that we checked were found to be in date.

Medicines for use in medical emergencies were kept securely in one of the treatment rooms. Staff knew where these were held and how to access them. There was no oxygen kept by the practice, they were currently sourcing and ordering oxygen cylinders to compliment the emergency equipment.

The practice worked with pharmacy support from the Clinical Commissioning Group (CCG) to support the clinical staff in keeping up to date with medication and prescribing trends. The CCG pharmacy support visited the practice. Medicines were kept securely and could only be accessed by the clinical staff and Clinical Commissioning Group (CCG) pharmacy support. There were appropriately stocked medicine stores and equipment bags ready for doctors to take on home visits. We saw evidence that the bags were regularly checked to ensure that the contents were intact and in date.

Spare prescription pads were stored securely. Prescription pads held in the printer within the treatment rooms were kept out of sight but not locked and so there was a possible risk of them being stolen. The practice management told us they would look into this straight away and look for ways of making sure the prescription pads were more secure. Repeat prescriptions were secure in the administration office. We saw these were not pre signed. Reception staff we spoke with were aware of the necessary checks required when giving out prescriptions to patients who attended the practice to collect them. Prescriptions waiting for collection were monitored to ensure they had all been collected.

GPs reviewed their prescribing practices as and when medication alerts were received. Patient medicine reviews were undertaken on a regular basis depending on the nature and stability of their condition.

When the practice nurse or healthcare assistant administered Prescription Only Medicines for example vaccines, signed Patient Group Directives were in place. The practice should improve the way they managed Patient Group Directives. We noted the healthcare assistant had signed agreement to a number of these group directives which were not relevant to them nor were they legally able to administer. This should be rectified to ensure safe administration of these medicines. We found that the healthcare assistant had administered an injection of Vitamin B12 after expiry of their training course for administration of this medicine. The certificate of attendance of training stated it was valid for one year, this expired last year. We spoke to the practice manager and healthcare assistant, they had not realised the certificate was only valid for one year. The practice manager told us a significant event would be raised and the healthcare assistant would cease performing these tasks until completion of an update course.

### Cleanliness & Infection Control

Patients commented that the practice was clean and appeared hygienic. The practice had an infection control audit undertaken by the community trust infection control team in October 2013. The practice had obtained 100% compliance with the audit. Cleaning was undertaken by contract through the building management company, they monitored this and the practice was confident that cleaning was of a satisfactory standard.

The practice manager was lead for infection control. They had received training in basic infection control however this was out of date and needed updating as soon as possible.

We inspected all the treatment and clinical rooms. We saw that all areas of the practice were very clean and processes were in place to manage the risk of infection.

There was an up-to-date infection control policy and associated procedures in place. A needle stick injury policy was in place, which outlined what to do and who to contact in the event of accidental injury. We saw current protocols

## Are services safe?

for the safe storage and handling of specimens and for the safe storage of vaccines. These provided staff with clear guidance and were in line with current best practice. Spillage kits were available.

Infection control training was part of induction for all staff (including hand washing). Refresher training was carried out on an annual basis, however we found that this year's training was out of date and all staff should be updated as soon as possible.

We observed good hand washing facilities to promote high standards of hygiene. Instructions about hand hygiene were available throughout the practice with hand gels in clinical rooms. We found protective equipment such as gloves and aprons were available in the treatment/consulting rooms. Couches and curtains were washable, a log was kept by the health centre manager of when the curtains were last cleaned.

We were told the practice did not use any instruments which required decontamination between patients and that all instruments were for single use only. Procedures for the safe storage and disposal of needles and waste products were evident in order to protect the staff and patients from harm.

### Equipment

The premises management company had contracts in place for annual checks of fire extinguishers and 'portable appliance testing'. The practice undertook annual calibration and servicing of medical equipment.

Emergency drugs were stored in a separate locked cabinet. There was no oxygen cylinder, nebuliser or automated external defibrillator available at the practice. The practice was in the process of purchasing oxygen to support the emergency equipment. The practice did have shared access to oxygen and a defibrillator, in case of need, belonging to the dental practice which is housed within the same centre.

### Staffing & Recruitment

An up to date recruitment policy was in place. We looked at a sample of recruitment files for doctors, reception and administrative staff, deputy practice manager and nurses. The practice employed locum GPs through a contract with a GP locum agency. We were told they also independently checked the suitability of locum doctors as well as reviewing the NHS performer's lists. We saw evidence of this in one locum GP file that we looked at.

We found gaps in the required information relating to workers in the staff files that we looked at. Three of the six staff records demonstrated a Criminal Records Bureau (CRB) check had been carried out; These were for clinical staff however, two of these had been done for another employer so were not appropriate to this employment and role. The others (non clinical staff) did not have an appropriate CRB or (Disclosure and Barring Service) DBS check. The DBS took over the function of the CRB in April 2014.

We did not see any evidence of references having been obtained prior to employment, interview notes or medical checks. In some files there was evidence of the staff member's qualifications, however this was not consistent and not all training and qualification certificates were kept.

We found that employment commencement dates were not recorded in staff files. We did not see any evidence that checks had been undertaken to ensure potential staff were physically and mentally fit to undertake the roles and responsibilities required. The practice manager told us that staff had all been employed at the practice for a long time and at the time they were taken on there was no requirement to have such checks and information in place.

There was no system in place to record professional registration General Medical Council (GMC) and Nursing Midwifery Council (NMC) checks for nurses and GPs. However we did see evidence that demonstrated professional registration for clinical staff was up to date and valid.

Safe staffing levels were consistently maintained. Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. The staff worked extremely well as a team and as such supported each other in times of absence and unexpected increased need and demand. The practice manager and GP oversaw the rota for clinicians and we saw they ensured that sufficient staff were on duty to deal with expected demand including home visits and chaperoning.

The practice had developed clear lines of accountability for all aspects of care and treatment. The diversity and skill mix of the staff was good; each person knew exactly what their role was and undertook this to a high standard. Staff were skilled and knowledgeable in their field of expertise and were able to demonstrate how they could support each other when the need arose.



## Are services safe?

### **Monitoring Safety & Responding to Risk**

The practice had a system in place for reporting, recording and monitoring significant events. There were procedures in place to assess, manage and monitor risks to patient and staff safety. These included regular checks and risk assessments of the building, the environment and equipment. This was undertaken in conjunction with the premises management company. Any risks were discussed at team meetings and between the GP and the practice management. There was a current fire procedures policy in place which identified key personnel, such as fire marshals and their duties in the event of a fire. Weekly fire alarm tests and quarterly fire drills were carried out by the premises management company. A fire evacuation drill had taken place in June 2014.

### **Arrangements to deal with emergencies and major incidents**

There was an emergency incident procedure in place which had been reviewed in September 2014. This covered procedures for staff in the event of serious incidents such as aggressive situations and patient deterioration.

A detailed disaster handling and business continuity plan was in place, which was due to be reviewed in February 2015. The plan covered business continuity, staffing, records/electronic systems, clinical and environmental events. Key contact numbers were included and paper and electronic copies of the plan were kept in the practice and by the practice manager and GPs. Staff we spoke with were knowledgeable about the business continuity plans and could describe what to do in the event of a disaster or serious event occurring.

Staff had received training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR). The computers in the reception and clinical rooms had a panic button for staff to call for assistance.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The clinicians were familiar with, and using current best practice guidance. The GPs we spoke with could clearly outline the rationale for their treatment approaches. The staff we spoke with and evidence we reviewed confirmed that these actions were aimed at ensuring that each patient was given support to achieve the best health outcome for them. We found from our discussions that staff completed, in line with The National Institute for Health and Clinical Excellence (NICE) guidelines, assessments of patients' needs and these were reviewed appropriately.

The practice nurse managed specialist clinical areas such as diabetes, heart disease and asthma. This meant they were able to focus on specific conditions and provide patients with regular support based on up to date information. Staff meetings and other clinical meeting minutes demonstrated that staff discussed patient treatments and care and this supported staff to continually review and discuss new best practice guidelines.

The practice provided a service for all age groups. They provided services for people in the local community with diverse cultural and ethnic needs, patients living in deprived areas and those experiencing poor health with a lower than average life expectancy. We found GP's and other staff, apart from having the overall competence to assess each patient, were very familiar with the needs of each patient; the impact of the socio-economic environment and had developed skills for caring for patients whose first language was not English. For example one of the GP's spoke another language, a receptionist spoke eastern European languages and was very popular with this patient group. The practice also used language translator services with which they had contracts. The health care assistant had completed accredited training around checking patient's physical health such as blood pressure and to take blood samples.

We saw that the GPs and clinicians ensured consent was obtained and recorded for all treatment including written consent for minor surgical procedures. The principal GP only undertook joint injections as surgical procedures and did this in line with their registration and NICE guidance. The GP was appropriately trained to carry out this procedure and they ensured their skills and knowledge was kept up to date.

Where patients lacked capacity they ensured the requirements of the Mental Capacity Act 2005 were adhered to and for children and young people Gillick competency assessments were completed.

The practice referred patients appropriately to secondary care and other services. We saw that the practice's referral rates for healthcare conditions reflected the national standards for referral rates.

### Management, monitoring and improving outcomes for people

The practice routinely collected information about patients' care and treatment. It used the Quality and Outcomes Framework (QOF) to assess its performance and undertook regular clinical audit. QOF data showed the practice performed well in comparison to local practices. The practice regularly monitored the Primary Care Quality Framework (PCQF) to identify all the practice performance areas.

Examples of clinical audits included; appointment time and effective use of (GPs and Nurse), self-referral to A & E and medicines management. Re audits demonstrated the audit cycle was completed.

Clinical audits were often linked to medicines management information, local Clinical Commissioning Group (CCG) and Neighbourhood Team performance indicators or as a result of QOF performance. Medicines management audits were undertaken in conjunction with the medicines management team from the local CCG.

Discussion of audits, performance indicators and quality initiatives was evident in meeting minutes. Staff told us they received feedback through discussions and at meetings.

### Effective staffing

The induction programme covered a wide range of topics including policies and procedures, confidentiality, staff training, organisational induction and job specific induction. We saw an example of a more recent employee's induction checklist and they discussed with us the process of induction, however the checklist had not been formally completed or signed.

We saw the mandatory training matrix however this did not identify which subjects should be undertaken by which roles and the required frequency. On discussion with the practice management team it emerged that some of the

# Are services effective?

(for example, treatment is effective)

refresher training was out of date for example infection control. It was not evident from the training matrix that all staff were up to date with their required training and refresher training. Staff also had access to additional training related to their role. For example reception staff told us they had received conflict resolution and customer care training. Staff we spoke with told us they felt they were well trained and received good support to undertake training including that which was required by the practice and for training and development personal to their role. We confirmed that staff had the knowledge and skills required to carry out their roles.

The staff files we reviewed showed that staff of all disciplines had received an annual appraisal however this was overdue for this year. Clinical staff had access to regular clinical supervision sessions. The administrative staff told us they were well-supported and regularly had conversations about their performance with their line manager. The practice had procedures in place to support staff in carrying out their work. For example, newly employed staff were supported in the first few weeks of working in the practice.

The provider may find it useful to note that staff files did not contain evidence of qualifications held for all staff; we saw evidence in the clinical staff files of qualifications and training; however other staff files did not contain all the relevant information. We saw evidence that checks had been undertaken to ensure that clinical staff were registered with their professional body.

The GPs received both internal appraisal and an external professional appraisal. They, as well as the nursing staff also routinely accessed clinical supervision. The appraisals involved a 360 degree process, which asks staff to complete a personal reflection on their skills and behaviour. We were told that the principal GP's appraisal process was underway and that they would complete their professional revalidation in 2016.

The practice manager and principal GP had ensured that all of the clinical equipment used in the practice was regularly calibrated and that relevant staff were competent to use it.

## Working with colleagues and other services

The practice worked with other agencies and professionals to support continuity of care for patients. The GP described how the practice provided the 'out of hours' service with

information, to support, for example, end of life care. Information received from other agencies, for example accident and emergency department or hospital outpatient departments were read and actioned by the GPs in a timely manner. Information was scanned onto electronic patient records in a timely manner.

The practice worked closely with other health care providers in the local area. The principal GP and the practice manager attended various meetings for management and clinical staff involving practices across Liverpool CCG. The Liverpool CCG organised themselves into Neighbourhood Teams. The practice belonged to the Picton Neighbourhood Team and met regularly with the CCG and other practices. These meetings shared information, good practice and national developments and guidelines for implementation and consideration. They were monitored through performance indicators and each practice was benchmarked. We saw evidence of performance monitoring with action plans developed for areas needing improvement.

## Information Sharing

The practice staff worked with community teams to provide care and services to older people and those patients at the end of their life. Multi-disciplinary Gold Standard Framework meetings ensured that information about patients was up to date and shared with the appropriate clinicians. We saw that when patients were coming towards the end of their life, the practice made sure that current information was available to other providers of care services in case patients needed support when the GP practice was closed.

## Health Promotion & Prevention

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion information to patients. They provided information to patients via their website and in leaflets in the waiting area about the services available.

The practice identified the challenges it faced in relation to health promotion for its diverse population. Barriers included socio economic disparity, language barriers and differences in religious and cultural beliefs. Primary Care Quality Framework information demonstrated the practice needed to improve in certain health promotion/prevention indicators. An action plan had been developed and

## Are services effective? (for example, treatment is effective)

initiatives such as a health awareness event were incorporated into their action plan. The practice organised a health awareness event recently (July 2014) for all its patient population. The purpose was to raise health awareness among patients across the diverse spectrum it served. Various organisations were in attendance such as Cancer Uk to promote the awareness of cancer screening. Information was given to patients in different languages to increase uptake. Health visitors attended to help promote the importance of immunisations, health trainers gave advice on healthy lifestyle and the Citizens Advice Bureau was in attendance to offer help and advice. We were told this was a well-attended, positive event that helped the practice to engage better with their population and promote health awareness.

QOF information showed the practice performed slightly less well regarding health promotion and ill health prevention. For example, the provider had a high population of smokers, a low uptake of children's pre-school immunisations, and was below the threshold for some of the screening targets such as bowel, cervical

and breast screening. The practice had regular meetings with the Neighbourhood Team and CCG management and had developed an action plan to address these issues. One initiative included one staff member who contacted parents of children on the outstanding immunisations list to educate and encourage parents about the importance of childhood and pre-school immunisations.

The practice also provided patients with information about other health and social care services such as carers' support. We saw a range of information on the TV display screen and in leaflets in the practice and on the practice website. Staff we spoke with were knowledgeable about other services and how to access them. The provider may find it useful to note that a wider variety of information leaflets in various languages and formats would be useful to be displayed in the reception area of the practice.

The practice used the coding of health conditions in patients' electronic records and disease registers to plan and manage services. For example, patients on disease registers were offered review appointments with the nurse.

# Are services caring?

## Our findings

### Respect, Dignity, Compassion & Empathy

The practice had a patient dignity and respect policy in place. Staff we spoke with were aware of the importance of providing patients with privacy and of confidentiality. There was a room available if patients wished to discuss something with them away from the reception area. The computers at reception were shielded by a screen and the level of the desk to help maintain patient confidentiality.

Consultations took place in purposely designed rooms with an appropriate couch for examinations and screens to maintain privacy and dignity. We observed staff were discreet and respectful to patients.

The practice offered patients a chaperone prior to any examination or procedure. Information about having a chaperone was in each treatment room; however this was not promoted in the reception area where it would have enabled patients to request a chaperone prior to the start of the consultation/examination. Staff we spoke with were knowledgeable about the role of the chaperone and had received training to carry out this work.

Patients we spoke with told us they were always treated with dignity and respect in particular one person told us about the care and support they received and felt that they were treated with the upmost dignity and respect in consideration of their physical disability. We found that staff knew the majority of their patients well and patients told us the practice had a family feel to it, the staff were all welcoming, caring and compassionate.

The most recent practice patient survey showed that 92% of patients who responded said overall satisfaction with the practice was excellent, very good or good. Reception staff had recently completed a short course in customer care to help them in their work. The practice had a clear set of values about patients being treated courteously and with confidentiality. This was reflected in the practice charter on their website.

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

Patients told us they felt involved in decisions about their own treatment, they received full explanations about diagnosis and treatments and that staff listened to them and gave them time to think about decisions.

The patients told us they were happy to see either GP or the nurse as they felt all were competent and knowledgeable. Most patients found that they had been able to see their preferred GP at every appointment and two patients told us that this had been the case for well over five years. The rotas we reviewed showed that sufficient GPs and other clinicians were on duty to cover all the appointments including the extended hour's service.

Staff were knowledgeable about how to ensure patients were involved in making decisions and the requirements of the Mental Capacity Act 2005 and the Children's Act 1989 and 2005. GPs told us relatives, carers or an advocate were involved helping patients who required support with making decisions.

We saw that healthcare professionals adhered to the requirements of the Mental Capacity Act 2005 and the Children Act 1989 and 2004. Capacity assessments and Gillick competency of children and young people, which check whether children and young people have the maturity to make decisions about their treatment, were an integral part of clinical staff practices. We found that clinical staff understood how to make 'best interest' decisions for people who lacked capacity and sought approval for treatments such as vaccinations from children's legal guardian.

The practice had a consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. Patients' verbal consent was recorded on their patient record for routine examinations. Written consent was obtained for joint injections. The patients we spoke with confirmed that their consent was always sought and obtained before any examinations were conducted.

The practice had an 'access to records' policy that informed patients how their information was used, who may have access to that information, and their own rights to see and obtain copies of their records. Information was available for patients on the practice website and in leaflets.

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

We looked at a number of practice questionnaires that patients had completed prior to the inspection and spoke with six patients on the day of the inspection. Patients were positive about the care they received from the practice. They commented that they were treated with respect and

## Are services caring?

dignity. Patients we spoke with told us they had enough time to discuss things fully with the GP and most patients felt listened to and felt clinicians were extremely empathetic and compassionate. They told us all the staff were very compassionate and caring.

We observed that the reception staff treated people with respect and ensured conversations were conducted in a confidential manner. We observed that privacy and confidentiality were maintained for patients using the service on the day of the visit.

The practice had a Patient Liaison Officer whose role included keeping up to date with patients on the Gold Standard Framework and receiving end of life care. They contacted bereaved patients and supported them with compassion and information.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions.

The practice was proactive in contacting patients who failed to attend vaccination and screening programmes. A nominated member of staff contacted parents of children who had not attended for their immunisations to encourage and give advice to help promote uptake.

The practice had a Patient Participation Group (PPG). We spoke with one member of the group who told us they felt listened to by the practice. Practice staff including the Patient Liaison Officer and a GP attended the PPG meetings.

### Tackling inequity and promoting equality

The practice was aware of the challenges they faced with their diverse population. They are situated in Picton ward which is in a deprived area of the city with a predominately Black & Minority Ethnic (BME) population and transient population. This presented various challenges due to socio economic disparity, language barriers and differences in religious and cultural beliefs. The practice ethos strives to provide quality care to all patients and particularly taking into account their diverse needs. The practice analysed its activity and monitored patient population groups, this enabled them to direct support and information at different groups needing different support. For example they found that BME groups had a poor uptake of childhood immunisations. A recent health awareness / health promotion event focussed on this as one of their areas to address. The event gave out information leaflets in various languages and formats.

Staff were found to be dedicated to the practice ethos; they respected patients and valued their diversity. Staff knew how to access language translation services and citizens advice bureau support. One of the receptionists spoke an Eastern European language which enabled them to communicate effectively with one of the population groups the practice served. Patients and staff told us how this service and the person was well respected and liked by Eastern European patients, they often would try to visit the

practice when this staff member was on duty. We were told how this staff member had accompanied the doctor on a home visit to an Eastern European patient to enable effective communication and translation.

The practice patients had access to a multi faith room which was located in the health centre for use by its multi-cultural population. There was a mother and baby room available for breast feeding and baby changing.

### Access to the service

The practice was purpose built and provided good disabled access in the reception and waiting areas, as well as to the consulting and treatment rooms. The doors had low level opening pads for wheelchair users. There were disabled toilet facilities and split level reception desks. There were comfortable waiting areas for patients and good car parking facilities.

The practice made adjustments to meet the needs of patients, including having an audio loop system sign displayed on the reception counter for patients with a hearing impairment. Staff were knowledgeable about interpreter services for patients where English was their second language. Patients' electronic records contained alerts for staff regarding, for example patients requiring additional assistance in order to ensure the length of the appointment was appropriate.

The practice offered prebookable and urgent (on the day) appointments, telephone consultations and home visits. The GP and the management team had proactively reviewed the appointment booking system. They found that patients did not wish to use early morning appointments and therefore morning surgery commenced at 9.30am. The practice offered late evening appointments up until 8pm one day per week. Patients whom we spoke with told us they felt that sometimes they had difficulty accessing appointments as for routine bookings they sometimes had to wait two weeks for an appointment. We found that in the case of urgent need for example if there was an unwell child the practice would always fit them in on the same day. Patients also told us that waiting times at the practice were sometimes prolonged; however they did say that the doctors did not rush patients and would always give them time to talk and listen to them.

The practice had identified that more clinical staff and services would enable better access to appointments. The practice survey undertaken in June 2014 identified that the

# Are services responsive to people's needs?

(for example, to feedback?)

practice needed to improve access to appointments by increasing clinical sessions and clinical staff capacity. Action is being taken to address these issues including talks with the premises management and NHS England to secure more rooms and clinical staff contracts.

## **Listening and learning from concerns & complaints**

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled complaints in the practice.

We looked at the complaints log for the last 12 months and found that few complaints had been made and these had

been dealt with and responded to appropriately. The practice took action in response to complaints to help improve the service. Complaints were investigated thoroughly. A summary and overview log was recorded which broke down the complaints into subjects and enabled an overview of themes to be identified.

Patients we spoke with were all aware of the complaints procedure. An appropriate information leaflet detailing the process for making complaints or comments about the practice was available to take away at the reception desk. Staff we spoke with were trained in customer care and were able to tell us how they would handle initial complaints made at reception or by telephone.



# Are services well-led?

Good 

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

## Our findings

### Vision and Strategy

Staff were able to articulate the values and working strategy of the practice and they could tell us about the key concepts of the practice's vision and strategy. The practice visions and aims are to provide excellent patient care, expand the realm of services offered and to provide training to medical students and GP trainees. The practice vision and values were available on the website.

### Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the computer and in hard copy. Staff were able to describe some of the policies and procedures we asked them about. The policies had been reviewed regularly and were up to date.

We looked at the governance systems at the practice by reviewing documents, talking to staff, reviewing policies and talking with patients. We found overall the systems and processes for quality assurance and improvement were effective. We found that the practice had systems for monitoring aspects of the service and these were used to plan future developments and to make improvements to the service.

The practice management team and GP led on individual aspects of governance such as complaints, risk management and audits within the practice. The systems in place ensured strong governance arrangements were in place. They took an active leadership role for overseeing that the systems in place were consistently being used and were effective. For example there were processes in place to frequently review patient and staff satisfaction and take action when necessary. There was evidence of forward planning within the practice around the need to review and update policies and expand and improve services.

The practice used information they collected for the Quality and Outcomes Framework (QOF) and national programmes such as vaccination and screening to monitor patient quality outcomes. QOF data was regularly discussed within the practice and with the Neighbourhood Team of the CCG, action plans were produced to maintain and improve the standards and outcomes. GPs told us they worked with the Medicines Manager and pharmacist from the CCG in identifying clinical audits to carry out.

The GPs and practice management all contributed to risk management, clinical audits, staff training and significant event analysis. It was evident that quality monitoring was taking place and action taken to improve quality.

### Leadership, openness and transparency

The leadership team was strong and visible and had clear visions for providing good quality services.

There was a well-established clearly identified management structure with clear lines of responsibility. We spoke to staff with differing roles within the service and they were clear about the lines of accountability and leadership. They all spoke of good clear leadership which articulated vision and values and motivated staff to provide a good effective service.

Staff felt well supported in their role. They felt confident in the senior team's ability to deal with any issues, including serious incidents and concerns regarding clinical practice. Staff reported an open and no-blame culture where they felt safe to report incidents and mistakes. All the staff we spoke with told us they felt they were valued and their views about how to develop the service acted upon.

We saw current policies and procedures for bullying and harassment, equality and diversity and whistleblowing. Staff were familiar with these policies and procedures. They felt able to raise concerns openly without fear of reprisal and felt that issues would be dealt with appropriately. There was a staff handbook in place which contained sections on various employment related policies and procedures.

Examples of various practice meeting minutes demonstrated information exchange, quality monitoring, improvements to service, practice developments and learning from events.

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

The practice recognised the importance of gaining the views of patients, carers and the public to build on and improve services. There was an active Patient Participation Group (PPG), and we spoke with one member as part of our inspection. There was a two-way process in which the practice imparted information to the PPG. We saw that at each meeting a member of the practice staff would attend. Staff welcomed the contribution the PPG made to improve the service.



# Are services well-led?

Good 

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

The practice regularly undertook satisfaction surveys to gain feedback on the service. Action plans were developed to improve the service following feedback. We saw the results and action planning of the last survey undertaken in January 2014.

We looked at complaints and found they were well managed. The practice investigated and responded to them in a timely manner, and complainants were satisfied with the outcomes. They were discussed at staff meetings and were used to ensure staff learned from the event.

There was a whistleblowing policy in place. This was found in the staff handbook as well as in the policies manual. Staff told us they had no concerns about reporting any issues internally. They gave examples of reporting incidents openly and believed there was a no-blame culture at the practice, which encouraged reporting and evaluation of incidents and events.

## **Management lead through learning & improvement**

Staff told us they had annual appraisals which included looking at their performance and development needs. However the practice may find it useful to note that this year's appraisals were overdue. The practice had an

induction programme and a training and development policy and procedures to ensure staff were equipped with the knowledge and skills needed for their specific individual roles. Some of the mandatory training was overdue and staff needed updating.

Staff told us they had good access to training and were well supported to undertake further development in relation to their role. The practice management monitored staff training. We saw that a training matrix for staff employed in the organisation was in place. However the provider may find it useful to note that neither this matrix nor the training policy identified the frequency of refresher update training or which roles needed to undertake which topics.

The GPs and clinical staff held regular clinical meetings where they discussed changes to practice. The practice also scheduled meetings for the whole staff team, clinical, non-clinical and operational management. Staff were encouraged to attend various staff meetings and we saw from the minutes of meetings that they discussed improvements that could be made to the service. Our discussions and findings confirmed that the whole team were focused on continuous improvement of the service.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers  <b>People who use services and others were not protected against the risks associated with unsuitable staff because the provider did not have an effective procedure in place to assess the suitability of staff for their role. Not all the required information relating to workers was obtained and held by the practice.</b>