

# Dr M Soares' Practice

## Quality Report

Pilch Lane Surgery

Pilch Lane

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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

Are services safe?

**Good**



# Summary of findings

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## Overall summary

We carried out an announced comprehensive inspection at Dr Soares Practice on the 10th November 2015. The overall rating for the practice was good and Safe required improvement. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Dr Soares on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 31 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 10 November 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

Regulation 19 HSCA of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and Proper Person Employed.

Our key findings were as follows:

- The practice had addressed the issues identified during the previous inspection.

- They had updated their recruitment policy and took all actions necessary when carrying out required recruitment checks for newly appointed staff.
- They reviewed incidents of risk and complaints with all staff to help improve shared learning within the practice and to help staff understanding of any lessons learnt.
- They had updated staff training including safeguard training for all staff in regard to vulnerable adults and children. Training records had been updated to include evidence of all necessary training carried out by each member of staff.
- They updated their fire risk assessment and ensured that they had clear arrangements in place for managing all aspects of fire safety within the practice.
- Policies and procedures had been reviewed and updated to ensure they provided up to date and necessary guidance for staff.

### Letter from the Chief Inspector of General Practice

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The practice is rated as good for providing safe services. Evidence was provided as part of this desk based review to show that required improvements had been implemented. They had updated their recruitment policy and took all actions necessary when carrying out required recruitment checks for newly appointed staff. The practice had ensured staff had access to updated fire risk assessments. All training records had been reviewed to ensure that all staff had evidence of updated training relevant to their role including safeguarding. They reviewed incidents of risk with all staff to help improve shared learning within the practice and to help staff understanding of any lessons learnt

**Good**



# Dr M Soares' Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk top review was undertaken by a CQC Inspector.

## Background to Dr M Soares' Practice

Dr Suare's Practice is based in a residential area within Huyton close to local amenities. There are 4830 patients on the practice list. The practice was in an area identified as having high levels of

deprivation. The practice has two partners (one male and one female GP) and three male salaried GPs working at the practice. They also have one practice nurse, reception and administration staff, a business manager and a data quality and performance manager. The practice had employed a practice manager since their last inspection.

The practice is open Monday to Friday from 7.30am to 6.30pm. Outside of this time the practice uses UC 24 Urgent Care. Knowsley Primary Care Trust is responsible for the commissioning of this service. Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurse.

The practice has a Primary Medical Services (PMS) contract. In addition the practice carry's out a variety of enhanced services such as shingles vaccinations and avoiding unplanned admissions to hospital.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Suare's Practice on 10 November 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall. The full comprehensive report following the inspection can be found by selecting the 'all reports' link for Dr Suare's Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based inspection of Dr Suare's Practice on the 31 January 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. We reviewed the practice against one of the five questions we ask about services: is the service safe?

## How we carried out this inspection

We carried out a desk-based focused inspection of Dr Suare's Practice on 31 January 2017. The practice was contacted and a request was made to submit updated evidence to show that the practice had completed the improvements identified during their comprehensive inspection. A range of information was discussed with the practice manager, submitted by the practice and reviewed by the CQC Inspector. This involved reviewing evidence that:

- They had updated their recruitment policy and took all actions necessary when carrying out required recruitment checks for newly appointed staff.
- Fire risk assessments were up to date and accessible.

## Detailed findings

- That training records had been reviewed to ensure that all staff had evidence of updated training relevant to their role including safeguarding.
- That incidents of risk were shared with all staff to help improve shared learning within the team.

- Policies and procedures had been reviewed and updated.

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.

# Are services safe?

## Our findings

At our previous inspection on the 10 November 2015, we rated the practice as requires improvement for providing safe services as we found some concerns with the management of safety. Following the inspection, the practice submitted an action plan to provide details of what they had done to show improvements.

These arrangements had significantly improved when we undertook a follow up inspection on 31 January 2017. The practice was now rated as good for providing safe services.

### Safe track record and learning

- The practice used a range of information to identify risks and improve patient safety. There was a system in place for reporting and recording significant events. They had shared incidents of risk with all staff to help improve shared learning within the team.

### Overview of safety systems and process

- The building was a residential build that had been adapted to provide suitable facilities on the ground floor and office space on the first floor. There were procedures in place for monitoring and managing risks to patient and staff safety. The practice ensured that the fire risk assessment was updated and accessible to staff.
- Training records had been reviewed to ensure that all staff had evidence of updated training relevant to their role. Training had been updated with safeguard training for all staff. There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff.
- They had updated their recruitment policy and took all actions necessary when carrying out required recruitment checks for newly appointed staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.