

# Colby Medical Centre Ltd

## Quality Report

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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Inadequate 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Colby Medical Centre on 29 January 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 29 January 2016 inspection can be found by selecting the 'all reports' link for Colby Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At our previous inspection in January 2016 we rated the practice as 'requires improvement' in providing safe, effective and well led services. The practice was therefore rated as 'requires improvement' overall. We issued two requirement notices to the provider relating to recruitment and staffing levels. The provider sent us an action plan and also assurances that they would mitigate any risks identified.

This inspection visit was carried out on 28 September 2017 to check that the provider had met their plan to meet the legal requirements. The findings of this inspection were that whilst the provider had taken some action to meet the legal requirement notices, other issues

highlighted in the previous report had not been addressed and there were other areas of concern identified. As a result the practice has been rated as inadequate.

Our key findings were as follows:

- Some improvements had been made to the recruitment process to ensure patients were treated and cared for by appropriately skilled and competent staff.
- Some improvements had been made to support provided to staff through the appraisal system. However further improvement was needed to ensure clinical support arrangements for the Advanced Nurse Practitioner and Nurse Clinician were formalised.
- Some improvements had been made to the way significant events were managed but we found similar issues to those identified in the last inspection. For example, a periodic review of events to determine trends was not in place. We saw two

# Summary of findings

examples where the provider had failed to recognise an event as a significant event and therefore they had not taken action to investigate the matter or to put systems in place to prevent a reoccurrence.

- Medical equipment had been tested and calibrated since the last inspection.
- There were gaps in medicines management systems. For example, a recent medication update had not been actioned. There was no system to monitor uncollected prescriptions to ensure vulnerable patients receive their medication in a timely manner. The monitoring system for emergency medicine expiry dates required improvement.
- Staff understood their responsibilities in relation to safeguarding. However, the systems in place did not capture relevant information on patient records to alert clinicians that patients were subject to any part of the child protection process.
- Clinicians were not accessing the most recent guidance to support the appropriate and safe treatment of patients.
- We found examples where the practice had not followed up instructions in correspondence from hospitals and therefore actions had not been taken to provide necessary treatment and monitoring of patients.
- At the previous inspection and at this inspection there was limited evidence that the clinical audits undertaken demonstrated quality improvement.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs. Infection control practices were in place and there were regular checks on the environment and on equipment used.
- Access to the service was monitored to ensure it met the needs of patients.
- There was a system in place to manage complaints.
- Staff felt supported. They had access to training and development opportunities appropriate to their roles.

- Patients said they were treated with compassion, dignity and respect. We saw staff treated patients with kindness and respect.

The provider needs to make improvements.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patient's particular regard to the monitoring of emergency drugs, patients on high risk drugs and the communication and management of correspondence.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. To ensure patients receive safe and appropriate care.

In addition the provider should:

- Review the safeguarding system to ensure patient records alert staff if the patient is subject to any part of child protection processes.
- Review the use of care planning to support the most vulnerable patients within the practice.
- Continue to monitor the staff recruitment and retention process to ensure appropriate checks are carried out to promote the safety and wellbeing of patients.
- Introduce a system to monitor uncollected prescriptions to ensure vulnerable patients receive their medication in a timely manner.
- Review how clinicians accessed clinical guidance to ensure it was the most recent to support the appropriate and safe treatment of patients.

We are now taking further action in relation to this provider and will report on this when it is completed.

I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still

# Summary of findings

rated as inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

**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?**

At our previous inspection on 29 January 2016, we rated the practice as requires improvement for providing safe services. Improvements were needed with regard to incidents and near misses, recruitment records and the recording of health and safety checks. At this inspection we found that some improvements had been made however these were insufficient and further improvements were still needed. The practice is rated as inadequate for providing safe services.

We found that the system in place for reporting, recording and investigating significant events had been reviewed and the written procedures to support the process had been updated. However, we found that further work was needed to the system for sharing findings from significant events to provide a consistent approach and to records that provided an overview of these events so that it could be clearly identified what action had been taken and when.

Patients had access to GP appointments at the practice and at a CCG led location. The systems in place to provide clinical support to the locum GPs and advanced nurse practitioners needed to be reviewed.

Blank prescriptions were securely held. There was no system to monitor uncollected prescriptions for vulnerable patients.

Improvements had been made to recruitment systems to ensure patient safety. However we noted that information had not been sought with regard to one member of staff to ensure they had the necessary skills and competencies to carry out their role. There was no system in place to monitor the professional registration of staff.

Staff were aware of procedures for safeguarding patients from the risk of abuse. However the systems in place to monitor and action safeguarding information needed to be reviewed.

The systems in place for ensuring appropriate standards of cleanliness and hygiene were effective. The premises were clean, policies and procedures were in place and clinical waste was being suitably managed. We found that the monitoring of cleaning standards was not being recorded.

There were appropriate systems in place to ensure that clinical equipment was safe to use. However, the defibrillator was not regularly checked. The monitoring system for emergency medicine expiry dates required improvement.

**Inadequate**



# Summary of findings

## Are services effective?

At our previous inspection on 29 January 2016, we rated the practice as requires improvement for providing effective services. Improvements were needed with regard to audits, staffing levels, the appraisal system and the lack of formal support arrangements for the advanced nurse practitioners and other clinical staff. At this inspection we found that some improvements had been made however further improvements were needed. The practice is rated as requires improvement for providing effective services.

A range of audits had been carried out however actions were not clearly defined to support safety and quality improvement. High risk medicines were not always managed effectively.

We discussed with the practice the need to ensure clinicians were able to access the most current guidance to support safe care and treatment. For example, to ensure clinicians were aware of the most recent guidance to safely treat patients with asthma to ensure appropriate monitoring at required intervals is carried out. The care planning process needs to be reviewed to ensure effective planning is in place for vulnerable patients.

There was evidence that staff and clinical meetings were taking place however there was limited evidence that multi-disciplinary meetings were routinely taking place.

Clinicians demonstrated a limited understanding of consent guidance.

There were systems in place to ensure effective communication with other stakeholders. Referrals were made in a timely manner.

Requires improvement



## Are services caring?

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. 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. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with advanced nurse practitioners or GP and that there was continuity of care, with urgent appointments available the same day. Information

Good



# Summary of findings

about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice had good facilities and was well equipped to treat patients and meet their needs.

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

At our previous inspection on 29 January 2016, we rated the practice as requires improvement for providing well led services.

Improvements were needed with regard to the governance systems within the practice. At this inspection we found that some improvements had been made however these were insufficient and further improvements were needed. The practice is rated as inadequate for providing well led services.

The provider had limited oversight of the performance of the practice and issues identified during the inspection showed that work was needed to ensure robust systems and processes were in place to support service improvement and safety.

**Inadequate**



# 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 provider was rated as inadequate for providing safe and well led services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care planned to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice had taken part in both the Dementia Enhanced Service offering dementia screening and the Avoiding Unplanned Admissions Direct Enhanced Service mainly focusing on older patients.

Inadequate



### People with long term conditions

The provider was rated as inadequate for providing safe and well led services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had an annual review to check that their health and medication needs were being met. For those people with the most complex needs, the relevant health and care professionals worked together to deliver a multidisciplinary package of care.

Inadequate



### Families, children and young people

The provider was rated as inadequate for providing safe and well led services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice. Child health surveillance and immunisation clinics were provided. Immunisation rates were in line with local and national averages for all standard childhood immunisations. There was a system to ensure that any missed immunisations were followed up with parents or a health visitor. Priority was given to children and young people who needed to see a GP/Advanced Nurse Practitioner. Child health promotion information was available on the practice website and in leaflets displayed in the waiting area. Flexible appointment times were provided around school times.

Inadequate



# Summary of findings

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

The provider was rated as inadequate for providing safe and well led services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice. 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 ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Inadequate



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

The provider was rated as inadequate for providing safe and well led services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability.

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. However further work was needed to ensure appropriate alerts were added to patient records.

Inadequate



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

The provider was rated as inadequate for providing safe and well led services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice. All of the patients experiencing poor mental health had received an annual physical health check. The practice worked with mental health services in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. The practice had a good working relationship with the local Mental Health Liaison Nurse.

Inadequate



# Summary of findings

## What people who use the service say

The results from the National GP Patient Survey results published in July 2017 showed the practice was performing in line with local and national averages. There were 375 survey forms were distributed and 86 were returned, this is a completion rate of 23% and represents 4% of the practice patient population. The survey results comparable to the local and national figures. For example:

- 89% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 86%.
- 88% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 90% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.

The survey showed that patient's satisfaction with access to care and treatment was in line with local and national averages. For example:

- 80% of patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 88% of patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and national average of 71%.
- 60% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG and national average of 64%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards and spoke with one patient during the inspection. All were positive about the standard of care received. Patients commented positively about access to the nurse clinician, the friendliness of reception staff and the caring nature of staff.

## Areas for improvement

### Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patient's particular regard to the monitoring of emergency drugs, patients on high risk drugs and the communication and management of correspondence.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. To ensure patients receive safe and appropriate care.

### Action the service SHOULD take to improve

- Review the safeguarding system to ensure patient records alert staff if the patient is subject to any part of child protection processes.
- Review the use of care planning to support the most vulnerable patients within the practice.
- Continue to monitor the staff recruitment and retention process to ensure appropriate checks are carried out to promote the safety and wellbeing of patients.

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- Introduce a system to monitor uncollected prescriptions to ensure vulnerable patients receive their medication in a timely manner.
- Review how clinicians accessed clinical guidance to ensure it was the most recent to support the appropriate and safe treatment of patients.

# Colby Medical Centre Ltd

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and a GP specialist adviser.

## Background to Colby Medical Centre Ltd

Colby Medical Centre Ltd is registered with the Care Quality Commission to provide primary care services. The practice is a nurse led practice and is owned and managed by an Advanced Nurse Practitioner. The practice provides nurse and GP services for approximately 2,300 patients living in the Huyton and Knowsley areas, which have higher than average levels of deprivation.

The practice is run by an Advanced Nurse Practitioner who employs two regular male locum GPs one working four sessions and the other working two sessions each week. There is a practice nurse, another advanced nurse practitioner, a practice manager, and administration and reception staff. The practice holds a Primary Medical Services (PMS) contract.

The practice is open 8am - 6.30pm on weekdays. Extended hours are available on a Wednesday evening till 7.30pm for pre bookable appointments with an advanced nurse practitioner. There are urgent appointment slots reserved for emergencies on a daily basis. There are a bookable nurse clinician and GP appointments offered throughout the day. The practice treats patients of all ages and provides a range of primary medical services. The practice is part of Knowsley Clinical Commissioning Group (CCG). The practice population has a higher than national average patient group aged 25 to 45 years.

## Why we carried out this inspection

We undertook a comprehensive inspection of Colby Medical Centre on 28 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and Healthwatch to share what they knew. We carried out an announced visit on 28 September 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

# Detailed findings

- 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 were provided for specific groups of people and what good care looked 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.

# Are services safe?

## Our findings

At our previous inspection on 29 January 2016, we rated the practice as requires improvement for providing safe services. Improvements were needed with regard to incidents and near misses, recruitment records and the recording of health and safety checks. At this inspection we found that some improvements had been made however these were insufficient and further improvements were needed. The practice is rated as inadequate for providing safe services.

### Safe track record and learning

The practice had updated its system for managing significant events since our last inspection. However we found similar issues to those we found at the previous inspection. Staff did not always identify incidents that required to be analysed as a significant event and therefore appropriate action to support learning and safety did not take place. We found three incidents where patients did not receive treatment and monitoring in line with current NICE (National Institute for Health and Care Excellence) guidance. We looked at a sample of significant events from the practice and found that detailed actions were not recorded to support review and to improve safety in the practice where necessary. The system in place to formally share actions and learning from significant events was not effective and formal records demonstrating how learning and actions had been shared and monitored were not available. The practice did not carry out any periodical reviews of significant events to monitor for trends and to provide assurance that actions and learning taken from significant event analysis had been embedded.

There was a system in place for the management of patient safety alerts. Alerts were received by the registered manager and shared with other clinical staff. However we noted that the practice received medicine alerts from the medicines management team and did not access the MHRA website themselves and therefore were not aware of medicine updates. Following the inspection, the practice informed us that they had signed up to the relevant website to receive all medicines alerts and had taken action with regard to a missed medication update.

### Overview of safety systems and process

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were

accessible to all staff. The policies 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 practice had systems in place to identify children and there was a system to monitor and respond to requests for attendance/reports at safeguarding meetings. However we noted that initial information regarding children who may become subject to child protection intervention were not identified on the patient record. Staff interviewed told us they understood their responsibilities regarding safeguarding and told us they had received training on safeguarding children and vulnerable adults relevant to their role. The practice told us that since the inspection they had sought advice from Knowsley Clinical Commissioning Group safeguarding lead to ensure appropriate alerts were placed on patient records.

- The practice did not have a system in place to effectively manage the review and action of incoming correspondence. The current working practice did not enable incoming correspondence and impact to patient welfare to be audited. We reviewed six patient records and found that on two occasions information that had been documented in correspondence from hospital consultants had not been actioned. The registered manager acknowledged that improvements were needed to the system and following the inspection told us a new system had been put in place.
- A notice was displayed advising patients that a chaperone was available if required. Nurses, the health care assistant and non-clinical members of staff acted as chaperones and they had received guidance for this role. A Disclosure and Barring Service (DBS) check had been undertaken for staff who acted as chaperones. These 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Cleaning standards were audited by the cleaning company employed by the land lord.
- The practice manager was the infection prevention and control (IPC) lead. There were IPC protocols and the staff told us they had received training regarding the main

## Are services safe?

principles of infection control and hand washing. Annual IPC audits were undertaken. The arrangements for managing medicines, including emergency medicines in the practice required improvement. Regular medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescriptions were securely managed. There was a system in place to review patients prescribed high risk medicines. There was no system in place to manage uncollected prescriptions for vulnerable patients. Following the inspection the practice told us they had put a system in place.

- We reviewed the personnel files of three staff. Records showed that the necessary information was available. However, records showed that an issue in relation to one member of staff's employment history had not been appropriately examined to ensure they had the necessary skills and competencies to carry out their role. We looked at a sample of clinical staff records that showed a DBS check had been undertaken for clinical staff. A system was not in place to carry out periodic checks of the General Medical Council (GMC), Performers List and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff. Following the inspection the practice told us and provided evidence that action had been taken to resolve these issues.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and staff had been provided with training in health and safety.
- Risk assessments were in place to monitor the safety of the premises such as; fire safety, control of substances

hazardous to health, infection control and legionella. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place for responding to emergencies and major incidents. However, some of these required improvement. For example:

- Emergency medicines were available, however we noted from the medicine audit sheets viewed that one drug was nearing its expiry date. The member of staff responsible for monitoring the emergency drugs was unaware of this.
- The emergency oxygen and defibrillator (used to attempt to restart a person's heart in an emergency) was stored by the landlord of the building on the ground floor. We noted that the defibrillator was displaying a warning regarding out of date equipment. The practice had no system in place to monitor that the emergency equipment was in good working order. Since the inspection the practice confirmed they had set up a system to seek assurances from the landlord on a monthly basis that the emergency equipment was fit for purpose. Following the inspection the practice confirmed the new equipment had been provided for the defibrillator.
- A first aid kit was available.
- Systems were in place for the recording of accidents and incidents.
- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 29 January 2016, we rated the practice as 'requires improvement' for providing effective services and issued a requirement notice as the arrangements for ensuring all staff, including the clinicians, received appropriate support, supervision and appraisal were not in place.

These arrangements had improved when we undertook this inspection on 28 September 2017. However, the practice continues to be rated as requires improvement as a result of shortfalls identified at this inspection.

### Effective needs assessment

The GPs/advanced nurse practitioners assessed patients' needs. We noted that Clinicians were not aware of some of recently updated NICE guidance and Medicines and Healthcare products Regulatory Agency (MHRA) updates such as the revised management of UTI in children and the current Clinical Knowledge Summaries (CKS) with regard to the management of patients with asthma and an MHRA update with regard to a prescribed medication. We discussed with the practice the need to review how clinicians accessed the most relevant and current evidence based guidance and standards, including NICE best practice guidelines. We looked at six patient records and found that on one occasion the clinicians had not followed the current guidance with regard to time sensitive follow up contact with a patient. Following the inspection the practice confirmed that they had reviewed how they accessed guidance and alerts to ensure it was the most recent.

We noted that not all clinicians were aware of the system in place to monitor and prompt clinicians to request tests for patients prescribed high risk drugs. We looked at six patient records and found that one patient had not been requested a blood test within the required timescale to support safe and effective treatment.

### Management, monitoring and improving outcomes for people

The practice used 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 (2015/2016) showed that the practice had achieved 95.5 % of the total number of points available with an overall exception reporting rate of 5.1% which was comparable to the national average of 5.7%. Data from 2015/2016 showed that outcomes for patients at this practice were comparable to those of patients locally and nationally. For example;

- The percentage of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more treated with anti-coagulation was the same as the national average of 87%.
- The percentage of patients on the diabetes register, whose last measured total cholesterol was 5mmol/l or less was 73% (national average 80%).
- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64mmol/mol or less was 74% (national average 78%).
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale was 100% (national average of 80%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less was 84% (national average 83%).
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 90% (national average 84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 96% (national average of 89%).

Clinical audits were carried out however actions and learning were not clearly defined to support quality improvement and safety. The practice engaged with the CCG medicines management team to ensure their prescribing practices were in line with local and national guidance.

The Advanced Nurse Practitioner took the lead role for the management of long term conditions. Clinical staff we spoke with told us they kept their training up to date in their specialist areas and provided evidence of this.

# Are services effective?

(for example, treatment is effective)

Staff attended a range of internal and external meetings. Locum GPs attended meetings in the locality and practice nurses attended local practice nurse forums. The practice was closed for one half day per month which enabled staff to attend meetings and undertake training and professional development opportunities.

## Effective staffing

Staff told us they were supported in their roles and they told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work.

- The practice had an induction programme for newly appointed members of staff.
- Staff had access to and made use of e-learning training modules and in-house training. There was a training plan in place. However, the practice manager who was responsible for all infection prevention and control monitoring had not had recent infection control and prevention training to support them in their role.
- Clinical staff had been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation and there was a system in place for annual appraisal.
- We reviewed the support available for the lead advanced nurse practitioner/registered manager who provided most of the care and treatment at the practice. We found an informal support arrangement in place whereby support and advice could be gained from a neighbouring practice. We found there was insufficient formal medical practitioner oversight to support the clinical work of the ANPs employed at the practice. Following the inspection the practice told us and provided evidence that formal arrangements were to be put in place to ensure appropriate clinical support was available.

## Coordinating patient care and information sharing

Overall 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 intranet system. Discussions with clinicians showed that care planning as a tool to support appropriate care and treatment for the most vulnerable patients was not being utilised. For example one clinician told us they did not use care plans and another told us they did not provide patients with a copy of their plan of care. The current work practice for the management of incoming correspondence and the use of the information sharing log for the health visitor service was not effective and resulted in information or requests for action not being carried out in a timely manner. Following the inspection the practice told us and provided evidence that indicated that these issues were being addressed.

- There was a system in place to ensure referrals to secondary care were followed up. However the system in place to ensure incoming clinical correspondence was appropriately reviewed and actioned was insufficient.
- 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.
- The practice offered national screening programmes, vaccination programmes and long term condition reviews.
- The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action.
- Clinicians we spoke with told us they had regular contact with community matrons and district nurses but they could not always attend meetings. Following the inspection the practice provided evidence that showed an MDT logbook had been set up to document all engagement with other healthcare professionals.

## Consent to care and treatment

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

- Clinical staff we spoke with had an understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity

# Are services effective?

(for example, treatment is effective)

Act 2005 and Deprivation of Liberty Safeguards. The MCA 2005 is legislation designed to protect people who are unable to make decisions for themselves and to make sure that decisions are made in a person's best interest.

- When providing care and treatment for children and young people, staff demonstrated awareness of the guidance and of their responsibility to carry out assessments of capacity to consent. Following the Inspection the practice provided evidence that showed staff had received appropriate training.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We saw that patients were then signposted to the relevant service. The Cervical screening programme uptake rate was 80% which was the same as the national average. The practice had a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also

encouraged patients to attend national screening programmes for bowel and breast cancer screening. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages.

The practice provided information to patients via their website and in leaflets and information in the waiting area about the services available. The practice also provided patients with information about other health and social care services such as carers' support. Staff we spoke with, were knowledgeable about other services, how to access them and how to direct patients to relevant services. It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner.

Health promotion information was available in the reception area and on the website. Patients were referred to or signposted to health promotion services such as smoking cessation.

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were all offered an annual health check.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that members of staff were courteous to patients during the course of our visit.

Curtains were provided in consulting rooms to maintain patient's privacy and dignity during examinations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. A private room was available if patients wanted to discuss sensitive issues or if they appeared distressed.

We made comment cards available at the practice prior to our inspection visit. We received 42 completed cards. All comment cards we received were positive about the standard of care and treatment patients received.

Results from the national GP patient survey (July 2017) showed patients generally scored the practice comparably to local and national average scores for aspects of care. For example:

- 94% of respondents said the last GP they saw gave them enough time (CCG average 87%, national average 86%).
- 86% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 92%, national average of 90%).
- 85% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 84%, national average of 82%).
- 86% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 89%, national average of 85%).

The practice scored higher than average with regards to patients' overall experiences of the service as 91% of respondents described their overall experience of the practice as good compared to a CCG average of 87% and a national average of 85%.

A translation services was available for patients who did not use English as their first language. Information available to patients could be provided in alternative languages or formats if this was required by the patients.

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

Results from the national GP patient survey (July 2017) showed patients generally scored the practice comparably to local and national average scores for aspects of care. For example:

Results from the national GP patient survey showed the practice had generally scored lower than local and national averages for patient satisfaction in these areas. For example:

- 89% of respondents said the last GP they saw or spoke to was good at listening which was the same as the CCG and national average.
- 85% said the last nurse they spoke to was good at listening to them (CCG average 92% national average 91%).
- 88% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 99% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%)
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 86%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 90% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

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

Patients were referred to healthy living services if this was appropriate to their needs and they were provided with advice and guidance or signposted to support services such as a smoking cessation.

Information about how patients could access a number of support groups and organisations was available at the practice. Information about health conditions and support was also available on the practice's website.

The practice maintained a register of carers and at the time of the inspection there were 34 carers on the register, which is 1.4% of the patient population.

## Are services caring?

Patients receiving end of life care were signposted to support services. The practice had a procedure for staff to adopt following the death of a patient.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 29 January 2016, we rated the practice as good for providing responsive services. At this follow up inspection on 28 September 2017 the practice continues to be rated as good for providing responsive services.

### Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered enhanced services including, including avoiding unplanned hospital admissions, minor surgery, timely diagnosis of dementia and flu and shingles vaccinations. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Extended hours appointments were available to provide flexibility for patients.
- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- There were longer appointments available for patients, for example older patients, patients with a long term condition and patients experiencing poor mental health.
- The practice referred patients to external agencies for support with social issues that were having a detrimental impact upon their lives.
- Travel vaccinations and travel advice were provided by the nursing team.
- There were accessible facilities, which included baby change and translation services.

### Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 9am to 6.30pm daily. Extended hours where the practice stayed open till 7.30pm was available each Wednesday evening these were pre-bookable appointments with an advanced nurse practitioner. 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. We found the GPs working at the practice worked six sessions across the working week. If patients wished to see a GP and there were no appointments available they were able to access GP appointments through the practice at a site within the CCG area. This scheme had been set up by the Knowsley CCG and enabled all practices to access extra GP appointments for their patients.

Results from the national GP patient survey Results from the national GP patient survey (July 2017) showed that patient's satisfaction with access to care and treatment were comparable to local and national averages. For example results showed:

- 79% of patients said the last appointment they got was convenient compared to the CCG and national average of 81%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 82% of patients were satisfied with the surgery's opening hours compared to the CCG average of 81% and national average of 76%.
- 60% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG and national average of 64%.
- 88% of respondents found it easy to get through to this surgery by phone compared to the CCG average of 77% and national average of 71%.
- 70% of respondents usually get to see or speak to their preferred GP compared to the CCG average of 61% and the national average of 56%.
- 76% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 79% and national average of 77%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

### 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. We saw that information was available to help patients understand the complaints system including a complaints leaflet and posters in the patient waiting area.

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

The practice kept a record of written complaints. We reviewed a sample of four complaints. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice

where appropriate. We discussed the need to ensure detailed records were kept of all complaints and concerns raised about the practice. Following the inspection the practice told us that further training would be provided.

# Are services well-led?

Inadequate 

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

## Our findings

At our previous inspection on 29 January 2016 we rated the practice as 'requires improvement' for providing well-led services as the leadership of the service was not conducive to good governance particularly in relation to responding to the governance arrangements to support the provision of safe and effective care and treatment.

During this inspection of 28 September 2017 we found the provider had made some improvements to the governance arrangements. However, this was insufficient and resulted in the practice being rated as inadequate.

### Vision and strategy

The practice aimed to deliver high quality care and treatment and promote good outcomes for patients. Staff told us they felt that the practice delivered high quality care and support. Feedback from patients we spoke at the time of the inspection indicated that overall they were happy with the standard of care and treatment provided and that they experienced good outcomes from the service.

The registered manager was an active member of the CCG and was aware of the local health economy and demographics and had been involved in developing strategies to improve the provision of primary care across the CCG.

### Governance arrangements

The practice had systems in place for governing the service but the findings of our inspection showed that these were insufficient and further work was needed to ensure the care and treatment provided was safe and promoted practice improvement.

- The arrangements for investigating events and implementing actions to mitigate risks were not sufficiently robust. We saw examples of events/risks that had not been acted upon.
- The arrangements for the management of emergency medicines required improvement.
- Clinical audits had been carried out. These were not well detailed in relation to demonstrating improvements in outcomes for patients.
- Arrangements in place to ensure correspondence was appropriately reviewed and actioned were not effective.

- The practice was not always using the computerised system effectively to generate and provide information on the needs of the patient population. Particularly with regard to the monitoring of patients on high risk drugs and those that required a care plan to be put in place.
- Some of the medicines management practices required improvement but this had not been picked up as part of the provider's clinical governance arrangements.
- The practice faced challenges to ensure regular MDT meeting took place. However there was no alternative system in place to ensure effective communication between other healthcare providers.
- The arrangements in place to support clinicians to access the most recent guidance required improvement.
- Safeguarding systems required improvement to ensure those children who were part of the safeguarding process were identified on their patient record.
- The arrangement for clinical support for the Advanced Nurse Practitioner and the Nurse Clinician were informal and there was no framework to show that it was appropriate for external clinicians to access patient records.
- The clinical oversight of the practice was limited and there was no clear system to show the processes and systems undertaken to monitor performance and safety. For example ensuring clinicians access the most up to date clinical guidance to promote better outcomes for patients.
- The provider used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data showed that the practice achieved results comparable to and above other practices locally and nationally for the indicators measured.
- There was a staffing structure and staff were aware of their roles and responsibilities
- The GPs and nursing staff had been supported to meet their professional development needs for revalidation.
- Staff were supported through a process of annual appraisal.

# Are services well-led?

Inadequate 

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

- Practice specific policies and standard operating procedures were available to staff. Staff we spoken with knew how to access these and any other information they required in their role.

## Leadership and culture

The practice were aware of their responsibilities with regard to the duty of candour. The registered manager was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The registered manager encouraged a culture of openness and honesty. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager and registered manager. Staff said they felt respected, valued and supported. All staff were

involved in discussions about how to run and develop the practice, and the registered manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

- The practice gathered feedback from patients through the complaint system and GP national patient surveys and acted on this.
- The practice had an active patient participation Group (PPG). This assisted in gathering patient opinion when looking at ways to make improvements.
- The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

## Enforcement actions

### 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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p><b>How the regulation was not being met</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>The monitoring of emergency drugs was ineffective. One drug one benzyl penicillin had an expiry date of 30/09/2017. A record showed the emergency drugs were checked regularly however the member of staff responsible for this task was not aware of this and had not ordered a replacement.</p> <p>The practice did not have a system in place to effectively manage the review and action of incoming correspondence. The current working practice did not enable incoming correspondence and impact to patient welfare to be audited. We reviewed six patient records and found that on two occasions information that had been documented in correspondence from hospital consultants had not been actioned.</p> <p>The system to monitor patients on high risk drugs was not robust. We noted that one patient had not had blood test carried out within the timescale detailed NICE Guidance.</p> <p>There was no system in place to monitor that NICE guidelines were followed through risk assessments, audits and random sample of patients.</p> <p>Regulation: 12 (1)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Enforcement actions

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### **How the regulation was not being met**

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk

Regulation17 (1)