

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## **Drs Hulme, Wray, Gough, Chandra and Killough**

Westway, Maghull, Liverpool, L31 0DJ

Tel: 01515261121

Date of Inspection: 13 February 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Drs Hulme, Wray, Gough, Chandra and Killough
Registered Manager	Dr. Susan Patricia Gough
Overview of the service	Westway Medical Centre is situated in Maghull town centre in Liverpool. The practice has five GPs and three practice nurses. In addition to a Practice Manager and Deputy Practice Manager, there are reception, administration and IT support staff. The practice treats people of all ages and provides a range of medical services.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 February 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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Patients spoke positively about the practice and told us they were happy with the care they received. The practice offered 'on line' appointment booking and repeat prescription requests as well as text reminders to patients about their appointment. Patients we spoke with told us these new facilities were very useful.

Patients we spoke with told us they had sufficient time during the consultation to discuss any concerns and that treatment was explained to them. The practice had procedures in place to keep people safe. The practice nurse checked each month that emergency drugs and oxygen in the practice were in stock, in date and ready to use.

The practice nurse was the infection control lead for the practice. An external audit in September 2013 confirmed the practice was maintaining good standards of infection control.

The practice carried out checks to show applicants for vacancies at the practice were suitable for the post and eligible to work in the UK. They checked the professional registration for newly employed clinical staff and this was repeated annually to show that professional registrations were up to date.

The practice had established a patient participation group (PPG). A PPG is made up of practice staff and patients that are representative of the practice population. We spoke with four patients who were members of the PPG during the inspection. They told us they felt they were listened to and were involved in how the practice was run.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

Patients' views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We spoke with eight patients on the day of our inspection. They spoke positively about the practice and told us they were happy with the care they received. Comments included, "The reception staff are very helpful", "You can book appointments in advance or if it's urgent you usually get one the same day" and "I have had no problems getting a home visit when I needed one."

The practice made adjustments to meet the needs of patients, including having an audio loop system displayed on the reception counter for patients with a hearing impairment. Staff we spoke with were also knowledgeable about how to access interpreter services. We saw information displayed in the office to advise staff on how this could be arranged. Staff told us the practice provided urgent appointments each day and ones that could be booked in advance. This helped ensure patients requiring an urgent appointment could be seen the same day. Patients we spoke with confirmed this was their experience. Telephone consultations and home visits for patients who were unable to attend the surgery were also available.

The practice offered 'on line' appointment booking and repeat prescription requests as well as text reminders to patients about their appointment. Patients we spoke with told us these new facilities were very useful. Early morning appointments were available on a Wednesday from 7-00am and a Saturday morning surgery was held each week to support patients who would otherwise require time off work to attend.

All consultation and treatment rooms were on the ground floor and provided access for patients with prams or patients using wheelchairs. The practice had disabled toilet facilities and car parking was available nearby. There was a comfortable waiting area for patients attending an appointment. Staff we spoke with were aware of the need to maintain confidentiality in the waiting and reception areas. An electronic log-in facility was available for patients and staff told us this reduced the number of patients waiting at the reception area. We saw a notice for patients informing them that a private room was available if they wished to discuss something away from the reception area.

The practice provided information to patients in the waiting areas and in the consulting/treatment rooms about having a chaperone during the consultation. Staff we spoke with were knowledgeable about the process. The manager told us it was mainly nursing staff that were the chaperone for patients. Following discussion the Deputy Manager confirmed they would arrange training for administration staff to support them carry out this role.

The practice provided patients with information about the services available through posters and leaflets in the waiting area and on their website. Leaflets were also available in large print at reception. This included chronic disease management, vaccination, immunisation and baby clinics. The information included the times when the services were available and whether patients required an appointment to attend. We were shown a copy of the 'practice leaflet'. This contained useful information for patients about the practice, including how to access GP support out of hours. This meant that patients were supported to get the most appropriate help required.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure patient safety and welfare.

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**Reasons for our judgement**

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Patients we spoke with told us they had sufficient time during the consultation to discuss any concerns and that treatment was explained to them. Comments included; "You have time to discuss things and I have had prompt referral to the hospital when I needed it" and "I get regular check- ups with the nurse and can contact her when I need to if I am worried."

The practice had electronic records in place to accurately describe the contact patients had with the service and the actions taken to provide appropriate care and treatment. This included a record of patients' test results and referral letters as well as contact with GP 'out of hours' and 'accident and emergency' services. The GPs carried out medication reviews with patients every six months to ensure they were receiving the most appropriate treatment. We saw these were recorded in patients' records with a reminder in place for when the next one was due.

New patients registering with the practice completed a health questionnaire which provided the practice with important information about their medical history, current health concerns and lifestyle choices. The practice offered new patients an appointment with the practice nurse. This ensured patients' individual needs were assessed and access to support and treatment was available as soon as possible. Patients' notes were requested from their previous GP and relevant information scanned into the electronic record. Records confirmed these procedures were being followed by the practice.

We discussed with staff about how the practice supported patients with complex health needs, some of whom had recently been discharged from hospital or been supported by the GP 'out of hours' service. Records showed that patients were seen at least annually by the practice nurse. Patients attended for blood tests prior to the review appointment so that the nurse had all the information required to advise them of their condition.

We found the patient electronic records contained information from other professionals and agencies. This meant staff had as much information as possible to assess patients' needs and provide appropriate care.

The practice worked with other agencies to support continuity of care for patients. The GP

described how the practice provided the 'out of hours' service with information for patients, to support for example 'end of life care.' The practice met with district nurses and community matrons each month to ensure patient information was shared and support the needs of patients.

The practice had procedures in place to keep people safe. The practice nurse checked each month that emergency drugs and oxygen in the practice were in stock, in date and ready to use. Records confirmed these were up to date. Staff told us they had training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR). Patients signed a consent form to show they had given their consent for minor surgery procedures and flu vaccinations. This included an explanation of the procedure and any risks or side effects involved. Records showed the practice was following this procedure.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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Patients we spoke with told us they felt the consultation and treatment rooms were clean and they had observed clinical staff washing their hands during the consultation.

The practice had an infection control policy and guidelines which had been reviewed in 2013. It provided staff with important information regarding use of personal protective equipment such as disposable gloves, waste management and sharps [needle] control and disposal. The practice nurse was the infection control lead for the practice. Staff told us infection control training was mandatory each year to support them in their work.

The practice had detailed daily and weekly cleaning schedules in place. Records showed they were checked by the Practice Manager each week to ensure standards were maintained. We looked at the room used to store the cleaner's buckets and mops. The room also contained full sharps boxes waiting to be collected and two black bin bags. This meant the room was very full and cluttered. Following discussion the GP confirmed they would discuss with the infection control lead and the cleaner how they could improve these storage facilities.

We observed good hand washing facilities to promote high standards of infection control. Hand gel dispensers and instructions about hand hygiene were available throughout the practice. We found protective equipment such as gloves and aprons were available in the treatment and consulting rooms. Couches were washable and there was vinyl flooring in the treatment room. We observed the practice used disposable curtains with the date clearly displayed when they needed to be replaced.

Reception staff we spoke with were aware of the infection control procedures and their importance in handling specimens. We found protective gloves were available in the reception area. Procedures for the safe storage and disposal of needles and waste products were evident in order to protect the staff and patients from harm. These included ensuring 'sharps' boxes were stored safely and that clinical waste bins were foot operated.

An external infection control audit took place in August 2013 and we saw an action plan was in place to make the necessary changes. For example, the practice had an ongoing

programme of refurbishment including replacing carpeted areas with vinyl flooring. A further audit in September 2013 confirmed the practice was maintaining good standards of infection control. However, we did not see any ongoing internal infection control audits. Following a discussion, the practice nurse confirmed they would begin to carry out regular infection control audits to monitor standards and support staff.

We saw records confirming fridges storing vaccinations were checked each day to ensure they were at the required temperature. The nursing staff carried out stock checks of vaccines to show that vaccines were stored and used in the correct order.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

Patients were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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The practice had guidance regarding the recruitment and induction of staff. We looked at three personnel files for clinical and administration staff. We found job descriptions and contracts in place which meant staff were clear about their roles and responsibilities.

We looked to see if there was satisfactory evidence of conduct in previous employment such as references from previous employers. We saw two written references had been taken for each applicant. We found applicants had provided proof of their identity and of their qualifications. An assessment had been made of the staff's suitability in terms of mental and physical fitness to work. This showed the practice carried out checks to show the applicants were suitable for the posts and eligible to work in the UK.

Practices must show that applicants for work are of good character. The GP confirmed the practice carried out Disclosure and Barring service (DBS) checks for all staff. These checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post. Records we looked at confirmed this. The GP told us the practice was considering carrying out DBS checks for staff every three years, in line with best practice guidelines.

Records showed the practice checked the professional registration for newly employed clinical staff and this was repeated annually to show that professional registrations were up to date.

The GP confirmed that a period of induction was arranged for new staff to support them in the first few weeks of working at the practice. It included time to read the practice's policies and procedures and meetings with the manager to help confirm they were able to carry out the role.

The practice offered all staff annual appraisals. Records confirmed the appraisal included a review of the person's performance at work and identified development needs for the coming year.

The practice employed locum doctors, through an agency, to support the service. The GP told us the locum agencies provided the practice with evidence that the locum doctor was registered with the General Medical Council (GMC) and listed on the NHS Performers List,

which is a requirement for doctors practicing primary medical services. Records confirmed this. The practice had a locum information pack, which provided useful information, for example regarding referral procedures, requesting tests and prescribing guidelines.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that patients receive.

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### Reasons for our judgement

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The practice had developed systems to seek and act upon feedback from patients using the service. For example the practice had established a patient participation group (PPG). A PPG is made up of practice staff and patients that are representative of the practice population. The main aim of a PPG is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by the practice. We spoke with four patients who were members of the PPG during the inspection. They told us they felt they were listened to and were involved in how the practice was run. The minutes of the monthly PPG meetings were available in the waiting area and on the practice website. They told us they had been involved in providing comfortable furniture for the waiting area and a bench outside the practice for patients waiting for a taxi. Both these had been suggestions made to the PPG by patients.

The practice carried out annual surveys for patients to complete about the service provided and any changes they would like to see made. We saw the results of the survey and found the practice had acted upon patients' comments, for example about easier access to test results. The PPG were currently looking at the results of the most recent patient survey carried out in 2013.

The practice had a complaints procedure in place and information was available for patients in the surgery and on the website about how to raise a concern. Staff we spoke with were knowledgeable about the complaints procedures. We saw the annual review of complaints which included actions taken, including staff training and review of policies and procedures. We looked at two recent complaints received and found the practice had responded in accordance with their complaints policy.

The practice had systems in place to assess and monitor quality. We saw policies and procedures were in place for staff to access on their computers and in files in the office, which supported the safe running of the service. These included up to date guidance on confidentiality, safeguarding vulnerable adults, child protection, access to a chaperone and hand hygiene.

The practice had systems to identify, assess and manage risks related to the service.

Records were kept of adverse events, accidents or incidents including actions taken. These were discussed at partner and practice meetings and we saw changes made to how the service was run. A meeting was held in December 2013 to review the log of incidents/adverse events that year and to discuss lessons learnt.

The practice carried out audits and checks to monitor the quality of services provided. Records showed the results were discussed at staff meetings and changes made for example to staff training and to policies and procedures. The GP described the audits completed each year with the support of the pharmacy advisor from the clinical commissioning group to review medication and prescribing. The Deputy Practice Manager told us they were planning a capacity and demand audit in March 2014 to check how well they were meeting the needs of patients.

The practice had weekly clinical meetings and monthly practice meetings to share information and plan ahead. The practice used the information from external quality audits to support their delivery of care. For example, records showed the infection control audits in 2013 and the results of the quality and outcomes framework (QOF) were discussed at these meetings. Staff we spoke with told us they felt involved in how the service was run and were kept informed about any changes. They told us they had the opportunity to discuss and learn from complaints and incidents in order to improve the service.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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