

Bowery Medical Centre

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

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 Bowery Medical Centre on 22 September 2015.

Overall the practice is rated good.

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

- The practice was clean and had good facilities including disabled access and facilities.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding. The practice was clean and tidy. The practice used a pharmacy advisor to ensure the practice was prescribing in line with current guidelines.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG) and acted on feedback.
- Staff worked well together as a team and all felt supported to carry out their roles.

There were areas of outstanding practice including:

- There was a named member of staff who was the Cancer Care Champion who telephoned all newly diagnosed cancer patients to ensure they were receiving the support required.
- The practice provided a self-funded monitoring system for patients with heart problems which had reduced referrals to other services.
- The practice had initiated an acute visiting service system that was subsequently adopted by the CCG.

However the provider should consider improving the service by:-

- Making patients aware of the names of GPs available each day by displaying notices in the waiting room/reception area and have information available on the website.
- Ensuring that patients can hear which rooms they are being called to and also signpost the rooms to avoid patient confusion.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated good for providing safe services. The practice was able to provide evidence of a good track record for monitoring safety issues. The practice took the opportunity to learn from incidents, to support improvement. There were systems, processes and practices in place that were essential to keep people safe including infection control, medicines management and safeguarding.

Good



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Data showed patient outcomes were at or above national averages. Staff worked with other health care teams and there were systems in place to ensure information was appropriately shared. Staff had received training relevant to their roles.

Good



Are services caring?

The practice is rated good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. It acted on suggestions for improvements from feedback from the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Information about how to complain was available. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated good for being well-led. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and had an

Good



Summary of findings

active patient participation group (PPG). Staff had received inductions and attended staff meetings and events. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated good for providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and nursing home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for patients over the age of 75 years and the practice worked with the local falls team for the frail.

Good



People with long term conditions

The practice is rated good for providing services for people with long term conditions. These patients had a six monthly or annual review with either the GP and/or the nurse to check their health and medication. The practice had registers in place for several long term conditions including diabetes and asthma. The practice had adopted a holistic approach to patient care rather than making separate appointments for each medical condition. The practice offered appointments with the practice nurse for up to an hour to ensure patients with multiple needs were seen. The practice also took part in a tele- medicine system which assisted the practice to monitor heart problems.

Good



Families, children and young people

The practice is rated good for providing services for families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice regularly liaised with health visitors. Immunisation rates were high for all standard childhood immunisations. The practice had developed an 'Access for Children' policy to ensure that all children under five could be seen on the same day if required.

Good



Working age people (including those recently retired and students)

The practice is rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered online appointment bookings. The practice also offered telephone consultations to reduce time off work.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated good for providing services for people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. Staff had received safeguarding training.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for providing services for patients experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those few that did not attend had alerts placed on their records so they could be reviewed opportunistically. Mental Capacity Act training was available to all staff and SSP Health Ltd had also disseminated information regarding Deprivation of Liberty Safeguards to all its practices. The practice staff had received training around Dementia awareness.

Good



Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 122 responses which is equivalent to 3.1% of the patient list) demonstrated that the practice was performing in line with local and national averages. However; results indicated the practice could perform better in certain aspects of care, for example:

- 27% of respondents with a preferred GP said they were able to see or speak to that GP compared with a CCG average of 59% and national average of 60%.
- 73% of respondents said the last GP they saw or spoke to was good at giving them enough time compared with a CCG average of 89% and national average of 87%.
- 71% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 86% and national average of 85%.

The practice scored higher than average in terms of patients finding nurses helpful. For example:

- 91% of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 87% and national average of 85%.

- 93% of respondents said the last nurse they saw or spoke to was good at treating them with care and concern compared with a CCG average of 92% and national average of 90%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards (which is equivalent to 0.5% of the practice patient list size) all of which were positive about the standard of care received. However, four comment cards stated that there were issues trying to get an appointment if they worked normal office hours, waiting times and also feeling rushed at some appointments.

Results from the National GP Patient Survey showed that 63% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 76% and national average of 78%. We reviewed the latest survey results from June to August 2015 for the Friends and Family test which is a NHS survey which asks if patients would recommend the service. The amount of returns was low and also mixed. For example, for August 2015, there were only four responses recorded. The comments were similar in nature to those we received.

Bowery Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to Bowery Medical Centre

Bowery Medical Centre is a family surgery situated in a deprived area of Merseyside. The practice had been established since 1903. One of the partners at the practice had set up SSP Health Ltd who now managed the service. There were 3821 patients on the practice list at the time of our inspection and the majority of patients were of white British background.

The practice has two permanent GPs and also uses locum GPs. There is one practice nurse and an assistant practitioner. Members of clinical staff are supported by the practice manager, reception and administration staff.

The practice is open 8am to 6.30pm daily. There is protected practice learning time every Thursday when the staff are able to focus on practice issues and the doctor is available for advice and emergencies. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by St Helen's Rota.

The practice has a personal medical services contract (PMS) contract and had enhanced services contracts for example, childhood vaccinations.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable

Detailed findings

- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 22 September 2015.

- Spoke to staff and representatives of the PPG.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

Safe track record and learning

The practice was able to provide evidence of a good track record for monitoring safety issues. The practice took the opportunity to learn from internal and external incidents, to support improvement. All staff were involved in incident reporting and those we interviewed told us they could do this confidently and felt supported to do so without any fear of blame. There were recording systems in place which all staff used. The practice held meetings on an annual basis to discuss all significant events arising to determine any trends.

The practice acted on any national patient safety alerts or medication alerts.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Clinical staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. 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.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks.

- Procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and poster displayed. The practice had up to date fire risk assessments and had recently carried out a fire drill. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Standards of cleanliness and hygiene were followed. All areas of the practice were clean and cleaning schedules and monitoring systems were in place. The practice nurse was the designated lead. There was an infection control protocol in place and staff had received up to date training. The practice carried out audits and monitored systems in place. The practice had carried out Legionella risk assessments and regular monitoring.
- The practice worked with pharmacy support from the local clinical commissioning group (CCG) and in addition SSP Health Ltd had their own pharmaceutical advisor who visited the practice. Regular medication audits were carried out with the support of the pharmacy teams to ensure the practice was safely prescribing in line with best practice guidelines. Arrangements for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. There was a repeat prescription policy in place and uncollected prescriptions were routinely monitored.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator. There was also a first aid kit and accident book available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date.

The practice held monthly palliative care meetings in conjunction with community matrons and district nurses to discuss the needs of these patients.

The practice also participated in the unplanned admissions scheme to reduce the likelihood of patients attending hospital. All eligible patients were monitored and had care plans in place.

NHS Health checks were available for all patients between 40-74 years of age.

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Mental Capacity Act training was available to all staff and SSP Health Ltd had also disseminated information regarding Deprivation of Liberty Safeguards to all its practices. Staff had also received additional training about Dementia awareness.

Protecting and improving patient health

The practice worked effectively with other local support groups in the community to help protect and improve patients' health. Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. There was an in house weight management service, a 24 hour blood pressure monitoring service and a monitoring service for patients on anticoagulant medications therefore reducing the need for patients to attend other clinics or hospital.

The practice was the first in St Helens to implement telemedicine in 2009, which assisted the practice to

monitor heart problems and this had reduced the referrals to other services. The practice had continued self-funded telemedicine ECGs for over six years and this service was now being adopted by the local CCG.

Appointments were available outside of school hours for immunisations and the practice liaised with health visitors and recorded all new children to the practice. Childhood immunisation rates (2014-2015) for the vaccinations given to two year olds and under ranged from 76.7% to 98.3% and were higher than CCG averages of 70.4% to 96.7%. Vaccination rates for five year olds were 94.9% to 98.3% and were higher than local CCG averages of 91.1% to 98.2%.

During the flu season, the practice opened on a Saturday to accommodate patients who could not attend during the week due to work commitments. The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 77.52% compared to a national average of 73.24%.

The practice recorded all new cancer diagnoses and made this information available to all the staff team so that members of staff were aware of any patient need. In addition, there was a member of staff who was the Cancer Champion. They contacted the patient after diagnosis and during treatment to ensure that they received timely appointments and additional support where necessary. Screening rates were high compared with local and national averages, for example, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 86% compared to a national average of 81%. Screening rates for bowel and breast cancer were also higher than local and national averages.

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

There was an information governance policy in place to ensure patient's details were kept safe and staff received training in handling confidential data and used smart cards to access computer systems. There was a confidentiality policy available.

Are services effective?

(for example, treatment is effective)

Incoming mail such as hospital letters and test results were scanned onto patient notes by reception staff and then read by a clinician. Arrangements were in place to share information for patients who needed support from out of hours.

The practice worked with a variety of other health care professionals including health visitors, midwives, district nurses and Macmillan nurses.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up by use of a monthly diary throughout the year to ensure they all attended health reviews. 2013-2014 results were 100% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was higher compared to the national averages for some aspects of care.
- The percentage of patients with hypertension having regular blood pressure tests was higher compared to the national average.
- Performance for mental health assessment and care was higher compared to the national averages.

The practice could evidence quality improvement with a variety of audits including clinical, medication, referral, consultation, data quality and access audits and all

relevant staff were involved. Results of audits were discussed at clinical meetings to promote shared learning. For example, there had been an audit regarding the 24 hour blood pressure monitoring system that demonstrated that this had helped avoid any unnecessary changes in medication.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- There were enough staff to provide services and this was monitored. There were plans in place to recruit a new nurse practitioner. The practice did use locums but these were normally regular locums used by SSP Health Ltd who received induction information packs and continuous support and they were encouraged to attend staff meetings. Consultation audits and referral audits were undertaken for GP locums to ensure correct standards in working practices were being followed. There was an escalation policy in place if there were any concerns regarding locum GP performance.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. GPs and the practice nurse attended other meetings and learning events with other practices in the area organised by the CCG and SSP Health Ltd.

All GPs were up to date with their continuing professional development. There were annual appraisal systems in place for all other members of staff. Training needs were identified through appraisals and quality monitoring systems.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations 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.

CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and clinicians were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. However, two cards we received indicated that patients felt rushed at appointments and we also found a similar comment received from the NHS Friends and Family survey data.

Data from the National GP Patient Survey July 2015 showed from 122 responses that performance was lower for GPs compared with local and national averages for example,

- 76% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 73% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 89% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Carers were asked to sign up to a register so that their needs could be met. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, there was a formal process in place so that all staff were informed. Bereavement cards were sent and their usual GP contacted them and would discuss any of their needs.

The practice reviewed each death to ensure patients had received dignified care in their preferred place of death to identify any lessons that could be learnt.

Care planning and involvement in decisions about care and treatment

Health issues were discussed with patients and patient feedback on the comment cards we received was mainly positive.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment but results were lower for GPs and higher for nurses compared with local and national averages. For example:

- 69% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was a patient participation group (PPG) which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. As a result of PPG feedback the practice had provided more information in the waiting room about the need to cancel appointments rather than just not attend as this was a waste of resources. A text cancellation service was available.

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

- There were longer appointments available for people with a learning disability.
- Urgent access appointments were available for children.
- There were disabled facilities and translation services available.

The practice tried to encourage patients to synchronise their repeat prescriptions so that the renewal of their medicines happened at the same time to reduce the number of times patients had to order and collect medication.

Access to the service

The practice was open from 8am to 6.30pm. Appointments could be made in person, by telephone or online. Pre-bookable appointments could be booked up to four weeks in advance for both GPs and nurses. Same day urgent and non-urgent appointments were also available but not necessarily with a GP of choice due to availability. Signs at reception were out of date regarding which GPs were available and needed to be updated.

The practice constantly monitored the numbers of appointments available to meet the demand of the patients. For example, the practice increased the numbers of appointments in the winter months to attempt to reduce pressure on hospital services.

The practice had originally implemented an acute visiting service for rapid home visits when the GP could not attend if busy in the surgery. This service had then been developed by the local CCG and other CCGs nationally and had won awards from the Royal College of GPs in Merseyside.

The waiting area was separated by doors to a corridor leading to several consultation rooms. We observed several patients in the morning of our inspection wandering down the corridor, not knowing which room they were supposed to go to as the tannoy system in the waiting room was inaudible and the rooms not signposted. The practice manager assured us this would be addressed.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room and in a practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

We looked at a review of an annual summary of formal and verbal complaints received by the practice from April 2014 to March 2015. Complaints were broken down into twelve different categories such as whether the complaint was a clinical issue or about staff attitude in order to identify any trends. The review outlined whether patients' complaints had been dealt with in an appropriate timescale and highlighted whether the patient was happy with the outcome of the complaints process and there was a good audit trail of information. Complaints were discussed at staff meetings so that any learning points could be cascaded to the team. There had been two formal complaints one of which was still being investigated.

Are services well-led?

Good 

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

Our findings

Vision and strategy

Staff told us the practice was patient centred and a caring practice. There were some notices in the practice referring to values and a patient charter.

Governance arrangements

The practice had policies and embedded procedures in place to cover seven key areas of governance: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and other's roles and responsibilities.
- A range of SSP Health Ltd policies and procedures which were available to all staff on the practice's computer system. All the policies were regularly reviewed and in date and staff we spoke with were aware of how to access the policies.
- Quality assurance procedures in place to ensure the full implementation of policies and procedures. This included comprehensive checks carried out by the Chief Operating Officer for SSP Health Ltd, monthly checks carried out by the Regional Manager and random sample checks done by head office.

- A system of reporting incidents and whereby learning from outcomes of analysis of incidents took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. A wide range of meetings were planned and regularly held including: annual significant event and complaints meetings, clinical meetings, palliative care meetings, and practice manager meetings. Meeting minutes were circulated and available to all staff.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.
- Encouraged and supported staff via informal and formal methods including structured appraisals to meet their educational and developmental needs.

Innovation

In 2006, the practice had implemented an acute visiting service for rapid home visits when the GP could not attend if busy in surgery. This service had then been developed by the local CCG and others nationally and had won various awards including from the Royal College of GPs in Merseyside. Information about the work was also included in national publications as an innovative solution to improve primary care access and reduce the need for emergency admissions.