

The Margaret Thompson 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?	Requires improvement	
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 The Margaret Thompson Medical Centre on 3 March 2016. Overall the practice is rated as good. The practice is rated as good for providing safe, caring, responsive and well led services. The practice requires improvement in providing effective services due to shortfalls in staff training and appraisal systems.

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

- The practice is situated in a large purpose built health centre. The practice was clean and had good facilities including disabled access, translation services and a hearing loop.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- The practice was aware of the challenges that a very economically deprived area presented and all staff were passionate about making a difference to patients' lives.

- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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, where possible, on feedback.
- Many of the staff had worked at the practice for a long time and knew the patients well. Staff worked well together as a team and all felt supported to carry out their roles but training and appraisals were not up to date.

There was an example of outstanding practice:

- The practice had additional safeguards to be prepared for a medical emergency. The medical emergency equipment was checked on a daily basis and emergency medications were checked on a monthly basis by two staff members simultaneously to reduce the risk of errors. When any emergency

Summary of findings

had occurred in the past, this had been discussed and actions taken to improve. For example, the practice recognised that the response times of ambulances attending could vary significantly. Therefore, there was a risk if a patient needed high flow oxygen over a longer period of time than expected, more than one oxygen cylinder would be required and the practice had purchased additional oxygen to reduce the risk of running out.

However, there were areas where the provider must make improvements.

The provider must:

- Ensure all members of staff receive mandatory training especially fire safety awareness and fire drills.
- Ensure all members of staff receive regular appraisals.

The provider should:

- Carry out an analysis of significant events periodically in order to identify any trends to help make improvements.
- Have a monitoring system in place for any blank prescriptions still in stock.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including medicines management and safeguarding.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services. This was because members of staff were not up to date with mandatory training and appraisals had not been carried out for some time.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical audits demonstrated quality improvement. Staff worked with other health care teams.

Requires improvement



Are services caring?

The practice is rated as 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 as good for providing responsive services. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received an induction and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as 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 care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

Good



People with long term conditions

The practice is rated as good for providing services for people with long term conditions. The practice held registers of patients with long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for providing services for families, children and young people. The practice regularly liaised with health visitors to review vulnerable children and new mothers. 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.

Good



Working age people (including those recently retired and students)

The practice is as 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, facilities were available for making appointments for example, online.

Good



People whose circumstances may make them vulnerable

The practice is rated as 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. There was a monthly shared clinic with Addaction to support patients to prevent substance misuse.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 (from 99 responses which is approximately equivalent to 1.6 % of the patient list) showed the practice was performing above local and national averages in certain aspects of service delivery. For example,

- 67% of patients with a preferred GP usually got to see or speak to that GP (CCG average 58%, national average of 59%).
- 73% of patients said they waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average of 65%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

However, some results showed below average performance, for example,

- 70% found it easy to get through to this surgery by phone (CCG average of 75% and a national average of 73%).
- 72% described their experience of making an appointment as good (CCG average 76%, national average of 73%).

- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

In terms of overall experience, results were comparable with local and national averages. For example,

- 86% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).
- 80% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards, all of which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who were more vulnerable were supported in their treatment. However, included in the comments there were five about not being able to get through on the telephone to make an appointment and one about the lack of privacy at the reception area.

The Margaret Thompson Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to The Margaret Thompson Medical Centre

The Margaret Thompson Medical Centre is based in Speke in Liverpool. There were 6000 patients on the practice register at the time of our inspection.

The practice is a training and teaching practice managed by three GP partners and there is one salaried GP and one registrar. There are two practice nurses and a health care assistant. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people

Detailed findings

- 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)

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 3 March 2016.
- Spoke to staff and a representative of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practices' 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

There was an effective system in place for reporting and recording significant events and incidents. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events. Significant events were discussed at staff meetings. However, further improvement could be made by reviewing significant events over a fixed period of time to identify any trends to drive improvement.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice had systems in place to cascade information from safety alerts which were discussed in staff meetings and staff were aware of recent alerts.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and there were additional flowcharts in consulting rooms. There was a lead GP and lead nurse for safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Health visitors were invited to attend clinical meetings to discuss any concerns.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice was clean and tidy. Monitoring systems and cleaning schedules were in place. One of the practice nurses was the infection control clinical lead. There was an infection control protocol and staff had received up to date training. Infection control audits were

undertaken and action plans were in place to address any shortfalls. There were spillage kits that only clinicians were allowed to use and appropriate clinical waste disposal arrangements in place.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Emergency medication was checked for expiry dates.
- Prescription pads used for printers were securely stored and there were systems in place to monitor their use. However, it was unclear whether all prescription pads used for home visits were securely stored as we were told some were kept in GP rooms and in addition there was no log of what blank prescriptions were available on the premises. We were told by some staff these were rarely used. However, without a log of serial numbers, there was a risk that the provider may not be aware of any misuse of blank prescriptions.
- We reviewed four staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

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 with a poster in a staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire safety equipment tests but had not yet carried out fire drills. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction but had not carried out regular mandatory refresher training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Are services safe?

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There were first aid kits available.
- The practice had additional safeguards to be prepared for a medical emergency. The medical emergency equipment was checked on a daily basis and emergency medications were checked on a monthly basis by two staff members simultaneously to reduce the risk of errors. When any emergency had occurred in the past, this had been discussed and actions taken to improve future responses. For example, the practice recognised that the response times of ambulances attending could vary significantly. Therefore, there was a risk if a patient needed high flow oxygen over a longer period of time than expected, more than one oxygen cylinder would be required and the practice had purchased additional oxygen to reduce the risk of running out.
- 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

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice also had access to local guidelines such as 'the map of medicine'. Updates in NICE guidance were discussed in clinical staff meetings.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had systems in place to ensure they met targets and the most recent published results showed the practice had achieved 98% of the total number of points available. The practice also worked towards meeting local key performance targets. Performance for mental health care and diabetes management was comparable to national averages. The practice was aware of high antibiotic prescribing rates and evidence we reviewed demonstrated the practice was making improvements.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits, minor surgery audits and clinical audits. There were continuous improvement audits for consultations and for how hospital letters were dealt with.

Effective staffing

All staff told us they felt supported by the practice to carry out their roles. Staff received induction training and there

was a practice library available. However, a new e-learning system had been implemented and there were gaps in some of the mandatory training required. For example, health and safety, fire safety awareness and equality and diversity.

The practice had previously carried out annual appraisals but staff had not received an appraisal for some years. Two members of staff employed since 2014 had not received an appraisal. They had attended a six month probationary review but this had not been documented. Without appraisal systems in place, it was difficult to see how the training and developmental needs of staff were addressed. We were shown a schedule of appraisals to take place later in the year and we were told staff would carry out further training once a month over the year.

Coordinating patient care and information sharing

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 investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice liaised with local mental health teams.

Consent to care and treatment

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. GPs were aware of the relevant guidance when providing care and treatment for children and young people.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

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 or referred to the in house health trainer.

The practice carried out vaccinations and performance rates were higher compared with local and/or national averages for example, results from 2014-2015 showed:

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 94% to 99 % compared with CCG averages of 83% to 97%. Vaccination rates for five year olds ranged from 97% to 99% compared with local CCG averages of 88% to 97%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 93% compared to a national average of 82%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. 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.

Results from the national GP patient survey published in January 2016 (from 99 responses which is approximately equivalent to 1.6 % of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 90%, national average 87%).
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 89% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 87% 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%.
- 94% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).

Staff told us that telephone translation services were available. However, the practice preferred to use visiting interpreters for patients.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practices' computer system alerted GPs if a patient was also a carer. Information was available in the waiting room to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent a card and offered a longer appointment to meet the family's needs or signposted those to local counselling services available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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 or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice preferred to use interpreters at appointments rather than telephone translation services.
- There was a hearing loop available and some information had been provided in an easy read format.

Access to the service

The practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

Results from the national GP patient survey published in January 2016 (from 99 responses which is approximately equivalent to 1.6 % of the patient list) showed that patient's satisfaction with how they could access care and treatment was comparable with local and national averages. For example:

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 70% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 88% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 85%, national average 85%).

Listening and learning from concerns and complaints

The practice had 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 a practice information leaflet at the reception desk. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

The practice received very few formal complaints but when they did, they were discussed at staff meetings. We reviewed a log of previous complaints and found written complaints were recorded and written responses included apologies to the patient and an explanation of events.

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

The practice described their purpose as to provide their patients with high quality personal health care, continually seeking improvement in the health status of the practice population overall. The practice was aware of the challenges that a very economically deprived area presented and all staff were passionate about making a difference to patients' lives.

Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and other's roles and responsibilities.
- An overarching clinical governance policy and practice specific policies that all staff could access on the computer system.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: monthly clinical meetings when all clinicians attended. Other meetings included: palliative care meetings with other healthcare professionals and monthly administration team meetings.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare. For example, medication audits, minor surgery audits and clinical audits. There were continuous improvement audits for consultations and for how hospital letters were dealt with.

- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

Leadership, openness and transparency

Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service when possible.

- There was an established Patient Participation Group (PPG) and the practice had acted on feedback. For example, the practice had altered appointment systems to extend the number of pre-bookable appointments available
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice but had received very little feedback. Similarly, there was a suggestions box available but no feedback.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice team took an active role in locality meetings. Clinicians kept up to date by attending various courses and events. However, more needed to be done to support staff in their training and appraisals to address the developmental needs of staff.

This section is primarily information for the provider

Requirement notices

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Maternity and midwifery services	How the regulation was not being met:
Surgical procedures	The provider had not ensured all staff had received regular mandatory training and appraisals to identify the training and development needs of staff. Regulation 18
Treatment of disease, disorder or injury	(2) (a)