

Aintree Road 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



Summary of findings

Contents

Summary of this inspection

Letter from the Chief Inspector of General Practice

Page

2

Detailed findings from this inspection

Our inspection team

3

Background to Aintree Road Medical Centre

3

Detailed findings

4

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Aintree Road Medical Centre on 16 October 2017. The overall rating for the practice was good but required improvement for providing safe services. The full comprehensive report for the 16 October 2017 inspection can be found by selecting the 'all reports' link for Aintree Road Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 26 February 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 16 October 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good and good for providing safe services.

Our key findings were as follows:

The practice had made improvements and addressed the issues identified in the previous inspection.

Improvements included the implementation of:

- A display screen risk assessment for staff to ensure their working environment was safe.
- A disability access risk assessment.

- Regular audits of high risk medications to ensure patients received appropriate checks.

In addition the practice had:

- Installed a television in the waiting room for additional supporting information for patients.
- Updated the clinical protocols available for clinicians for chronic disease management.
- Implemented a new protocol for dealing with uncollected prescriptions to ensure all staff were aware of what to do and that the prescriptions were reviewed by a GP prior to being destroyed.
- Reviewed the current national GP patient survey data and designed surveys to give out to patients later in the year, to see how they could address areas where the practice was performing lower than local and national averages.
- Updated the alert system on patients' records for safeguarding.
- Implemented plans for all GPs to carry out a minimum of two clinical audits per annum to improve patient outcomes.
- Updated the reporting mechanism for incidents to encourage increased incident reporting and to improve shared learning.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Aintree Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Aintree Road Medical Centre

Aintree Road Medical Centre is located in a deprived area in Bootle, Merseyside. There were 2450 patients on the practice list and the majority of patients were of white British background.

The practice is managed by a limited company S2S Health Limited. There are six GPs. The GPs worked across two practices owned by the provider. GPs worked at this location on fixed days. There is a part time practice nurse, a practice manager, reception and administration staff. The

practice is open 8am to 6.30pm Monday to Friday. Patients accessed the Out-of-Hours GP service by calling NHS 111.

The practice is commissioned by NHS South Sefton local clinical commissioning group and has a Personal Medical Service (PMS) contract.

Are services safe?

Our findings

At our previous inspection on 16 October 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk assessments and monitoring patients on high risk medications required improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 26 February 2018. The practice is now rated as good for providing safe services.

Improvements included the implementation of:

- A display screen risk assessment for staff to ensure their working environment was safe.
- A disability access risk assessment. Action had been taken as a result of the risk assessment to improve access.

- A new policy for high risk medications. Regular audits of high risk medications were now taking place to ensure patients received appropriate checks. The practice now kept a register of patients on high risk medications and these were checked on a monthly basis.

In addition the practice had:

- Updated the clinical protocols available for clinicians for chronic disease management. There were folders of information for various chronic diseases available for all staff to view on the computer system.
- Produced a new protocol for dealing with uncollected prescriptions to ensure all staff were aware of what to do and that the prescriptions were reviewed by a GP prior to being destroyed.
- Updated the alert system on patients' records for safeguarding.
- Updated the reporting mechanism for incidents to encourage increased incident reporting to improve shared learning. The practice encouraged staff to report any incidents and these were discussed at meetings for all staff.