Dr Andreas Tobias Keyser

Quality Report

Everton Road Health Centre
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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

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 29 October 2014– Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Dr Andreas Tobias Keyser's practice (also known as Albion Surgery) on 26 March 2018 as part of our routine inspection programme.

At this inspection we found:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Care Quality Commission (CQC) comment cards reviewed indicated that patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Results from the national GP patient survey from July 2017 showed that patients' satisfaction with how they could access care and treatment was in line with local and national averages. Urgent appointments were available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider **should** make improvements are:

- Update the patient information leaflet on how to make a complaint to include who patients can complain to if they do not wish to complain directly to the practice.

Summary of findings

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

Dr Andreas Tobias Keyser

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.**The team included a GP specialist adviser.

Background to Dr Andreas Tobias Keyser

Dr Andreas Tobias Keyser's practice (also known as Albion Surgery) is located in a medical centre in the Everton area of Liverpool which is in a deprived area of Merseyside with high unemployment rates. There were approximately 3,280 patients registered at the practice at the time of our inspection and the majority were white British.

The practice is a teaching and training practice led by an individual GP. There are two salaried female GPs. In addition there are two practice nurses. Clinicians are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm Monday to Friday. The practice offers evening appointments on Thursdays until 7.30pm.

Dr Andreas Tobias Keyser's practice has a Personal Medical Services contract (PMS). The practice is part of NHS Liverpool Clinical Commissioning Group (CCG).

Patients accessed the Out-of-Hours GP service by calling NHS 111.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. All staff received up-to-date safeguarding and safety training appropriate to their role.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS 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).
- Practice nurses acted as chaperones when required.
- There was an effective system to manage infection prevention and control. The practice had recently been audited by the local external infection control team and had scored 99% compliance.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. There was a defibrillator available but the practice had an informal agreement with a dental surgery in the building to share oxygen. The practice advised us this arrangement was in the process of being revised and that they were considering purchasing their own oxygen.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice worked with the local medicines management team for support if required. Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Good

Are services safe?

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. The practice held informal lunchtime meetings and formal weekly meetings were incidents were discussed. However, minutes of these meeting were kept with the practice manager and not available on a shared computer folder for staff. The provider agreed to move the folder so that staff could access the minutes.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

Once patients were registered with the practice, the practice nurse carried out a full health check which included information about the patient's individual lifestyle as well as their medical conditions. The patient was referred to the GP when necessary.

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 68%, which was in line with the national average of 72%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the national average (83%).
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was better than the national average (90%).
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 100%; CCG 90%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 96%; CCG 96%; national 95%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The practice participated in the Quality and Outcomes Framework system (QOF). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

Good

Are services effective?

(for example, treatment is effective)

The most recent published Quality Outcome Framework (QOF) 2016 results were 100% of the total number of points available. The overall exception reporting rate for clinical indicators was 8.4% compared with a national average of 9.6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) This practice was not an outlier for any QOF (or other national) clinical targets. However, there was a positive variation in performance compared to local and national averages for recording alcohol consumption for patients experiencing poor mental health and in the number of care plans reviewed for dementia patients.

The practice carried out a variety of administration, clinical audits and minor surgery audits. For example, a hypertension audit.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- All appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice held regular Gold Standard Framework meetings to ensure that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- Staff had been trained as care navigators to help them signpost patients to appropriate services.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff were being trained to take patient's blood pressure so that readings could be taken opportunistically, for example when patients attend for flu vaccinations.
- The practice website contained information to help patients with their medical conditions.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance. Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Consent forms were available.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced but there was one negative comment about the thoroughness of some GPs. This is in line with the results of the NHS Friends and Family Test. For example, the 13 responses from February 2018 showed that ten patients were extremely likely to recommend the service; and three likely to recommend the service.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. From 382 surveys sent out, 122 were returned. This represented about 4% of the practice population. Results were in line with local and national averages. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 92% of patients who responded said the GP gave them enough time (CCG average 89%; national average 86%).
- 100% of patients who responded said they had confidence and trust in the last GP they saw (CCG average 96%; national average 95%).
- 94% of patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 88%; national average 86%).
- 88% of patients who responded said they found the receptionists at the practice helpful (CCG average 88%; national average 87%).
- 95% of patients who responded describe their overall experience of this surgery as good (CCG average 89%, national average 85%)

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. The practice website could be translated into other languages.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. In addition the practice website contained information about different medical conditions.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 43 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them and there was also information available on the practice website.

Staff told us that if families had experienced bereavement, their usual GP contacted them Information for help was also available on the practice website.

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:

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments (compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%).
- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 84%; national average 82%).

Good

Are services caring?

- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments (CCG average 92%; national average 90%).
- 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%; national average 85%).

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours, online services such as repeat prescription requests, and advanced booking of appointments.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had 15 minute time slots for routine appointments.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.

People with long-term conditions:

- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people:

- The practice worked with midwives to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics and provided immunisations.

Working age people (including those recently retired and students):

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice had additional evening appointments available once a week for patients who could not attend during normal working hours.

People whose circumstances make them vulnerable:

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had access to the Citizen's Advice Bureau advisors who attended the practice on a weekly basis.

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations
- Staffs had received training about dementia and were aware of the patients that needed additional support.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice was open between 8am to 6.30pm Monday to Friday. In addition there evening appointments until 7.30pm once a week.

Results from the national GP patient survey from July 2017 showed that patients' satisfaction with how they could access care and treatment was in line with local and national averages.

- 76% of patients said they could get through easily to the practice by phone (CCG average 75%, national average of 71%).

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 75% of patients described their experience of making an appointment as good (CCG average 77%, national average of 73%).
- 84% of patients who responded said their last appointment was convenient (CCG average 83%, national average 81%).

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. However, there was no information in the leaflet as to who patients could complain to if they did not wish to complain directly to the practice.
- Complaints were discussed at staff meetings so that any learning points could be cascaded to the team.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

There were no plans to expand the practice, as the provider wanted to focus on providing high quality continuity of care to patients and provide training to medical students and trainee GPs.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had business contingency plans and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

Are services well-led?

Good

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

The practice had an established a Patient Participation Group (PPG). We spoke with one member of the PPG who told us the practice worked well with the group and kept them informed of any changes. The practice sought patient feedback by utilising the Friends and Family test.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice had previously participated in local pilot work to improve patient outcomes in the area.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.