Sandringham Medical Centre

Quality Report

1a Aigburth Road,
Liverpool
L17 4JP
Tel: 01517271382
Website: www.sandringhammc.nhs.uk

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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 Sandringham Medical Centre on 11 February 2016. Overall the practice is rated as good.

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

- The practice was clean and tidy and had good facilities including disabled access, car parking and access to translation services.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- 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 carrying out surveys and having a patient participation group (PPG) and acted, where possible, on feedback.
- Staff worked well together as a team and all felt supported to carry out their roles. The practice encouraged training and staff were supported to further their careers.

There was an element of outstanding practice:

- Patients had an option of using an automated telephone booking service from midnight on the same day to avoid having to call at 8am to get an appointment.

However, the areas where the provider should make improvements are:

- Have a monitoring system in place for any blank prescriptions still in stock.
- Update documented risk assessments in place for Control of Substances Hazardous to Health (COSHH).

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 good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. 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 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 in regular staff meetings.

Good

Are services well-led?
The practice is rated as good for being well-led. The practice proactively sought feedback from staff and patients and had an active 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.

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

Good

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.

People with long term conditions

Good

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several 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.

Families, children and young people

Good

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. The practice held weekly immunisation clinics. All children under the age of 16 were guaranteed a same day appointment if needed.

Working age people (including those recently retired and students)

Good

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, the practice offered extended hours on a Monday and Tuesday evening.Additional facilities were available for making appointments for example, by using a 24 hour automated telephone system or online.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of

Summary of findings

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.

People experiencing poor mental health (including people with dementia)

Good

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. The practice worked with local mental health teams. The practice held regular six monthly meetings with a consultant psychiatrist to discuss the needs of patients on their mental health register.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 (from 113 responses which is approximately equivalent to 1% of the patient list) showed the practice was performing above local and national averages in certain aspects of service delivery. For example,

- 100% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)
- 94% said the last GP 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,

- 72% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 55% of patients with a preferred GP usually got to see or speak to that GP (CCG average 58%, national average of 59%.

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

- 90% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).
- 88% 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 six comment cards all of which were complimentary about the service provided.

Sandringham 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 Sandringham Medical Centre

Sandringham Medical Centre is situated in a deprived area of Liverpool. There were 7500 patients on the practice register at the time of our inspection.

The practice is managed by two GP partners and there are also four salaried GPs. The practice used regular locums. There is a practice nurse who is a prescribing nurse and a health care assistant. Members of clinical staff are supported by a practice manager, reception and administration staff. The practice is a training practice.

The practice is open 8am-1pm and 2pm-6.30pm every weekday. The practice phone lines are open 8am to 6.30pm every weekday. There are extended hours appointments on Monday and Tuesday evenings until 8.15pm.

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
- People with long-term conditions
- Families, children and young people

Detailed findings

- 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 11 February 2016.
- Spoke to staff and representatives of the patient participation group.
- 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.

Good

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. Outcomes and any actions necessary to prevent reoccurrence were then cascaded to the relevant staff.

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 held meetings to discuss all significant events to identify any trends.

The practice had systems in place to cascade information from safety alerts and 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 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 GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice met with health visitors on a monthly basis to discuss any issues of concern and also liaised with school nurses when possible.
- A notice in the consultation and treatment rooms 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. (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).
- The practice was clean and tidy. The practice had recently employed a new cleaning company and monitoring systems had not yet been implemented but cleaning schedules were in place. There was control of substances hazardous to health (113H) risk assessments available. However, these needed to be updated to reflect the actual cleaning products in use.
- The practice nurse 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. There were spillage kits 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. The practice met on a quarterly basis to discuss prescribing audits and trends.
- Emergency medication was checked for expiry dates and we found a sample of medications to be in date.
- Prescription pads used for printers were securely stored and there were systems in place to monitor the use of all prescriptions. However, there was no record of what blank prescriptions for home visits were available on the premises.
- We reviewed five 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 the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All reception staff were trained as fire Marshalls.

Good

Are services safe?

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as 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. Reception and administration staff could cover each other's roles if necessary.

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 and in a GP bag for home visits. In addition each consultation room had emergency medication for anaphylaxis.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- The practice had a comprehensive disaster recovery plan in place for major incidents such as power failure or building damage stored on the computer. The plan included emergency contact numbers for staff. Staff told us they would contact the practice manager if help was required. There was a hard copy of the plan kept off site by the practice manager but there was no hard copy available for staff on the premises in the event of power failure.

Good

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'.

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 most recent published results were 99% of the total number of points available.

Performance for mental health care and diabetes management was comparable to national averages.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits and clinical audits such as an audit on atrial fibrillation. However, further improvements in audit work could be achieved by carrying out more two cycle clinical audits to demonstrate improvements in patient outcomes.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. The practice had GP locums and locum induction packs were available.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Training included: safeguarding, fire procedures, equality and diversity and basic life support, equality and diversity and information governance awareness. Staff had access to and made use of e-learning training modules. Staff told us they were supported in their careers and had opportunities to develop their learning. For example, the health care assistant was undertaking a two year course to become a nurse practitioner.

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 and held regular six monthly meetings with a consultant psychiatrist to discuss the needs of patients on their mental health register.

There were additional safety checks in place to ensure that patients referred under the two week rule were seen. One member of staff monitored all these referrals on a weekly basis.

Good

Are services effective?

(for example, treatment is effective)

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. There was a Mental Capacity Act policy available. The GPs treated patients in nursing homes and they were aware they needed further training regarding updates to the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and this training had been arranged. GPs were aware of the relevant guidance when providing care and treatment for children and young people.

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 used visiting health teams to provide child vaccinations. Vaccination and screening performance rates were in line with local and/or national averages for example, results from 2013-2014 showed:

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 81% to 96% compared with CCG averages of 83% to 97%. Vaccination rates for five year olds ranged from 84% to 98% compared with local CCG averages of 88% to 97%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 74% compared to a national average of 82%.

Good

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 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 113 responses which is approximately equivalent to 1% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 96% said the GP gave them enough time (CCG average 90%, national average 87%).
- 94% 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%).
- 100% 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

Comments reviewed suggested patients 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:

- 89% 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%.
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language.

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 practice issued a newsletter for patients advertising for example, flu vaccinations for carers.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available 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 and offered support or sign posted them to local services.

Good

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 under 16 years of age and those with serious medical conditions.
- There were translation services available.
- Flu vaccination clinics were organised on Saturday mornings.

Access to the service

The practice is open 8am-1pm and 2pm-6.30pm every weekday. The practice phone lines are open 8am to 6.30pm every weekday. Earlier appointments are available with the practice nurse from 8.30am and until 6.30pm. There are extended hours appointments on Monday and Tuesday evenings until 8.15pm. 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 113 responses which is approximately equivalent to 1% 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:

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 72% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 85% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 85%, national average 85%).

The practice carried out annual surveys and the Friends and Family test survey. The practice had responded to feedback from patients regarding waiting times by advertising that only one clinical problem in a ten minute appointment would be discussed to improve clinical safety and avoid going over allocated time slots. Patients were encouraged to make longer appointments if they needed to discuss more than one problem.

Additional facilities were available for making appointments for example, by using a 24 hour automated telephone system or online.

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 the patient information leaflets in the waiting room. 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.

We reviewed complaints and found both verbal and written complaints were recorded and written responses for which included apologies were given to the patient and an explanation of events. Patients were invited to the practice if necessary to discuss complaints. The practice held regular meetings when complaints were discussed and there was an annual review of complaints to identify any trends to help support improvement.

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

There were no formalised business plans in place as the practice was run by two GP partners who met weekly when informal plans were discussed. There was no written mission statement or values. There was a statement of purpose that stated 'the practice aimed to provide their patients with the best quality care available'.

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. When any policies were updated, they were discussed at regular staff 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. The practice was currently working with local neighbouring practices on an audit of telephone abandonment, to gauge the times of day with the highest volume of calls and to investigate possible solutions. The practice nurse was also involved in audit work for example, audits for diabetes management.
- 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: weekly clinical meetings when all clinicians attended. Other meetings included: palliative care meetings with other healthcare professionals and monthly meetings with health visitors, administration team meetings and whole practice staff meetings. Staff told us they felt these meetings were valuable in providing additional support to carry out their roles.
- 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. For example, two members of staff had begun at the practice as administration staff and one had become the practice manager and the other the health care assistant.

Leadership, openness and transparency

There was a clear leadership structure in place and staff felt supported by management. The practice management actively supported the wellbeing of staff in addition to promoting career progression. 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 or at staff meetings and felt confident in doing so. There was an annual team away day when practice achievements and future planning was discussed along with social activities to encourage team building.

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.

- The practice had a patient participation group (PPG) which had been in place for 15 years. The PPG met monthly. The practice carried out annual surveys and the results were discussed with the PPG to formulate action plans and act on feedback where possible. For example, the production of a quarterly newsletter.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice had been established many years and during this time, the practice had been innovative for example, having a PPG. The practice team was forward thinking and took an active role in locality meetings and CCG meetings. In addition, one of the partners was the chief executive for a Liverpool federation of GPs looking at providing new

Are services well-led?

Good

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

models of care for the area. The practice were also considering employing, between the neighbouring practices, a pharmacist, an advanced nurse practitioner and a nurse to carry out children's vaccinations.