

Gillmoss Medical Centre

Quality Report

Gillmoss Medical Centre, Liverpool, Liverpool
L11 0AG

Tel: 01515463867

Website: www.gillmossmedicalcentre.nhs.uk

Date of inspection visit: 15 April 2016

Date of publication: 13/05/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to Gillmoss Medical Centre	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gillmoss Medical Centre on 15 April 2016. Overall the practice is rated as good.

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

- The practice was tidy but some flooring and cleaning equipment needed replacing. Recommended guidance needed to be followed to ensure the standard of cleanliness in the building was maintained.
- The practice employed a company to assist them with risk assessments for health and safety requirements. However, there were no risk assessments in place to show how the practice could deal with certain medical emergencies in the absence of a defibrillator and certain medication. 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 having a patient participation group (PPG) and acted, where possible, on feedback.
- The practice had been without a practice nurse for some time but had recently recruited a new nurse who had been in post for two weeks at the time of our inspection. Many of the administration 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.

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

The provider should:

- Carry out risk assessments to specify how the practice would deal with emergency situations without having certain emergency medications and a defibrillator available.

Summary of findings

- Carry out an annual review of all incidents to analyse any trends.
- Replace vinyl flooring where necessary and cleaning equipment and follow relevant guidance to help improve the standard of cleanliness of the building.

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. When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

There were systems, processes and practices in place that were essential to keep patients safe including medicines management and safeguarding. However, more could be done to ensure patient safety in medical emergencies and standards of cleanliness.

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. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role.

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 understanding.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

The practice had good facilities and was well equipped to treat patients and meet their needs.

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

Good



Summary of findings

practice had a number of policies and procedures to govern activity. The practice proactively sought feedback from staff and patients and had an active patient participation group. Staff had received inductions and attended staff meetings and events.

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 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.

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 appointments later in the day. There were no online systems available to allow patients to make appointments.

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.

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. The practice liaised with local mental health teams and staff had received training around the Mental Capacity Act and also suicide awareness training.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 (from 109 responses which is approximately equivalent to 4% of the patient list) showed the practice was performing in line with local and national averages in certain aspects of service delivery. For example,

- 82% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 68% said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%)

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

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.

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

- 81% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).
- 63% 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 28 comment cards, all of which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who more vulnerable were supported in their treatment. We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results from March 2016 showed that 88 patients expressed a view; 83 patients were either extremely likely or likely to recommend the practice and two responses said unlikely and three not sure.

Gillmoss 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 Gillmoss Medical Centre

Gillmoss Medical Centre is based in a deprived area of Liverpool. There were 2660 patients on the practice register at the time of our inspection.

The practice is managed by three related GP partners (2 male, one female). There is a practice nurse who had been in post for two weeks at the time of our inspection. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday and operates a GP triage system for patients who wish to be seen on the same day. There is a walk in surgery every morning for patients with urgent needs.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's 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. the local clinical commissioning group.
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 15 April 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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- 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 incident recording form supported the recording of incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. The practice then evaluated any actions taken three months later. All complaints were formally reviewed on an annual basis to identify trends but there was no formal system in place for annual review of significant events.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The practice liaised with the local health visitors to discuss any children at risk. Safeguarding issues were also discussed at monthly practice meetings.

- 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. (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).
- We observed the premises to be tidy. However, some of the flooring needed to be replaced to improve standards in cleanliness. The practice was not following recommended guidance with regards to cleaning equipment but the practice manager assured us this would be addressed. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed four 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

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

Are services safe?

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 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 control of substances hazardous to health and infection control. However, there was no legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There had been some work carried out including a new protocol for recording temperatures of water. The practice manager advised us they were in the process of consulting with an outside company to carry out the assessment.

- 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents but improvements could be made.

- All staff received annual basic life support training. There were emergency medicines for dealing with anaphylactic shock in every consultation and treatment room. However, there were some recommended medications missing for example, medication for suspected childhood meningitis.
- At the beginning of the inspection we were advised that oxygen had been ordered and this was delivered later in the day. There was no defibrillator or nebuliser available on the premises. The practice knew where the nearest defibrillator could be accessed but there was no formal risk assessment in place. A first aid kit and accident book was available.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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. 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 were 85% of the total number of points available. The practice also worked towards meeting local key performance targets. QOF performance and any actions needed were regularly discussed at monthly staff meetings.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits and clinical audits. One, two cycle clinical audit was about the diagnosis and causes of lower back pain which demonstrated improvements in record keeping and outcomes for patients.

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 very rarely used GP locums but 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, 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. Each member of staff had a personal development plan.

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 had been without a practice nurse for over a year. Immunisations were carried out by an immunisation team and cervical screening had been referred to other clinics.

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 109 responses which is approximately equivalent to 4% of the patient list) showed patients felt they were treated with compassion, dignity and respect. Some results were slightly lower, others comparable with local and national averages. For example:

- 81% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 90%, national average 87%).
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 88% 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 comparable with local and national averages. For example:

- 85% 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%)
- 85% 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 should a patient require this.

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's 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 was aware of the challenges faced by the local community. The practice supported their patients for example, by referring patients to the local citizen advice bureau for advice on various social problems that may impact on their health, such as housing issues and benefit advice and guidance.

Access to the service

The practice is open 8am to 6.30pm every weekday and operates a GP triage system for patients who wish to be seen on the same day. 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 109 responses which is approximately equivalent to 4% of the patient list) showed that patient's satisfaction with how they could access care and treatment were lower compared with local and national averages. For example:

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 75% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 85%, national average 85%).

However:-

- 82% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 68% said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

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, available 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 the best possible quality care for our patients within a safe and confidential environment.'

The practice partners met on an informal basis to discuss business plans.

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.
- 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 meetings when all staff 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 improvement in patients' welfare. For example, medication audits and clinical audits.
- Proactively gained patient feedback and engaged patients in the delivery of the service responding to any concerns raised by both patients and staff.

Leadership, openness and transparency

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and 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 members of 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 a recently formed patient participation group and the practice was aware of their feedback for the need for improved premises to include access to other health services as many patients did not have access to cars and had to use public transport to other clinics.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice and had received very positive 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 and the senior partner was a medicines management lead for one of the localities in Liverpool. Clinicians kept up to date by attending various courses and events. The practice was aiming to teach medical students in the future.