

Ellergreen Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection of this practice on 12 November 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to Regulations:

- Regulation 15 HSCA (Regulated Activities) Regulations 2014 Safety and suitability of premises.
- Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good governance.

We undertook this focused inspection on the 28 June 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements and issues identified in the previous report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ellergreen Medical Centre on our website at www.cqc.org.uk.

Overall the practice is rated as good.

Our key findings were:

The practice had addressed the breaches of regulations and other issues identified during the previous inspection and made many improvements including:

- New systems to ensure they were meeting Health and Safety legislation to ensure the safety of both patients and staff. Risk assessments for health and safety had been carried out and action had been taken against the risks identified such as gas, electrical and fire safety.
- New systems to follow national guidelines for the cleaning of premises. There was monitoring of cleaning for the premises and clinical equipment and cleaning equipment had been renewed.
- There was now a formalised practice plan and all staff were involved in discussions about policies and protocols at protected learning events.
- The training matrix had been renewed and kept updated on a monthly basis which made it clear when staff training was due. All staff had received training relevant to their role and additional training had been attended for example, computer training.
- The practice had employed a pharmacist who was helping the practice address the high level of hypnotic

Summary of findings

medication prescribing. The practice had managed to reduce antibiotic prescribing rates by 6.8%. The practice had introduced monitoring systems for uncollected prescriptions.

- The practice had employed an information facilitator who had renewed the recall system and who liaised with the local mental health team to help ensure annual physical health checks for all patients experiencing poor mental health were completed and correctly recorded.

- The practice was carrying out a rolling programme of GP and nurses' consultation audits to ensure all clinicians are following appropriate guidance in relation to treatment and medical record keeping.
- The practice had sought other ways of gaining patient feedback and had also conducted a staff survey.
- The practice had considered further ways to improve patient satisfaction with regards to making appointments and looked at tackling the high patient fail to attend rate for appointments.

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 had addressed the breaches of regulations and other issues identified during the previous inspection and made improvements including:

- Updating health and safety risk assessments and carrying out any actions required where practical.
- Improvements to the standards of cleanliness and infection control.

Good



Are services well-led?

The practice is rated as good for being well-led. The practice had addressed the breaches of regulations and other issues identified during the previous inspection and made improvements including:

- Having an overarching business plan and ensuring all staff were aware of policies and protocols and the organisational structure.
- Improved training and oversight of training completed.
- A rolling program of audits to monitor the quality of consultations.
- Carrying out surveys and acting on results such as the appointment system to improve access and decrease the number of fail to attend appointments.
- Recruitment of more staff to help facilitate improvements.
- Improved communications, such as changing the structure of staff meetings and introducing a shared calendar on the computer system in the practice.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for providing services to older people.

At our previous inspection, the practice was rated requires improvement for safety and for well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice was now rated as good for providing safe and well led services and the rating for this population group has been revised accordingly.

The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and nursing 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 to patients with long term conditions.

At our previous inspection, the practice was rated requires improvement for safety and for well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice was now rated as good for providing safe and well led services and the rating for this population group has been revised accordingly.

The practice had registers in place for several long term conditions including diabetes and asthma. All patients on the register had a diary date for a review appointment and were followed up if they did not attend. The practice took part in telehealth schemes to help with the monitoring of patient's conditions at home such as monitoring blood pressure.

Good



Families, children and young people

The practice is rated as good for providing services to families, children and young people.

At our previous inspection, the practice was rated requires improvement for safety and for well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice was now rated as good for providing safe and well led services and the rating for this population group has been revised accordingly.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example,

Good



Summary of findings

children and young people who had a high number of A&E attendances. The practice regularly liaised with health visitors. The practice was part of pilot projects in the area to work with paediatricians and respiratory nurses to improve care provided to children.

Working age people (including those recently retired and students)

The practice is rated as good for providing services to working age people.

At our previous inspection, the practice was rated requires improvement for safety and for well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice was now rated as good for providing safe and well led services and the rating for this population group has been revised accordingly.

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 online appointment bookings and prescription ordering. In response to patient feedback, the practice offered 15 minute pre-bookable appointments in the afternoon.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for providing services to patients whose circumstances may make them vulnerable.

At our previous inspection, the practice was rated requires improvement for safety and for well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice was now rated as good for providing safe and well led services and the rating for this population group has been revised accordingly.

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. The practice worked with the local learning disabilities team to check patients on their register. The practice held a weekly Addaction clinic for patients with substance misuse problems.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services to patients experiencing poor mental health.

Good



Summary of findings

At our previous inspection, the practice was rated requires improvement for safety and for well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice was now rated as good for providing safe and well led services and the rating for this population group has been revised accordingly.

At our previous inspection we also identified that patients experiencing poor mental health received an invitation for an annual physical health check. At this inspection we found the practice had employed an information facilitator who liaised with the local mental health team to help ensure annual physical health checks for all patients experiencing poor mental health were completed and correctly recorded.

The practice had identified that the practice population had high levels of stress and depression. The practice engaged with the local mental health team and also had counsellors and Citizens Advice Bureau on site. All staff had received dementia awareness training.

Ellergreen Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector.

Background to Ellergreen Medical Centre

Ellergreen Medical Centre is situated in a deprived area of Liverpool. There were 12,236 patients on the practice list at the time of our inspection.

The practice is managed by seven GP partners. There are also two salaried GPs. There is a nurse practitioner, three practice nurses and a healthcare assistant. Members of clinical staff are supported by the practice manager and an assistant manager, reception and administration staff.

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

The practice has a General Medical Services (GMS) contract and had an enhanced services contract which includes the delivery of childhood vaccinations.

Why we carried out this inspection

We undertook an announced focused inspection of Ellergreen Medical Centre on 28 June 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our

comprehensive inspection on 15 November 2015 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and well led and against the following population groups:

Older people

- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

This is because the service was not meeting some legal requirements.

How we carried out this inspection

At this inspection we were following up concerns identified from a previous inspection and we were asking if the service is safe and well led.

We also looked at how well services are provided for specific groups of people. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable

Detailed findings

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

The inspector :-

- Carried out an announced inspection visit on 28 June 2016.

- Reviewed the practice's policies and procedures, risk assessments and action plans.

Spoke with members of staff.

Are services safe?

Our findings

At our previous inspection 15 November 2015 we identified the following concerns:

- The practice did not follow Health and Safety legislation to ensure the safety of both patients and staff. Risk assessments for health and safety had been carried out but no action had been taken against the risks identified such as gas, electrical and fire safety.
- The practice did not follow national guidelines for the cleaning of premises. There was no monitoring of cleaning for the premises or clinical equipment and cleaning equipment was not fit for purpose.

At this inspection, we found the practice had made the following improvements:

- Health and safety risk assessments and action plans had been revised.
- Fire safety had now been addressed and there were gas and electrical safety certificates. Fire safety risk assessments and audits had been completed.
- Staff had completed training for fire safety awareness and annual fire drills were carried out. In addition some staff had received fire Marshall training. The practice had also asked the local fire safety officer to check their premises. Some emergency lighting had been replaced.
- The practice had employed a new cleaning company and replaced cleaning equipment to comply with national guidelines. Weekly monitoring took place to ensure the practice was cleaned to an appropriate

standard and the practice manager met with the cleaning company on a monthly basis to discuss any concerns. The practice had used the national guidance on standards.

- The practice had carried out control of substances hazardous to health (COSHH) risk assessments to ensure the safety of any materials used on the premises such as cleaning solutions.
- The practice had a new infection control audit carried out in December 2015 and had scored 92%. There was an action plan in place which was in the process of being addressed. For example, the practice was replacing some soap dispensers. All staff had received up to date infection control training and designated lead members of staff for infection control were made known to staff. A legionella risk assessment had also been completed.
- Display screen equipment risk assessments had all been completed and were in the process of being actioned.

In addition :

- The practice had employed a pharmacist who was helping the practice address the high level of hypnotic medication prescribing. The practice had managed to reduce antibiotic prescribing rates by 6.8%. The practice had a designated member of staff responsible for a new monitoring system for uncollected prescriptions.
- The practice had employed an information facilitator who liaised with the local mental health team to help ensure annual physical health checks for all patients experiencing poor mental health were completed and correctly recorded.

Are services well-led?

Good 

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

Our findings

At our previous inspection 15 November 2015 we identified the following concerns:

- Gaps in policies, record keeping and staff training.
- Insufficient monitoring systems, risk assessments and actions needed for health and safety.

Following our previous inspection, the practice had made many improvements including:

- There was an updated business plan and a Care Quality Commission action plan to address improvements.
- The practice's mission statement and core values were clearly displayed in the reception area. The mission statement was to maximise well-being and minimise health inequalities. The core values of the practice were openness, fairness, respect and accountability.
- Policies were available on the computer and also in hard copy for staff to easily access. For example, a business continuity plan and there was also a new accident book.
- The practice manager had organised staff to have lead roles and there were clear lines of accountability. A list of lead members of staff was available on a whiteboard in the reception area.
- The practice had reorganised how they conducted staff meetings to improve communications, so that all staff were involved in separate meetings for their roles and a whole team practice meeting that also incorporated protected learning time. Minutes were available.
- Policies were discussed as a standing agenda item at monthly protected learning time events. The practice manager told us that members of staff were encouraged to read the policies and share their understanding and knowledge with the rest of the team. We saw minutes from meetings which demonstrated that policies and protocols had been discussed and the attendance of staff was recorded. A list of planned meetings was available on a white board in reception. The practice manager had also discussed policies with smaller groups of staff. Care Quality action plans were also discussed.
- The practice was also improving communications between staff by using a shared calendar.
- The assistant practice manager took responsibility as lead for training of all staff. The training matrix was now checked and updated on a monthly basis and was available for reference on the practice's computer system. The training matrix now made it very clear who had received training and when training was due. We saw that all staff had completed mandatory training such as safeguarding, infection control and fire safety awareness.
- The practice had improved audit systems and was carrying out a rolling programme of GP and nurses' consultation audits to ensure all clinicians were following appropriate guidance in relation to treatment and medical record keeping. Results of audits were discussed at practice meetings.
- Health and safety risk assessments had been completed.
- The practice had sought other ways of gaining patient feedback. The practice had carried out a survey with the patient participation group which identified issues with the appointment system. The results of the survey and questionnaire and NHS Friends and Family survey data were discussed at staff meetings.
- The practice had considered further ways to improve patient satisfaction with regards to making appointments and look at tackling the high patient fail to attend rate for appointments. The practice had employed another salaried GP and another Nurse Practitioner for two days per week to help with winter pressures. The practice has changed its appointment system to on the day appointments in the morning for all GPs and bookable 15 minute appointments in the afternoon. The practice sent texts reminders to patients about their appointment. A monthly count of patients who had failed to attend appointments was available to patients on the TV screens in the waiting room to encourage patients to cancel appointments if they were not required. There was also a large whiteboard displaying the weekly figures.
- The practice had considered staff skills required to make improvements and had employed an information facilitator to help with their recall system and a pharmacist to help with medication reviews.
- The practice engaged the staff with improvement work and had recently sent out a staff survey.
- The practice had worked towards becoming paper light practice and had been data accredited.