

Knotty Ash 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 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 Knotty Ash Medical Centre on 8 May 2017. Overall the practice is rated as good.

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

- Knotty Ash Medical is situated in converted residential buildings. There were disabled access and translation facilities.
- 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.
- Information from 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.
- 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 improvement are:

- Carry out a risk assessment as to how the practice would manage a medical emergency without a defibrillator.
- Have appropriate children's oxygen masks for use in a medical emergency.
- Review significant events and incidents periodically to identify any trends.
- Have a written protocol for managing uncollected prescriptions.
- Have a Legionella risk assessment carried out by a suitably qualified assessor.
- Arrange for all staff to receive training about the Mental Capacity Act.

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.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology.
- The practice had systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had some arrangements to respond to emergencies and major incidents. However, the practice did not have a defibrillator or children's oxygen masks for use in a medical emergency.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Information from Care Quality Commission patient comment cards we reviewed indicated that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice took account of the needs and preferences of patients with life-limiting conditions.
- Urgent appointments were 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. 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 practice had policies and procedures to govern activity.
- There were arrangements in place to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients.
- There was a focus on continuous learning and improvement at all levels. Protected learning time was available for all staff.

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 the care of older people.

Good



- 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.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice worked closely with district nurses and community matrons to deliver co-ordinated care.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medication 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.
- The practice had plans to hold a weekly GP led chronic disease management clinic.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics and provided immunisations.
- The practice had emergency processes for acutely ill children and young people.

Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for the care of 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 offered pre-bookable appointments four weeks in advance.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of 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 worked closely with the mental health services in Liverpool. The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and national averages (from 298 form sent out, 96 survey forms were returned representing 5% of the practice's patient list.)

- 87% of patients described the overall experience of this GP practice as good compared with the local clinical commissioning group (CCG) average of 88% and the national average of 85%.
- 73% of patients described their experience of making an appointment as good (CCG average 77%, national average of 73 %.)
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 81%, national average of 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards, all of which were positive about the standard of care received. However, there were five negative comments around making appointments.

We spoke with one patient during the inspection. They were very satisfied with the service and care they received.

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 January to April 2017 from 108 responses, showed that 82 patients were extremely likely to recommend the practice and 26 were likely to recommend the practice.

Knotty Ash Medical Centre

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 Knotty Ash Medical Centre

Knotty Ash Medical is registered with the Care Quality Commission to provide primary care services. It provides GP services for approximately 2,344 patients living in an area with high deprivation in Liverpool. The practice is managed by an individual GP (female) and has one salaried GP. There is currently a vacancy for a practice nurse but the practice was being assisted by the local practice nurse development team. There are administration and reception staff and a practice manager. The practice holds a General Medical Services (GMS) contract with NHS England.

The practice is open during the week; between 8am and 6.30pm. Patients can book appointments in person, online or via the telephone. The practice provides telephone consultations, pre bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Liverpool Clinical Commissioning Group (CCG).

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

Why we carried out this inspection

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
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living with dementia).

Detailed findings

The inspection team :-

- Reviewed information available to us from other organisations e.g. local commissioning group.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 8 May 2017.

- Spoke to staff and one patient.
- 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 a system 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 notifiable 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). The practice carried out a thorough analysis of individual significant events. However the practice did not review these events periodically to identify any trends.
- We reviewed one documented example which demonstrated that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Medication safety alerts were discussed by the local medicines management team at neighbourhood meetings and the practice carried out audits. We discussed medication safety alert protocols with the practice. They sent us a protocol and a log of recent alerts and action taken after the inspection day.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- 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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The lead GP was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. There had been an annual audit of the whole building.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes 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 clinical commissioning group 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 to monitor their use. Staff told us they checked uncollected prescriptions and we found this was the case but there was no written protocol available.
- We reviewed three personnel files and found some recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

- There were procedures for assessing, monitoring and managing risks to patient and staff safety. Firefighting equipment was checked and there had been a recent fire drill. However, we were not provided with a copy of

Are services safe?

the fire risk assessment or fixed electrical wiring for the premises certificate on the day of the inspection. We were sent evidence that the fixed electrical wiring was checked after our inspection. We were told that the practice had employed a company to undertake all health and safety risk assessments including the fire safety risk assessment and we were sent confirmation that the fire risk assessment had been completed in January 2017.

- Other risk assessments to monitor safety of the premises were also carried out, such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, this risk assessment had been carried out by a member of staff rather than a suitably qualified assessor.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements to respond to emergencies and major incidents.

- All staff received annual basic life support training.
- The practice had oxygen with adult masks but no children's masks. There was no defibrillator available on the premises.
- A first aid kit and accident book was available.
- Emergency medicines were available and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems 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 patients' needs. NICE guidelines were discussed at staff meetings.

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. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had achieved over 99% of the total points available for 2015-2016.

This practice was not an outlier for any QOF (or other national) clinical targets. For example, data from 2015-2016 showed performance for mental health related indicators was similar to the CCG and national averages. For example, 82% of patients had their care plans reviewed face to face in the preceding 12 months compared with a CCG average of 83%.

There was evidence of quality improvement including clinical audit. Audits included administration audits, clinical audits and medication audits. Clinical case reviews were used to look at whether management could have been better or to offer reflective learning opportunities.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had locum GPs and there was a comprehensive induction pack available. In addition all referrals made by locums were monitored to ensure they were appropriate.

- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff attended external training days and had protected learning time once a month.

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.

Staff worked together and with other health and social care professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice participated in an unplanned admissions to hospital scheme

The practice ensured 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.

The practice worked closely with the mental health services in Liverpool. The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations.

The practice worked with a diabetic specialist nurse for those patients with more complex needs.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

GPs understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and guidance for children. However, not all staff had received training about the Mental Capacity Act.

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example, health trainers and drug counsellors. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test.

Supporting patients to live healthier lives

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.

Results from the national GP patient survey from July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients 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%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Care Quality Commission comment cards we received were generally positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one patient. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Care planning and involvement in decisions about care and treatment

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:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 82%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Staff had received dementia awareness training.

Patient and carer support to cope emotionally with care and treatment

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. For example, information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 132 patients as carers (5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population, for example:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice sent text message reminders of appointments and test results.
- There were accessible facilities, which included interpretation services..

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday.

Results from the national GP patient survey from July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average 75% and the national average of 73%.

The practice had a triage system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice regularly monitored its appointment systems to meet patient demand.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.
- Complaints were discussed at practice meetings to promote shared learning.

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 had a clear vision to deliver high quality care as a team and promote good outcomes for patients. Staff we spoke with were engaged in the process of continuous improvement to deliver high standards of care.

Governance arrangements

Governance arrangements included::

- A clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- Case reviews and some audit work was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The provider was aware of and had systems 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). The GP encouraged a culture of openness and honesty. We reviewed one incident and we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. The practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through surveys and complaints received.
- The NHS Friends and Family test, complaints and compliments received.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and previously been part of local pilot schemes to improve outcomes for patients in the area. The practice were implementing new ideas, for example having a new practice website for patients.