

# Netherley Medical Centre

## Quality Report

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Date of inspection visit: 16 September 2015  
Date of publication: 22/10/2015

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 Netherley Medical Centre on 16 September 2015.

Overall the practice is rated good.

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

- The practice was clean and had good facilities including disabled access and facilities including a low level reception desk.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding. The practice was clean and tidy. The practice used a pharmacy advisor to ensure the practice was prescribing in line with current guidelines and a pharmacy was situated in the same building.

- 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 on feedback.
- A Local Medical Director had been recently appointed to oversee the clinical governance of the practice and was proactively encouraging the use of clinical audits to ensure patients received treatment in line with best practice standards.
- Staff worked well together as a team and all felt supported to carry out their roles.

However there were improvements the provider should consider:-

- Have notices displayed to patients in the reception area and website to advise them which doctors were available on different days.

**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 good for providing safe services. The practice was able to provide evidence of a good track record for monitoring safety issues. The practice took the opportunity to learn from incidents, to support improvement. There were systems, processes and practices in place that were essential to keep people safe including infection control, medicines management and safeguarding.

Good



### Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Data showed patient outcomes were at or above national averages. 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 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 good for providing responsive services. It acted on suggestions for improvements from feedback from the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Information about how to complain was available. Learning from complaints was shared with staff.

Good



### Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback

Good



## Summary of findings

from staff and patients and had an active patient participation group (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.

# 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 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 patients over the age of 75 and these patients were sent a 'birthday card' which contained a questionnaire to give them an opportunity to highlight any concerns they had both physically or socially so they could be signposted to the relevant service.

Good



### People with long term conditions

These patients had a six monthly or annual review with either the GP and/or the nurse to check their health and medication. The practice had registers in place for several long term conditions including diabetes and asthma. The practice had adopted a holistic approach to patient care rather than making separate appointments for each medical condition. The practice offered appointments with the practice nurse for up to 45 minutes to ensure patients with multiple needs were seen. The practice had recently taken part in a scheme called Tele-health which assisted patients with long term conditions such as diabetes to monitor and manage their own conditions.

Good



### Families, children and young people

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 regularly liaised with health visitors. Immunisation rates were high for all standard childhood immunisations. The practice had developed an 'Access for Children' policy to ensure that all children under five could be seen on the same day if required.

Good



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

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 were in the process of installing an electronic prescribing service. The practice also offered telephone consultations to reduce time off work.

Good



# Summary of findings

## People whose circumstances may 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. Staff had received safeguarding training. The practice took part in a scheme to offer food vouchers for homeless and other vulnerable patients in the area.

Good



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

Patients experiencing poor mental health received an invitation for an annual physical health check. Those few that did not attend had alerts placed on their records so they could be reviewed opportunistically. Mental Capacity Act training was available to all staff and SSP Health Ltd had also disseminated information regarding Deprivation of Liberty Safeguards to all its practices. The practice liaised with a community mental health officer who attended the practice once a week and had scheduled additional training about mental health awareness for the staff.

Good



# Summary of findings

## What people who use the service say

Results from the National GP Patient Survey July 2015 (from 104 responses which is equivalent to 2.5% of the patient list) demonstrated that the practice was performing in line with local and national averages. However; results indicated the practice could perform better in certain aspects of care, for example:

- 33% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 59% and national average of 60%.
- 63% of respondents find it easy to get through to this surgery by phone compared with a CCG average of 75% and national average of 73%.

The practice scored higher than average in terms of patients finding GPs and nurses helpful. For example:

- 91% of respondents say the last GP they saw or spoke to was good at giving them enough time compared with a CCG average of 89% and national average of 87%.
- 93% of respondents say the last nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 92% and national average of 92%.

- 91% of respondents say the last nurse they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 91% and national average of 90%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards (which is 0.2% of the practice patient list size) eight of which were positive about the standard of care received. GPs and nurses all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment and that they were treated with dignity and respect.

Results from the National GP Patient Survey showed that 55% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 79% and national average of 78%. However, we reviewed the latest survey results from June to August 2015 for the Friends and Family test which is a NHS survey which asks if patients would recommend the service. From 33 responses (which is equivalent to 0.7% of the patients attending the practice), 25 were extremely likely or likely to recommend the service (75%).

# Netherley 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 Netherley Medical Centre

Netherley Medical Centre is situated in a deprived area of Merseyside. There were 4130 patients on the practice list at the time of our inspection and the majority of patients were of white British background.

The practice has two permanent GPs and also uses locum GPs. There is one practice nurse and a nurse practitioner. Members of clinical staff are supported by the practice 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 provided by Urgent Care 24.

The practice has an alternative provider of medical services contract (APMS) contract and had enhanced services contracts for example, childhood vaccinations.

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned

inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services 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 are provided for specific groups of people and what good care looks 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 with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.



# Detailed findings

- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 16 September 2015.
- Spoke to staff and representatives of the PPG.
- 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

The practice was able to provide evidence of a good track record for monitoring safety issues. The practice took the opportunity to learn from internal and external incidents, to support improvement. All staff were involved in incident reporting and those we interviewed told us they could do this confidently and felt supported to do so without any fear of blame. There were recording systems in place which all staff used. The practice held meetings on an annual basis to discuss all significant events arising to determine any trends.

The practice acted on any national patient safety alerts or medication alerts.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements in place to safeguard adults and children 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 member of staff for safeguarding who was also the lead for a group of practices in the local area. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Clinical staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. These 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.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment

checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks.

- Procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and poster available. The practice had up to date fire risk assessments and had recently carried out a fire drill. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Standards of cleanliness and hygiene were followed. All areas of the practice were clean and cleaning schedules and monitoring systems were in place. The practice nurse was the designated lead but not all staff were aware of who the lead was. There was an infection control protocol in place and staff had received up to date training. The practice carried out audits and monitored systems in place. The practice had carried out Legionella risk assessments and regular monitoring.
- The practice worked with pharmacy support from the local clinical commissioning group (CCG) and in addition SSP Health Ltd had their own pharmaceutical advisor who visited the practice. Regular medication audits were carried out with the support of the pharmacy teams to ensure the practice was safely prescribing in line with best practice guidelines. Arrangements for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. There was a pharmacy on site and the doctors liaised with the pharmacy daily.

### Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had oxygen with adult and children's masks. There was also a first aid kit and accident book 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 and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice also had access to the "Map of Medicine" program which was available to all the clinicians on their computers which explained national and local guidance on referral and treatment pathways.

The practice was part of a local scheme whereby all patients over the age of 75 years had been sent a 'birthday card' with an enclosed questionnaire that gave patients the opportunity to highlight any concerns both physically and socially which were then followed up by the practice. The practice monitored the uptake of this service and we saw evidence that this had a positive impact for example patients had been referred on for dementia assessments and audiology assessments.

The practice held monthly palliative care meetings in conjunction with community matrons and district nurses to discuss the needs of these patients.

The practice also participated in the unplanned admissions scheme to reduce the likelihood of patients attending hospital. All eligible patients were monitored and had care plans in place.

Patients' consent to care and treatment was always 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. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Mental Capacity Act training was available to all staff and SSP Health Ltd had also disseminated information regarding Deprivation of Liberty Safeguards to all its practices.

### Protecting and improving patient health

The practice worked effectively with other local support groups in the community to help protect and improve patients' health. 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. A Health Trainer visited the practice on a weekly basis to give further lifestyle advice. The practice was also in the early stages of a pilot scheme in conjunction with a local organisation that visited the practice and spoke to patients in the waiting room to help patients or carers of patients with dementia.

A local substance misuse team visited the practice monthly and offered counselling and educational events at the practice. The practice took part in a scheme to issue food vouchers to homeless and other vulnerable patients in the area.

The practice had recently taken part in a scheme called Tele-health which assisted patients with long term conditions such as diabetes to monitor and manage their own conditions.

Childhood immunisation rates (2014-2015) for the vaccinations given to two year olds and under ranged from 97% to 100% and were higher than CCG averages of 83.4% to 96.8%. Vaccination rates for five year olds were 100% for several immunisations and were higher than local averages.

The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 73.91% compared to a national average of 73.24%.

The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 92% compared to a national average of 81%.

### Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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 test results.

There was an information governance policy in place to ensure patient's details were kept safe and staff received training in handling confidential data and used smart cards to access computer systems. There was a confidentiality policy available.

# Are services effective?

## (for example, treatment is effective)

Incoming mail such as hospital letters and test results were read by a clinician and then scanned onto patient notes by reception staff. Arrangements were in place to share information for patients who needed support from out of hours.

The practice worked with a variety of other health care professionals including health visitors, midwives, district nurses and Macmillan nurses.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up by use of a monthly diary throughout the year to ensure they all attended health reviews. 2013-2014 results were 93% of the total number of points available. Figures supplied by the practice on the day of our inspection showed an increase in this figure to 98.9% for the current year and also a reduction in the exception reporting rate (i.e. those patients that would not be automatically counted in the data) to 0.7%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was similar than the national averages for some aspects of care.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average.
- Performance for mental health assessment and care was similar to the national averages.

The practice could evidence quality improvement with a variety of audits including clinical, medication, referral, consultation, data quality and access audits and all relevant staff were involved. Results of audits were discussed at clinical governance meetings to promote shared learning.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- There were enough staff to provide services and this was monitored. The practice did use locums but these were normally regular locums used by SSP Health Ltd who received induction information packs and continuous support and they were encouraged to attend staff meetings. Consultation audits and referral audits were undertaken for GP locums to ensure correct standards in working practices were being followed. There was an escalation policy in place if there were any concerns regarding locum GP performance.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The permanent GPs were supported by a Local Medical Director who arranged clinical meetings to discuss any improvements to the practice. GPs and the practice nurse attended other meetings and learning events with other practices in the area organised by the CCG and SSP Health Ltd.

All GPs were up to date with their continuing professional development. There were annual appraisal systems in place for all other members of staff. Training needs were identified through appraisals and quality monitoring systems.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Eight out of the nine patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and clinicians were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Carers were asked to sign up to a register so that their needs could be met. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and would discuss any of their needs.

Data from the National GP Patient Survey July 2015 showed from 104 responses that performance was in line with local and national averages for example,

- 89% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

### Care planning and involvement in decisions about care and treatment

Health issues were discussed with patients and members of the PPG told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 86% 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%.
- 91% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

There was a PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. As a result of feedback the practice had worked to gain improved disabled access and parking to the surgery.

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.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open from 8am to 6.30pm. Appointments could be made in person, by telephone or online.

Pre-bookable appointments could be booked up to two weeks in advance for GPs and four weeks in advance for nurses. Same day urgent and non-urgent appointments were also available but not necessarily with a GP of choice due to availability. Results from the National GP Patient Survey July 2015 indicated that 33% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 59% and national average of 60%. The provider should consider displaying information to patients in the reception area and website to advise them which doctors were available on different days.

Patients could access urgent appointments by calling after 8am. The practice had introduced a system to attempt to increase the number of patients being able to get through

to the practice by telephone. Those patients needing non-urgent care but who wanted to arrange an appointment on the day were advised to call after 9am to make appointments for the afternoon.

The practice constantly monitored the numbers of appointments available to meet the demand of the patients. For example, the practice increased the numbers of appointments in the winter months to attempt to reduce pressure on hospital services.

The practice recognised there was a high rate of failure to attend appointments (in particular pre booked nurses' appointments) and they now telephone patients prior to appointments to remind them of their appointment time.

### Listening and learning from concerns and complaints

The practice has 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 waiting room and in a practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

We looked at a review of an annual summary of formal and verbal complaints received by the practice from April 2014 to March 2015. Complaints were broken down into twelve different categories such as whether the complaint was a clinical issue or about staff attitude in order to identify any trends. The review outlined whether patients' complaints had been dealt with in an appropriate timescale and highlighted whether the patient was happy with the outcome of the complaints process and there was a good audit trail of information. Complaints were discussed at staff meetings so that any learning points could be cascaded to the team.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

Staff told us the practice was patient centred and a caring practice. There were some notices in the practice referring to values and a patient charter.

### Governance arrangements

The practice had policies and embedded procedures in place to cover seven key areas of governance: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and other's roles and responsibilities.
- A range of SSP Health Ltd policies and procedures which were available to all staff on the practice's computer system. All the policies were regularly reviewed and in date and staff we spoke with were aware of how to access the policies.
- Quality assurance procedures in place to ensure the full implementation of policies and procedures. This

included comprehensive checks carried out by the Chief Operating Officer for SSP Health Ltd, monthly checks carried out by the Regional Manager and random sample checks done by head office.

- A system of reporting incidents and whereby learning from outcomes of analysis of incidents took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. A wide range of meetings were planned and regularly held including: annual significant event and complaints meetings, clinical meetings, palliative care meetings, and practice manager meetings. Meeting minutes were circulated and available to all staff.
- 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.