

# The Grey Road Surgery

## Quality Report

Breeze Hill Neighbourhood Health Centre,  
Liverpool  
L9 1AD  
Tel: 0151 295 3444  
Website: [www.thegreyroadsurgery.co.uk](http://www.thegreyroadsurgery.co.uk)

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Grey Road Surgery on 3 December 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, translation services and a hearing loop. One member of staff was also trained in sign language for the deaf.
- 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.

- 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.
- Staff worked well together as a team and all felt supported to carry out their roles.

There were areas of improvements the provider should consider:-

- Having a formal business plan.
- Carrying out formal appraisals for salaried GPs.
- Train all clinical staff in the use of oxygen.
- Have a clearer audit trail of actions taken as a result of significant events.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including infection control, medicines management and safeguarding.

Good



### Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure information was appropriately shared. Staff had received training relevant to their roles.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect. Staff helped people and those close to them to cope emotionally with their care and treatment.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had initiated positive service improvements for its patients. It acted on suggestions for improvements from feedback from the patient participation group (PPG). Learning from complaints was shared with staff.

Good



### Are services well-led?

The practice is rated as good for being well-led. The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received inductions and attended staff meetings and events. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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. The practice had improved outcomes for patients with diabetes.

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 on a monthly basis with health visitors to review vulnerable children. The practice worked with midwives from the local hospital and also offered a range of family planning services.

Good



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

The practice is rated as good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered online appointment bookings and prescription ordering.

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. The practice also liaised with the local 'Addaction' service to help support patients with drug and alcohol misuse.

Good



### 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.

Good



## Summary of findings

Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice worked with local mental health teams and staff had received training on suicide and dementia awareness. The practice actively screened patients for dementia and referred patients when necessary to local clinics.

# Summary of findings

## What people who use the service say

Results from the National GP Patient Survey published in July 2015 (from 108 responses which is equivalent to 1.8% of the patient list) demonstrated that the practice was performing in line with local and national averages. For example:

- 81% of respondents described their overall experience of this surgery as good compared with a CCG average of 87% **and** national average of 85%.
- 65% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 79% and national average of 78%.

The practice scored higher than average in for access to appointments. For example:

- 81% of respondents were satisfied with the surgery's opening hours compared with a local CCG average of 79% and a national average of 75%.

However; results indicated the practice could perform better in some areas, for example:

- 42% of respondents with a preferred GP usually got to see or speak to that GP compared with a local CCG average of 59% and a national average of 60%.
- 50% of respondents usually waited 15 minutes or less after their appointment time to be seen compared with a local CCG average of 62% and a national average of 65%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards (which represented 0.6% of the practice patient list size) which were overall positive about the standard of care received. GPs and nurses all received praise for their professional care. However, there were four comments around waiting times for appointments.

The practice participated in the NHS Friends and Family test which is a survey that asks patients how likely they would recommend the service. Data from April 2015-September 2015 showed that 87% from 404 patient responses (which is 6.7% of the patient list size) would recommend the service.

## Areas for improvement

### Action the service **SHOULD** take to improve

The provider should consider

- Having a formal business plan.
- Carrying out formal appraisals for salaried GPs.
- Train all clinical staff in the use of oxygen.
- Have a clearer audit trail of actions taken as a result of significant events.

# The Grey Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

## Background to The Grey Road Surgery

The Grey Road Surgery is situated in a socially deprived area of Liverpool with high unemployment rates. The practice is in a health centre and shares facilities with two other practices. There were 6000 patients on the practice register at the time of our inspection.

The practice is managed by two GP partners and the practice manager is also a partner. There are also three salaried GPs and the practice uses regular GP locums. There is a practice nurse and a healthcare assistant. Members of clinical staff are supported by the practice manager, deputy practice manager, and 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 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 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

## Detailed findings

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

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Carried out an announced inspection visit on 3 December 2015.
- Spoke to staff and representatives of the patient participation group (PPG).
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.



# Are services safe?

## Our findings

### Safe track record and learning

The practice took the opportunity to learn from internal 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. The practice had recently revised their significant event policy and recording forms, to promote learning and actively encourage staff to take ownership. Significant events were discussed at clinical meetings, however further work was required in terms of documenting actions taken as a result.

In keeping with the Duty of Candour, the practice had shared other significant event investigations with the patients involved.

Information about safety alerts was disseminated to practice staff.

### Overview of safety systems and processes

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

- Arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding who had received training appropriate for their role. The GPs provided reports where necessary for other agencies and met with health visitors on a monthly basis to discuss any child safeguarding concerns. Clinical staff demonstrated they understood their responsibilities and were up to date with their refresher training.
- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. All staff who acted as chaperones had received a disclosure and barring services check (DBS). T
- 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 for clinical staff. Some staff had been employed at the practice for many years and the practice manager could not locate some references.

- The practice was clean and cleaning schedules and monitoring systems were in place. The practice nurse was the designated lead for infection control. However, they had not participated in any meetings, audits or received any additional training as part of their role. There had been a recent audit carried out by the local infection control team. There was an infection control protocol in place and staff had received up to date training. Legionella risk assessments and regular monitoring were carried out. There were appropriate spillage kits and clinical waste disposal facilities and contracts in place.
- Arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. There was a repeat prescribing policy and all repeat prescription requests were individually checked.

### 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 health and safety policy available with a poster in the staff room. 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 also 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 and legionella.

## Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough members of staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

All staff received annual basic life support training and there were emergency medicines available in all of the clinician's rooms. There was also a first aid kit and accident book available.

The practice had a defibrillator and oxygen. However, staff had not received training on how to use the oxygen.

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 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 had access to guidelines from NICE and other local schemes such as the 'map of medicine' and used this information to develop how care and treatment was delivered to meet needs.

### 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. Consent forms for surgical procedures were used and scanned in to the medical records.

### Protecting and improving patient 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. Other services were available to the practice including a health trainer, citizen's advice, a phlebotomist, counselling services and drug and alcohol support services. The practice also liaised with the local mental health teams. One of the GPs also carried out acupuncture. The practice carried out vaccinations and screening:

- Childhood immunisation rates (2014) for the vaccinations given to two year olds and under ranged from 86% to 99% compared with CCG averages of 89% to 96%. Vaccination rates for five year olds ranged from 78% to 96% compared with local CCG averages of 95% to 97%.
- The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 79% compared to a national average of 73%.

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 90% which was higher than the national average of 82%.

### Coordinating patient care and sharing patient information

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.

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

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 systematically reviewed the information collected for the QOF and performance against local programmes to monitor outcomes for patients. Performance was discussed at monthly clinical meetings. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Results from 2013-2014 showed the practice had achieved 99% of the total number of points available. This practice was not an outlier for some QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was comparable with the national averages.

# Are services effective?

(for example, treatment is effective)

- Performance for mental health assessment and care was comparable with the national averages.

There were several examples of full cycle clinical audits that demonstrated an improvement in quality outcomes for patients. For example, flu and chronic kidney disease. There were also administration audits.

## 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 regular locums.
- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- 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. Clinical staff attended protected learning events organised by the CCG.

There were annual appraisal systems in place for all staff except salaried GPs. Training needs were identified through appraisals and quality monitoring systems. There were mentoring systems for all clinical staff.

# 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.

Patient CQC comment cards we received were positive about the service experienced. We also spoke with members of the Patient Participation Group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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.

Data from the National GP Patient Survey published in July 2015 (from 108 responses which is equivalent to 1.8% of the patient list) showed that performance was slightly lower than local and national averages for example,

- 84% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 94% 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

Patients from the PPG told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also 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.

Data from the National GP Patient Survey published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were either in line or slightly lower than local and national averages. For example:

- 83% 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%.
- 90% 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%.
- 78% 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%.

### 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. Written information was available to direct carers to the various avenues of support available to them. Carers were offered the flu vaccination.

There was a practice condolence policy. GPs told us that if families had suffered bereavement, their usual GP would send them a sympathy card.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

There was an established and very active Patient Participation Group (PPG) which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG advertised for new members both on the practice's web site and in the waiting area and produced a newsletter for patients. The PPG had worked with the practice to highlight the high instance of patient failure to attend appointment rates to try to reduce the number of missed appointments.

Members of staff engaged in a variety of community projects such the annual 'Race for Life' to raise monies for charities.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for example, 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 translation services available.
- There was a hearing loop available and one member of staff had been trained in using sign language.

### Access to the service

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 by calling the 111 services. The majority of appointments were for on the day but appointments could be pre-booked up to four weeks in advance.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.

- 71% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 80% patients described their experience of making an appointment as good (CCG average 75%, national average 73%).

However:

- 50% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).
- 42% of respondents with a preferred GP usually got to see or speak to that GP compared with a local CCG average of 59% and a national average of 60%.

The practice had experienced staffing issues due to maternity and sickness and had had a number of GP locums throughout the previous year.

The practice management constantly monitored telephone calls to the practice and appointment access and was aware of local issues and the rising number of patients. The practice was recruiting additional clinical and administration staff to meet the demands of the rising practice population.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to. Letters to patients in response to complaints, made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

We reviewed complaints and found written complaints were recorded and written responses for both types of complaints which included apologies were given to the patient, along with an explanation of events. The practice monitored complaints to identify any trends to help support improvement.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The mission statement had been discussed with staff and was taken from a World Health Organisation statement about health being inclusive of mental and social wellbeing. The practice team were committed to providing the best possible care.

The practice worked with the local neighbourhood practices and had previously worked on a practice delivery and development plan, but this needed updating. There were no other formal business plans with any strategies for future plans documented. The partners met once a week to discuss the practice finance, staffing, complaints and any clinical issues, but these were informal meetings which were not documented.

### Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and other's roles and responsibilities.
- An overarching clinical governance policy and practice specific policies that all staff could access, either from a staff handbook or the computer system.
- 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 an improvement in patient outcomes.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: weekly partners' meetings, monthly clinical meetings and whole practice staff meetings, monthly palliative care meetings with other healthcare professionals and monthly meetings with health visitors. Meeting minutes were circulated and available for all staff with the exception of the weekly partners' meetings.
- 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.

### Leadership, openness and transparency

There was a clear leadership structure in place and staff felt supported by management. The practice management actively supported the wellbeing of staff in addition to promoting career progression. For example, a receptionist had recently been promoted to a deputy manager and sufficient time had been planned to allow them to train for this role.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, an improvement in the telephone system was made.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

# Are services well-led?

Good 

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

team was forward thinking and took an active role in locality meetings and CCG meetings. One GP was a board member of the CCG and the partners worked with the local neighbourhood practices to improve health and social wellbeing of the local population. For example, looking at ways of tackling obesity.

The practice also participated in several unpaid research projects with the local university including projects regarding anti-depressants.