

Green Lane Medical Centre

Inspection report

15 Green Lane
Tuebrook
Liverpool
Merseyside
L13 7DY

Website: www.greenlanemc.nhs.uk


Date of inspection visit: 7 December 2018

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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Green Lane Medical Centre on 7 December 2018 as part of our inspection programme.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as good overall and good for all population groups.

We found that:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, further improvements could be made by increasing the scope of incidents and near misses reflected and documented by the practice.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect. There was a positive variation in results from the National GP patient survey data for how well GPs listened to patients and treated patients with care and concern compared to other practices.
- We received several comments about difficulties in getting through to the practice and being able to make an appointment. Since our last inspection, the practice had made several improvements for patient access including, increasing its GP and nursing team, installing more telephone lines and refurbishing patient access and waiting areas with the input of the patient participation group and staff.
- Information about services and how to complain was available but further information about how the practice would respond was only given verbally. The standard of documented responses and information for verbal and written complaints was inconsistent.

- The practice sought patient and staff views about improvements that could be made to the service, including having a well-established patient participation group and acted on feedback.
- Staff worked well together as a team and all felt valued and supported to carry out their roles.
- There was a clear governance structure and policies and protocols made available to all staff. Further improvements were needed in terms of ensuring some protocols and oversight systems were managed appropriately.
- There was a strong focus on continuous learning and improvement at all levels of the practice.
- The practice complied with the Duty of Candour.

Whilst we found no breaches of regulations, the provider **should:**

- Implement a system to monitor staff vaccinations to ensure staff remain fully up to date with their immunisations.
- Implement a system to ensure that all nursing staff receive required additional training.
- Revise the uncollected prescriptions policy and ensure all staff are aware of the protocols in place.
- Increase the scope of incidents and near misses reflected and documented by the practice.
- Review the standards of complaint audit documentation; and have a written leaflet explaining to patients what will happen when they complain to the practice and who to make their complaint to if they did not wish to complain to the practice directly.
- Review how staff are responding to patients wanting to make an appointment to improve patient satisfaction levels around making appointments.
- Implement a monitoring system for the use of blank prescriptions within the building and store these more securely.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Green Lane Medical Centre

Green Lane Medical Centre serves the inner city of Liverpool and is located within an area of high social deprivation. There were 9,550 patients on the practice list at the time of our inspection.

The practice is a training practice managed by five GP partners. There are also four salaried GPs and two GP registrars. The practice used locum GPs when necessary. There is an advanced nurse practitioner, four practice nurses and a health care assistant. Members of clinical staff are supported by the practice manager and an IT manager, reception and administration staff.

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

The practice is part of Liverpool Clinical Commissioning Group and has a General Medical Services (GMS) contract.

Green Lane Medical Centre is registered with the Care Quality Commission to provide the following regulated activities: treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures and maternity and midwifery services.

The practice carried out family planning but was not registered to do so on the day of our inspection and subsequently applied.