

Townsend 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 Townsend Medical Centre on 5 May 2016. Overall the practice is rated as good.

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

- The practice is situated in a purpose built health centre that also housed three other GP practices and a range of community services. The practice name was very similar to that of the building. This caused confusion for patients as they would telephone the practice when they required other services available within the building. In addition, the practice's reception desk was the first desk in the building that patients accessed. This resulted in reception staff frequently directing patients to other services in the building or dealing with queries, which increased their workload and meant the practice's own patients were kept waiting at the desk. The practice and the patient participation group (PPG) were in discussions about this with the local commissioning group (CCG) and the owners of the building.

- The practice was clean and had good facilities including disabled access and translation services.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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 PPG and acted, where possible, on feedback.
- Many of the staff had worked at the practice for a long time and knew the patients well. Staff worked well together as a team and all felt supported to carry out their roles.

However, there were areas where the provider should make improvements.

The provider should:

Summary of findings

- Make sure all staff are aware of where the oxygen in the building is located or purchase their own.
- Update patient information for complaints to include who the patient should contact if they are unhappy with how the practice dealt with their complaint.

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 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. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role.

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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. 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 a number of policies and procedures to govern activity. The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received inductions and attended staff meetings and events.

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. Longer appointments and home visits were available when needed. All these patients had a structured annual or six month review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 with health visitors to review vulnerable children and new mothers. 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.

Good



Working age people (including those recently retired and students)

The practice is as rated 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. There were online systems available to allow patients to make appointments.

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.

Good



Summary of findings

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. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published in January 2016 (from 89 responses which is approximately equivalent to 2% of the patient list) showed the practice was performing above local and national averages in certain aspects of service delivery. For example,

- 89% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).

However, some results showed below average performance, for example,

- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 77% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 90%, national average 87%).

In terms of overall experience, results were comparable with local and national averages. For example,

- 90% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).
- 81% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards, all of which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who more vulnerable were supported in their treatment.

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 for 2015 from 105 responses showed that 98 patients were either extremely likely or likely to recommend the practice and two responses said unlikely and four unsure.

Townsend 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 Townsend Medical Centre

Townsend Medical Centre is based in a deprived area of Liverpool. There were 3800 patients on the practice register at the time of our inspection.

The practice is managed by three GP partners (two female, one male). There is one regular locum GP. There is a part time practice nurse and a nurse prescriber. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday. The practice offers extended hours on Monday evenings until 8pm.

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 inspected this service as part of our comprehensive inspection programme.

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 with dementia)

Detailed findings

The inspector :-

- 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 5 May 2016.

- Spoke to staff and representatives of the patient participation group.
- 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 an effective system in place 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and discussed learning points at regular quarterly whole team practice meetings.

We reviewed minutes of meetings where significant events and complaints were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. New cancer diagnoses were automatically listed as significant events to be discussed.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all 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 health visitor attended the practice every week and was given a list of new children registering with the practice in order to monitor those identified as possibly being vulnerable.

- A notice in the waiting room advised patients that chaperones were available if required. Only nursing staff acted as chaperones and they had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse and practice manager took responsibility for infection control and they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken both by the visiting local infection prevention team and by the practice manager and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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

Are services safe?

health and safety policy available with a poster in the staff room which identified local health and safety representatives. All staff were trained in fire safety and some were Fire Marshalls. 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 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available. There was a shared agreement with another service in the building to access oxygen. However, not all staff were aware of where the oxygen was kept and how they could access this. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice 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 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 assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place 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 peoples' needs. Updates in NICE guidance were discussed in clinical staff meetings.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had systems in place to ensure they met targets and the most recent published results were 96% of the total number of points available. The practice also worked towards meeting local key performance targets. The practice was aware of high hypnotic medication prescribing rates and evidence reviewed demonstrated the practice was making improvements.

The practice worked with pharmacists from the CCG that visited the practice twice a month to help patients with long term medical conditions manage their medication.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits and clinical audits. There were continuous improvement audits for dermatology referrals and chronic obstructive pulmonary disease.

Effective staffing

Staff had the skills, knowledge and experience 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes by attending local training programmes.
- The learning needs of staff were identified through a system of appraisals. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, infection control, equality and diversity, fire safety awareness, basic life support and information governance. Staff were given protected learning time and had access to and made use of e-learning training modules and in-house training.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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.

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

Are services effective?

(for example, treatment is effective)

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.

Supporting patients to live healthier lives

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 or referred to the in house health trainer. The practice had access to a variety of community service available in the same building such as phlebotomy services, chiropody, a diabetes management team, Citizen's Advice and counsellors.

The practice carried out vaccinations and performance rates were comparable with local and national averages for example, results from 2014-2015 showed:

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 79% to 97% compared with CCG averages of 83% to 97%.
- Vaccination rates for five year olds ranged from 88% to 100% compared with local CCG averages of 88% to 97%.

The practice sent out immunisation guidance to patients with new born children along with a congratulations card.

The practice demonstrated how they encouraged uptake of cancer screening programmes by sending reminder letters to patients.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 12 patient Care Quality Commission comment cards we received were 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 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.

Results from the national GP patient survey published in January 2016 (from 89 responses which is approximately equivalent to 2 % of the patient list) showed patients felt they were treated with compassion, dignity and respect. However, results were lower than averages for GPs. For example:

- 77% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 90%, national average 87%).
- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 95% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. However, some results from the national GP patient survey showed results were lower for GPs. For example:

- 79% 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%.
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).

The practice provided facilities to help patients be involved in decisions about their care. For example, there were translation services available and interpreters were often used. The automatic checking in facility had the option to be used in different languages. There was a practice leaflet available in large print for the visually impaired.

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. Information was available in the waiting room to direct carers to the various avenues of support available to them.

There was a lead member of staff who contacted families if they had suffered bereavement to ascertain if they required an appointment or required to be signposted to local counselling services available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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 or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice preferred to use interpreters at appointments rather than telephone translation services.

Access to the service

The practice is open 8am to 6.30pm every weekday. The practice offered extended hours on Monday evenings until 8pm. Lunch time appointments were also available. 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.

Results from the national GP patient survey published in January 2016 (from 89 responses which is approximately equivalent to 2% of the patient list) showed that patient's satisfaction with how they could access care and treatment were comparable with local and national averages. For example:

- 89% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 75%.
- 86% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 85%, national average 85%).

- 95% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).

The practice is situated in a purpose built health centre that also housed three other GP practices and a range of community services. The practice name was very similar to that of the building. This caused confusion for patients as they would telephone the practice when they required other services available within the building. The practice had responded to this by having a new telephone system installed with a recorded message to redirect patients. In addition, the practice's reception desk was the first desk in the building that patients accessed. This meant that the reception staff were constantly directing patients to other services in the building or dealing with queries, which increased their workload and meant the practice's own patients were kept waiting at the desk. The practice and the patient participation group were in discussions about this with the local commissioning group and the owners of the building.

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 a practice information leaflet at the reception desk. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to. However, patient information did not contain the correct information about who the patient should contact if they were unhappy with the outcome of their complaint.

The practice received very few formal complaints but when they did, they were discussed at staff meetings. We reviewed a log of previous complaints and found written complaints were recorded and written responses included apologies to the patient and an explanation of events.

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 described their vision as to deliver the highest level of medical care to all their population and work continuously to improve on the health status of the practice population overall.

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.
- Practice specific policies and a range of supporting information that all staff could access on the computer system. There was also a staff handbook and hard copies of the main policies available.
- 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: whole practice team meetings and palliative care meetings with other healthcare professionals.
- 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 on patients' welfare. For example, medication audits and clinical audits.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

Leadership, openness and transparency

Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The provider was aware of and had systems in place 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 partners encouraged a culture of openness and honesty. The practice had systems in place 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.

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, one of the members of the PPG had donated a defibrillator to the practice. In addition they had successfully managed to have a phlebotomy service provided within the health centre.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had been given extra dedicated time during the day to deal with scanning tasks and training. 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 part of local pilot schemes to improve outcomes for patients in the area for example, to reduce social isolation. One of the partners had a lead role within the CCG and staff regularly attended local neighbourhood meetings and training events. The practice invested in the well-being of its staff and had recently gained the Wellbeing Workforce Charter award.