

Green Lane 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 Green Lane Medical Centre on 23 November 2015.

Overall the practice is rated good.

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

- The practice was clean and was about to have extensive alterations to improve disabled access and reception and waiting area facilities.
- Patients experiences of making appointments overall including being able to call the practice, was lower than local and national satisfaction averages. However there were plans in place to install a new telephone system.

- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- 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 improvements the provider should consider:-

- Carry out an analysis of significant events and complaints over time to identify any trends.

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, to support improvement and reacted swiftly to external patient safety alerts. However, the process could be improved by carrying out an analysis of any trends to prevent any reoccurrence. 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, gathered by 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 the care and treatment of 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 with a dedicated GP lead to ensure continuity of care. 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 the care and treatment of people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. The practice participated in telehealth to help monitor patients at home.

Good



Families, children and young people

The practice is rated as good for providing services to 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. Appointments were available after school for vaccinations.

Good



Working age people (including those recently retired and students)

The practice is rated as good for providing services to 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 and flu vaccination clinics on Saturday mornings.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for 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 and looked after patients who lived in supported accommodation. 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 as rated good for 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

Results from the National GP Patient Survey published in July 2015 (from 104 responses which is equivalent to 1.1% of the patient list) demonstrated that patient satisfaction was in line with local and national averages. For example:

- 90% of respondents describe their overall experience of this surgery as good compared with a CCG average of 87% **and** national average of 85%.
- 79% 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; results indicated the practice could perform better in terms of appointments, for example:

- 62% of respondents describe their experience of making an appointment as good compared with a CCG average of 75% and national average of 73%.

The practice scored higher than average in terms of satisfaction with care given by the nurses. For example:

- 99% of respondents said they had confidence and trust in the last nurse they saw or spoke to compared with a local CCG average of 97% and a national average of 97%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards (which 0.1% 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, one comment was about difficulty in obtaining a pre-bookable appointment.

Green Lane Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP and practice manager specialist advisors.

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 9202 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 two salaried GPs and two GP registrars. The practice used locum GPs when necessary. There is a nurse practitioner, three practice nurses and a health care assistant. Members of clinical staff are supported by the practice manager and an IT assistant 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 by calling the 111 services.

The practice has a General Medical Services (GMS) contract and had enhanced services contract which includes 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.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 23 November 2015.
- Spoke to staff and representatives of the 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. There was an incident management procedure and recording forms available. Significant events were discussed at meetings and analysed to look at what improvements could be made with regards to skills and performance, safety, communications, teamwork and maintaining trust. Processes could be further improved by carrying out an analysis of significant events over a period of time to identify any trends to prevent reoccurrence.

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. We saw evidence that the practice acted on safety alerts very swiftly. For example, an alert about combining two types of medication had resulted in a search to check all patient records and identify any patients who needed to have a medication review. This was done within a day of receiving the alert.

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 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. The GP 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 check (DBS). T

- Recruitment checks were carried out and the five 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.
- The practice was generally clean and cleaning schedules and monitoring systems were in place. One of the practice nurses was the designated lead for infection control. There was an infection control protocol in place and staff had received up to date training. Regular annual audits were completed and actions taken when necessary. 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. Uncollected prescription forms were checked monthly and then passed to the GP to check that patients were receiving the correct medication.

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 reception office. 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 comprehensive 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 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 one of the treatment rooms. There was also a first aid kit and accident book available.

The practice had a defibrillator available on the premises and 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 however not all staff were aware of the plan.

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 used this information to develop how care and treatment was delivered to meet needs. Updates on NICE guidance were discussed at staff meetings.

The practice team attended monthly primary health care meetings with other healthcare professionals to assess needs for patients with more complex needs such as palliative care.

The practice carried out health checks for patients with learning disabilities and supported patients living in sheltered accommodation in the local area.

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. Flow charts for the Mental Capacity Act principles were available on noticeboards in consultation and treatment rooms. 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.

There were different in house services available including: smoking cessation advice, a health trainer, and health visitors and midwives, physiotherapy and addiction support. The practice also used telehealth to enable patients to be monitored at home.

The practice offered vaccinations and screening services and proactively encouraged patients to attend these clinics. After school appointments were available for children for vaccinations. Data indicated the practice performed well in these areas. For example:-

- Childhood immunisation rates (2014) for the vaccinations given to two year olds and under ranged from 82% to 100% compared with CCG averages of 89% to 96%. Vaccination rates for five year olds ranged from 90% to 100% 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 75% 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 79% compared with the national average of 82%.

Coordinating patient care and sharing 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 read by a clinician and then scanned onto patient notes by administration staff. 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

Are services effective?

(for example, treatment is effective)

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 throughout the year to ensure they all attended health reviews. Results from 2013-2014 were 94.4% of the total number of points available. This practice was not an outlier for QOF (or other national) clinical targets. Data from 2013-2014 showed:

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

The practice had designated leads for monitoring QOF outcomes for different diseases.

The practice could evidence quality improvement with clinical audits and all relevant staff were involved. For example, we saw documentation from two cycles of clinical audit for screening patients for coeliac disease if diagnosed with irritable bowel syndrome. Audits were well written and led to additional audits being undertaken. Minor surgery audits were also carried out which showed the practice was performing well with low malignancy rates.

The practice performed well with respect to ensuring regular blood tests for patients on higher risk drugs were carried out. For example, 100% patients on warfarin had received a blood test.

The practice constantly monitored access to its appointments and reviewed patients' needs to prevent patients attending accident and emergency and had significantly reduced hospital admissions (by 8% over a year).

The practice monitored antibiotic prescribing and had reduced prescribing by 31% over the past year.

The practice had additional safety netting systems in place to ensure that patients who had been referred under the two week rule for possible cancer diagnoses were seen and had been appropriately referred. The practice had carried out full cycle cancer diagnosis audits which showed performance was generally good but also identified one which was then escalated to a significant event to promote learning to prevent future reoccurrence. The practice recognised that patients may also present at secondary care level and they need to be vigilant at looking at patient discharge notes.

The practice monitored deaths and overdoses to see if any lessons could be learned.

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. There was a low turnover of staff and some staff had worked at the practice for many years.
- 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. 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.

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. There was a notice about this in the reception and waiting areas.

Data from the National GP Patient Survey July 2015 showed from 104 responses that performance in terms of customer satisfaction was comparable 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%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 99% of respondents said they had confidence and trust in the last nurse they saw or spoke to compared with a local CCG average of 97% and a national average of 97%.

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 July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The results were in line with local and national averages. For example:

- 85% 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%.
- 85% 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%.
- 85% 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. Further additional supporting information was available on the practice's website.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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. For example, the practice was redesigning facilities to improve disabled access and improve reception and waiting room areas. Recent survey results had highlighted issues with the telephone systems and the practice had secured funds to install a new system but there was a temporary delay due to technical problems outside of their control. The practice discussed patient survey results at meetings. The PPG had recently developed a patient group newsletter for patients that incorporated information about future plans and improvements.

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.
- There were translation services and easy read patient information leaflets available.
- Saturday morning open access flu vaccination clinics were available in October.

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 service.

Appointments could be booked up to four weeks in advance and on the day appointments were also available.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was lower compared with local and national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 53% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 62% patients described their experience of making an appointment as good (CCG average 75%, national average 73%).
- 46% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).
- 51% of patients said they got to see their preferred GP (CCG average 59%, national average 60%).

We also saw that complaints had been made to the practice regarding access to appointments. In response to these concerns the practice had bid successfully for funding for a new telephone system to be installed. The practice also monitored appointments to ensure there were enough available.

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 in a practice leaflet 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 that both written and verbal complaints were recorded and written responses for both types of complaints which included apologies were given to the patient and an explanation of events. Complaints were discussed at staff meetings to identify any areas for improvement. However, the practice did not monitor complaints over time 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 practice ethos was to make it easy for patients to access care and they put the patients' needs at the heart of everything they did. The practice team were passionate about providing the best possible care. The GP partners met regularly to discuss the operational delivery of the service. There was a practice development plan in place for each year.

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 that all staff could access via the computer system or by paper copy.
- A system of reporting incidents without fear of recrimination 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 partner and clinical meetings where possible and monthly palliative care meetings. Meeting minutes were circulated and available for 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.

Leadership, openness and transparency

There was a clear leadership structure in place and staff felt supported by management. GPs and the practice manager attended local neighbourhood and CCG meetings and cascaded information back to the practice team.

- Staff told us that the practice held regular team meetings.
- The practice had a wellbeing policy in place for staff to improve their health and wellbeing.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and were 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. For example, reception and administration staff had been involved in the designing of the new reception area.

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, the redesign of access to the practice, the waiting room and reception areas.
- 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. This was demonstrated by comprehensive audits and improved outcomes for patients.