Langbank 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

Are services safe?	Good

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 3

The six population groups and what we found 4

What people who use the service say 5

Detailed findings from this inspection

Our inspection team 6

Background to Langbank Medical Centre 6

Why we carried out this inspection 6

How we carried out this inspection 6

Detailed findings 7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at this practice on 30 April 2015.

A breach of legal requirements was found. The practice was required to make improvements in the domain of 'Safe'.

After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse.

We undertook this focused follow-up review to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Langbank Medical Centre on our website at www.cqc.org.uk.

Our key findings were as follows:

- The practice had addressed the issues identified during the previous inspection.
- Improved systems were in place to ensure that any requests for child safeguarding reports were being met. Weekly and quarterly checks were also in place to ensure that the practice safeguarding register was up to date. All children subject to a safeguarding plan, or who were classified as a looked after child or a child in need, were correctly highlighted on the practice computer system.

  The practice had also responded positively to suggested improvements in relation to the recording, reporting and investigation of significant events. We saw that all significant events were discussed and analysed at meetings held for all people involved in the event. Review dates were set to allow those involved time to reflect on how an event came about and on how they may do things differently in the future.

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?

Good

Improved systems had been developed and implemented, to ensure that any requests for child safeguarding reports were being met by GPs at the practice. Weekly and quarterly checks were also in place to ensure that the practice safeguarding register was up to date. All children subject to a safeguarding plan, or who were classified as a looked after child or a child in need, were correctly highlighted on the practice computer system. Nominated staff were responsible for making housekeeping checks in respect of the safeguarding register and appointed deputies covered these duties in the event of absence of nominated staff.

The provider had improved the way in which significant events were recorded, reported and analysed to increase learning and allow time for reflection and discussion of these events with colleagues and peers.

Summary of findings

The six population groups and what we found

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

Families, children and young people

Good

The practice is rated as good for the provision of services to families, children and young people. The provider had made improvements in the way it managed the child safeguarding register and in how it processed requests for child safeguarding reports.Weekly and quarterly checks were also in place to ensure that the practice safeguarding register was up to date. Staff had developed relationships with area safeguarding teams, in order to receive and action information quickly. We saw that requests for safeguarding review reports were tracked and actioned quickly. Nominated staff carried out housekeeping duties in relation to the safeguarding register. If staff were absent, appointed deputies would complete these duties.

Summary of findings

What people who use the service say

As this was a focussed follow-up review we did not speak to any patients.

Langbank Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Inspector carried out this focused follow-up review.

Background to Langbank Medical Centre

Langbank Medical Centre is based in the Norris Green area of Liverpool. Located on the ground floor are three GP consulting and treatment rooms, a room available for use by locum GPs, a nursing and minor surgery room and a room for baby clinics with the health visitor. A number of professionals visit the practice on a weekly and monthly basis to deliver other services, such as midwives and health visitors.

The second floor of the building is taken up by administration offices, a meeting room and a staff canteen area. The practice population at the time. The practice population is approximately 4, 700 patients.

The practice is open from 8am to 6.30pm each week day. On Wednesday of each week the practice is closed between 1pm and 2pm.

GP surgeries are from 9 am to 12pm each morning and from 4pm to 6pm each afternoon. There is no late surgery at this practice.

Out of hours services are delivered by a separate provider, Urgent Care 24 (UC24).

Why we carried out this inspection

This focused follow-up review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection in January 2015, had been implemented. We reviewed the practice against one of the five questions we ask about services: is the service safe? This is because the service was not meeting some legal requirements at the previous inspection.

How we carried out this inspection

We carried out a focused follow-up review of Langbank Medical Centre. We spoke with the practice manager and looked at records the practice maintained in relation to significant events and child and adult safeguarding procedures.

Good

Are services safe?

Our findings

When we inspected the practice in April 2015, we found that systems to manage requests for child safeguarding reports and the management of the child safeguarding register were ineffective.

Overview of safety systems and processes

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. 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 3. Systems to manage requests for safeguarding reports had been improved and we saw that the requests were well managed. As a result, requests for reports were being met quickly. The safeguarding register was being checked and updated by nominated members of staff, who had appointed deputies to manage this work in their absence. We were able to establish that all children on the register had the appropriate indicator set on their electronic records. The practice computer system also highlighted any looked after children and those classified as being a 'child in need'. We saw that electronic records of vulnerable adults were also well managed. Housekeeping checks on safeguarding registers were conducted weekly and quarterly, to ensure all information was accurate and up to date.