Gateacre 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 Gateacre Medical Centre on 19 November 2015.

Overall the practice is rated good.

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

- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- There were facilities for the disabled, however access would be difficult. There were translation facilities available but no hearing loop.
- 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 was an example of outstanding practice:-

The practice manager had designed tools to improve systems to manage diabetes care and mental health reviews to ensure patients' needs were assessed. In addition, the practice manager had designed a system to allow more information about care needs of the elderly population to be available for the GP called me 'forget me not'. This involved birthday cards with health questionnaires being sent to patients so that information returned could be monitored and actioned where necessary by the GP. These processes had been adopted by other practices in the local area.

However, there were improvements the provider should consider:-

- Carry out a risk assessment for the provision of emergency care when clinicians were not on site.
- Formulate a business plan, strategy and values for the practice.
- Consider arrangements for the nursing team to attend meetings to improve on knowledge of systems within the practice and ensure clinical consistency.

Summary of findings

- Improve the approach to clinical audit to demonstrate quality improvement for patient outcomes.
- Formally record the monitoring of the cleanliness of the premises.
- Carry out a formal disability access risk assessment.
- Complete the electrical safety inspection for the premises.

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

The practice is rated as good for providing safe services. The practice took the opportunity to learn from internal incidents, 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.

Are services effective?

Good

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.

Are services caring?

Good

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.

Are services responsive to people's needs?

Good

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.

Are services well-led?

Good

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

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

Good

The practice is rated as good 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 nursing home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s. The practice manager had designed a system whereby birthday cards were sent to patients containing a health questionnaire which the GP would monitor and action if necessary. This scheme had been adopted by other practices in the area.

People with long term conditions

Good

The practice is rated as good for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. The practice manager designed a system to help with diabetes management which was utilised by other practices in the area. This had significantly impacted on diabetes management for the practice resulting in the highest diabetes management rates in the area.

Families, children and young people

Good

The practice is rated as good for 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.

Working age people (including those recently retired and students)

Good

The practice is rated as good 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. The practice offered extended hours opening on Monday evenings and nurse appointments were available from 8am for patients who could not attend during normal working hours.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for people whose circumstances make them vulnerable. The practice held a register of patients living in

Summary of findings

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 liaised with the local learning disability team.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good 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. The practice worked with local mental health teams and had developed a system to help with the management of reviews that was now in use by other practices in the area. The practice manager was involved with a support group for carers of patients suffering from dementia.

Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 119 responses which is equivalent to 5% of the patient list) demonstrated that the practice was performing 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 n**ational average of 85**%.**
- 80% 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 some areas, for example:

- 86% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared with a local CCG average of 88% and a national average of 85%.

The practice scored higher than average in terms of appointments. For example:

- 87% of respondents are satisfied with the surgery's opening hours compared with a local CCG average of 79% and a national average of 75%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards (which 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.

Gateacre 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 Gateacre Medical Centre

Gateacre Medical Centre is situated in a deprived area of Liverpool. There were 2,222 patients on the practice list at the time of our inspection.

The practice is managed by an individual GP. There is also a salaried GP. There are two practice nurses. There is also a temporary nurse practitioner to help out with the increased demand on the practice during the winter months. Members of clinical staff are supported by the practice manager, reception and administration staff. The practice is a training practice for medical students from the local University.

The practice is open 8am to 6.30pm every weekday and offers extended opening hours on a Monday evening from 6pm-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 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 19 November 2015.
- Spoke to staff, patients and representatives of the patient participation group(PPG).
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Good

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 a significant event policy and recording forms available. Significant events were analysed and also discussed at practice meetings. The practice had acted on their findings for example, one event highlighted communication errors with regards to acting on information from hospital letters. The practice had carried out audits and set protocols in place to ensure vital information was not missed.

The practice disseminated information about safety alerts and took appropriate actions.

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 on safeguarding 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 liaised with health visitors to discuss any child safeguarding concerns. All staff spoken with 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 were in place. However, the practice manager carried out spot checks but there was no formal recording of monitoring the cleanliness of the practice. The GP was the designated lead for infection control. 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. The practice had previously had high rates of hypnotic medication prescribing and had taken action to reduce this. Prescription pads were securely stored and there were systems in place to monitor their use.

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 risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella. However, formal monitoring of the cleanliness of the premises needed to be implemented. The practice manager advised us that there were initial plans to improve the layout of the premises as they were aware of limitations posed by the current layout of the practice building. There were issues regarding a lack of disabled access but no formal disability access risk assessment had been completed. An electrical safety inspection had not yet been completed as this had to be scheduled when the practice was closed.

Good

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 at any one time.

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. There were no paediatric defibrillator pads available.

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. We noted that clinicians were not available between 8am-9.15am for two days a week and there was no risk assessment in place as to how medical emergencies would be dealt with in the clinicians' absence.

Good

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.

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. A health trainer visited the practice on a weekly basis to provide lifestyle management advice. The practice had identified patients who were overweight and recommended appointments with the health trainer. The practice carried out vaccinations and screening and data; this indicated the practice was performing well. For example:-

- Childhood immunisation rates (2014) for the vaccinations given to two year olds and under ranged from 78.6% to 100% compared with CCG averages of 89.4% to 96.3%. Vaccination rates for five year olds were higher and ranged from 94.1% to 100% compared with local CCG averages of 95.2% to 97.2%.
- The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 83.02% compared to a national average of 73.24%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 93.5% which was higher than the national average of 81.88%.

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 patients' 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 the GP 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 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 99.6% of the total number of points available.

The practice manager had designed tools to improve systems to manage diabetes care reviews and mental health reviews to ensure patients' needs were assessed. These had been adopted by other practices in the local

Good

Are services effective?

(for example, treatment is effective)

area. As a result, this had helped the practice become the highest achiever in the area with regards to meeting targets for diabetes management (91%) and other practices had also improved.

The lead GP had carried out a variety of audits for example, hypnotic prescribing. However, the approach to audits could be improved to evidence quality improvement.

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 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.

Good

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. The practice recognised that some patients had difficulty in accessing the premises due to there being no pedestrian crossing over a busy road near the practice. Patients and staff told us that reception staff would often assist elderly patients cross the road safely.

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) and two patients. 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 and there was a notice about this in the reception area.

Data from the National GP Patient Survey July 2015 showed from 115 responses that performance 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%.
- 89% 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%.

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 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and 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%.
- 95% 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%.
- 87% 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.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was a Patient Participation Group (PPG) which had recently recruited new members. They had held two meetings with the new practice manager and told us that improvements had been made to the waiting room to increase privacy as a result of their meetings. The PPG had plans to try to address the lack of a pedestrian crossing near the premises.

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.
- 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.
- Early morning appointments from 8am were available with a practice nurse for those patients who could not attend during normal working hours.

Access to the service

The practice is open 8am to 6.30pm every weekday and offers extended opening hours on a Monday evening from 6pm-8pm. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service. Patients would call NHS 111 who triage calls before putting patient through to the local provider of out of hours services, Urgent Care 24.

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.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 78% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 78% patients described their experience of making an appointment as good (CCG average 75%, national average 73%.
- 73% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

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 available in the waiting room. The complaints policy clearly outlined a time framework 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. 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 practice team were passionate about providing the best possible care. However, there was no formal business plan or strategy in place and no set values.

Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own roles and responsibilities. However, some staff were not aware of each other's responsibilities.
- An overarching governance policy and policies that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- Clear methods of communication that involved staff and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: monthly practice team meetings and monthly palliative care meetings. Meeting minutes were circulated and available for all staff. Nursing staff only worked part time and did not always attend and there were very few opportunities were they could meet to improve the nursing team. Not all nursing staff were aware of all policies and accountable staff for various roles.
- 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. There was a new practice manager who had been in post since March 2015 who had made a positive impact on staff.

- Staff told us that the practice held regular monthly team meetings. Staff were encouraged to chair these meeting on a rota basis to improve their skills.
- 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 to progress in their careers.

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 a new PPG that had submitted proposals for improvements to the practice management team. For example, there had been an improvement to increase privacy at reception.
- The practice participated in the NHS Friends and Family test which is a survey that asks patients how likely they would be to recommend the service. Comments were very positive regarding the service provided. The practice manager had reviewed all results and answered any patient comments and made this information available in the waiting room and on the practice's web site. The practice manager had identified that not all patients were aware of appointment systems in place and had provided additional information.
- The practice also gave staff the opportunity to routinely discuss matters at staff meetings.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. For example: the practice manager had designed several systems to improve diabetes and mental health care management which had been adopted by other practices in the area.