

North Park Health Centre

Inspection report

290 Knowsley Road
Bootle
L20 5DQ
Tel:

Date of inspection visit: 28 & 29 November 2022
Date of publication: 09/03/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Inadequate 
Are services safe?	Inadequate 
Are services effective?	Requires Improvement 
Are services caring?	Good 
Are services responsive to people's needs?	Inadequate 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at North Park Health Centre on 28 & 29 November 2022. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - requires improvement

Caring - good

Responsive - inadequate

Well-led – inadequate

The full reports for previous inspections can be found by selecting the 'all reports' link for North Park Health Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in response to concerns reported to us about the operation of the service.

We included all key questions in the inspection, safe, effective, caring, responsive and well-led.

How we carried out the inspection:

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.
- Interviewing staff in a range of roles.
- Receiving feedback from staff through feedback forms

Our findings

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

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

We found that:

We rated the provider as **Inadequate** for providing safe services. This was because:

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- Safeguarding was not given sufficient priority and staff were not clear who the safeguarding leads were.
- Staff did not undertake mandatory training until six months into their roles. In the absence of training risks assessments were not undertaken.
- Staff recruitment records were not kept in order to comply with the regulations.
- The arrangements for managing medicines did not always keep patients safe.
- Learning from significant events was not always shared with relevant staff.
- Systems for managing historical safety alerts were not always effective.
- The provider was not effectively assessing and monitoring the clinical capacity to ensure this was sufficient to meet the needs of the patient population. The provider was not acting upon concerns about staffing levels.

We rated the provider as **Requires Improvement** for providing effective services. This was because:

- Patients' needs were assessed, but care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- Patients with long-term conditions were not always receiving relevant reviews that included all elements necessary in line with current best practice guidance. Patient reviews were not always followed up in a timely manner where necessary.
- The practice carried out quality improvement activity, but there was not always evidence that they had implemented and followed up on the recommended changes.
- Cervical cancer screening uptake was well below national averages and continued to steadily decline.

We rated the provider as **Good** for providing caring services. This was because;

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patient feedback was generally positive about their experiences with the clinical team.

We rated the provider as **Inadequate** for providing responsive services. This was because;

- Patients were not always able to access care and treatment in a timely way.
- Patients were not able to make appointments in a way that met their needs and patients were highly dissatisfied with telephone access.
- Feedback from patients was not being used to drive improvement.

We rated the provider as **Inadequate** for providing well-led services. This was because:

- The overall governance arrangements were not fully effective.
- There was a lack of leadership at the practice.
- Arrangements for identifying, recording and managing risks, issues and mitigating actions were not fully effective.
- The provider had not risk assessed the impact of the lack of GPs on site or taken actions to mitigate this.
- Structures, processes and systems for accountability were not clearly set out or understood by staff.
- Patient views were not acted on to improve services.
- Statutory CQC notifications had not been submitted in line with requirements.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

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- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment
- Ensure recruitment procedures are established and operated effectively to ensure that specified information is available regarding each person employed.

The provider **should**:

- Identify carers to ensure these patients are offered appropriate support.
- Make information on how to make a complaint readily available to patients.
- Ensure procedures for 'Do not attempt' (DNACR) are reviewed for all relevant patients.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider

from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to North Park Health Centre

North Park Health Centre, 290 Knowsley Road, Bootle, Liverpool, Merseyside, L20 5DQ is registered with the Commission to provide a primary health service providing the following regulated activities:

- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.
- Surgical procedures.
- Family planning.
- Maternity and midwifery services.

The registered provider for the service is TCG Medical Services Limited. The sole director, as registered on companies' house, has other CQC provider registrations registered and delivers GP services across the NHS Sefton and NHS Wirral areas and two other GP practices under this provider registration. A team of leaders and managers work across all the registered locations.

Staff working from this practice include, 3 GPs (one male and two female), 1.5 whole time equivalent advanced nurse practitioners (ANPs), 1.4 whole time equivalent practice nurses, a practice lead and administrative/reception team.

The practice provides GP services to approximately 6,424 patients living in the Bootle area of Liverpool.

North Park Health Centre is open Monday to Friday 8am to 6.30pm. Patients can book appointments in person, via the telephone or online.

Outside of practice opening hours patients can access the out of hours GP by calling the NHS 111 service. Extended access is provided locally by another service provider, where late evening and weekend appointments are available. Out of hours services are provided by another service provider.

The practice provides telephone consultations, some pre-bookable appointments, on the day appointments, urgent appointments and home visits.

The practice is situated within the Cheshire and Merseyside Integrated Care System (ICS) and delivers services as part of an Alternative Provider Medical Services contract with NHS England.

The practice is part of a wider network of GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in decile 1 (1 out of 10). The lower the decile, the more deprived the practice population is relative to others. A lower level of deprivation can indicate challenges in providing healthcare. The supply of healthcare services tends to be lower in more deprived areas due to a number of factors but has an increased demand. The population tends to have poorer health status among individuals with a greater need for health services. For example, there may be higher levels of long-term conditions such as those affecting the cardiovascular system and respiratory system. This practice has a higher than local and national average prevalence of asthma, chronic obstructive pulmonary disease, conditions related to heart disease, obesity, depression and diabetes.

According to the latest available data, the ethnic make-up of the practice area is 97.6% White, 1% Mixed, 0.8% Asian, 0.3% Black and 0.3% Other.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not employed.</p> <ul style="list-style-type: none">• A risk assessment had not been completed for staff who had not undertaken mandatory training, six months into their role, to determine what support they would require in matters such as safeguarding, infection prevention control and other areas.• Staff reported the induction process was poor and they did not feel supported in their roles.• Staff told us there were times when they felt there were not enough staff. Risk assessments had not been completed in such situations to determine what support staff would require. <p>This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The overall governance arrangements were not fully effective.• There was a lack of leadership at the practice.• Arrangements for identifying, recording and managing risks, issues and mitigating actions were not fully effective.• The provider had not risk assessed the impact of the lack of GPs on site or taken actions to mitigate this.• Structures, processes and systems for accountability were not clearly set out or understood by staff.

This section is primarily information for the provider

Requirement notices

- Patient views were not acted on to improve services.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

Recruitment procedures were not established and operated effectively to ensure that specified information was available regarding each person employed.

This was in breach of Regulation 19 (1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Risks to the health and safety of service users receiving the care or treatment provided were not always effectively assessed or mitigated.</p> <ul style="list-style-type: none">• The arrangements for managing medicines did not always keep patients safe.• Care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways. <p>This was in breach of Regulation 12 (1) (2) (a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>