

Rocky Lane Medical Centre

Quality Report

80 Rocky Lane, Liverpool, L16 1JD
Tel: 0151 295 3965
Website: www.rockylanemc.nhs.uk

Date of inspection visit: 23 April 2016
Date of publication: 05/07/2016

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?

Requires improvement



Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
Areas for improvement	5

Detailed findings from this inspection

Our inspection team	6
Background to Rocky Lane 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 Rocky Lane Medical Centre on 29 October 2014 and at this time the practice was rated as good. However, breaches of legal requirements were also found. 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 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014;

During the inspection there were a number of areas that required improvement also and we identified that the provider should:

- Ensure annual electrical tests are completed for all electrical equipment in use.
- Ensure doctors have available emergency drugs for use in a patient's home.

- Have available the use of equipment such as pulse oximeters, defibrillators and oxygen for emergency treatments in line with current external guidance and national standards.

On the 23 April 2016 we carried out a focused desk top review of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The review was carried out to check whether the provider had completed the improvements identified during the comprehensive inspection carried out in October 2014. 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 Rocky Lane Medical Centre on our website at www.cqc.org.uk.

The findings of this review were as follows:

- The practice had addressed all of the issues identified during the previous inspection.
- Improved systems had been put into place to ensure that staff were not allowed to undertake a chaperoning role without the necessary checks having been received.

Summary of findings

- Arrangements were put into place to ensure that GPs had access to emergency drugs for use in the patient's home and these were in regular review.
- The practice had equipment available to respond appropriately to a sudden deterioration in a patient's health and a medical emergency situation. However the practice continues to operate without an automated defibrillator for emergency purposes.

There remain areas where the provider should make improvements as follows:

- The provider should ensure that an automated patient defibrillator is available for use in an emergency situation, in line with current best practice guidelines.

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 requires improvement for providing safe services. New systems had been put into place to ensure the safe recruitment of staff, including the required fitness checks to ensure that staff with a chaperoning role had the necessary checks prior to commencing in this role. Evidence was provided as part of this desk based review to show improved systems for the management of practice equipment including medical equipment. However the practice does not have access to an automated patient defibrillator for use in an emergency.

Requires improvement



Summary of findings

Areas for improvement

Action the service SHOULD take to improve

The provider should ensure that an automated patient defibrillator is available for use in an emergency situation, in line with current best practice guidelines.

Rocky Lane Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This focused desk top review was undertaken by a CQC Inspector.

Background to Rocky Lane Medical Centre

Rocky Lane Medical Centre is registered with the CQC to provide primary care services, which include access to GPs, minor surgery, family planning, ante and post natal care. The practice is situated within the Childwall ward area of the city. The practice has a higher than average population in full or part time employment. At 84.6 years, life expectancy in the Childwall ward area is 3.4 years higher than the national average. The wards life expectancy rate is one of the highest in the city. Mortality rates in Childwall are the lowest in the Liverpool wards. Teenage pregnancy, childhood obesity and alcohol related hospital admissions are also low.

The practice provides GP services for 3885 patients. They have one General Practitioner (GP) partner, two sessional GPs, two specialist nurse practitioners, healthcare assistant, a practice manager and deputy practice manager and a number of receptionist/administration staff. The practice is part of NHS Liverpool CCG. GP consultation times are Monday to Friday 08.00 to 18.30 and a late evening till 20.00 each Wednesday. Patients can book appointments in person, via the telephone and online. Appointments can be booked for up to four weeks in

advance for the doctors and a month in advance for the nursing clinics. The practice treats patients of all ages and provides a range of medical services. When the practice is closed patients can access the out of hour's provider for Liverpool, Urgent Care 24 (UC24).

Why we carried out this inspection

We carried out a desk top review 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 had completed the improvements identified during the comprehensive inspection carried out in October 2014. The checks made were to ensure the provider was now 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

This inspection was carried out as a focused desk based review. The practice was contacted and a request was made to submit evidence to show that the practice had completed the improvements identified during their comprehensive inspection carried out in October 2014. A range of information was submitted by the practice and reviewed by the CQC Inspector.

Are services safe?

Our findings

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, identified during the inspection undertaken in October 2014. However the following areas required improvement and action has since been taken by the provider.

Staffing & Recruitment

At the inspection undertaken in October 2014 we identified that staff who had chaperoning responsibilities had not had a recent Disclosure and Barring Service (DBS) check before commencement of this role. Just after the inspection the practice ceased to use these staff members for chaperoning duties. For this review the practice submitted a copy of a revised policy relating to DBS checks. The policy states clearly that reception staff with chaperoning responsibilities require a DBS check prior to commencing in this role. The policy further confirms that where employees change roles within the practice into ones which may require a DBS check, they will not undertake this role until the check has been completed.

The practice confirmed that at the time of this review a staff member whose role had changed was awaiting a DBS check before undertaking a new role with chaperoning responsibilities.

Arrangements to deal with emergencies and major incidents

At the time of our inspection in October 2014 the practice did not have the necessary equipment to appropriately respond to a medical emergency. This included equipment such as pulse oximeters, defibrillators and oxygen for emergency treatments in line with current external guidance and national standards. The practice has submitted as part of the evidence requested for this review, information to show that emergency equipment such as oxygen and pulse oximeters have been purchased. However, they continue to operate without access to an automated patient defibrillator for use in an emergency situation.

Equipment

At our inspection carried out in October 2014 we found that while most equipment had been appropriately calibrated and maintained, electrical PAT testing had not been completed. As part of this review evidence was submitted to show the practice had completed the testing after our inspection and systems had been put into place to ensure this was now being routinely monitored.