Stanley Medical Centre

Inspection 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 location	Inspected but not rated
Are services safe?	Inspected but not rated
Are services responsive to people's needs?	Inspected but not rated
Are services well-led?	Inspected but not rated

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic and reducing the burden placed on practices by minimising the time inspection teams spend on site.

This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider. The assessment did not include on-site inspection and therefore the practice has not been rated or ratings from our previous inspection have not been reviewed.

Background:

We undertook a remote regulatory assessment between 9 and 12 November 2020 following information of concern being brought to our attention. The practice had previously not been inspected under this provider's registration.

The service is registered with CQC under the Health and Social Care Act 2008 to provide the regulated activities of: Diagnostic and screening procedures and Treatment of disease, disorder or injury.

The registered provider is the responsible individual and is the 'registered person'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the assessment we reviewed Stanley Medical Centre clinical record system which included the practice's task management system and a sample of electronic patient records.

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

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

We found that:

- Staff felt patients had their needs met and that overall care was prioritised depending on need. However, the workload was high, sometimes excessive and sometimes there were insufficient staff to meet patient demand.
- The provider did not have a system in place to effectively assess and manage staffing needs to ensure patient safety.
- Overall responsibility for risk management was not clear. There were gaps in systems to assess, monitor and manage risks to patients, for example, the management of patients' medicine reviews.
- The monitoring of patients' medication, including high risk medication, was not robust. Medication reviews and monitoring was not done in a timely manner, lacked oversight and was not always managed safely.
- There were no assurance processes that patients test results were processed and acted upon in a timely manner.
- The systems to report, analyse, learn and make improvements when things went wrong were not robust. The significant event and complaint procedures and processes needed improvement.
- Good governance systems and processes required improvements. The governance framework was not clearly defined or identified. There was insufficient review, analysis and a lack of action planning and review.
- There was a senior management team and structure in place, they had a vision and supporting strategies in place.
- The organisation and the practice were supported by a culture strategy and staff reported that they felt able to raise concerns without fear of retribution. Staff generally felt well supported by colleagues and managers and they felt the culture of the practice was one of openness and honesty.

Overall summary

- There were a number of communication methods in place, however improvements were needed. Structured, formally recorded meetings that looked specifically at operational or clinical issues were not taking place at practice level.
- Some of the policies and procedures that we looked at required review and improvements as they lacked significant detail such as the checks to be undertaken during the staff recruitment process.
- The system in place for monitoring and auditing the practice required improvement. The audit plan did not demonstrate that it was based on local, national or service priorities.
- Improvements were needed to the support provided to clinical staff. There were informal arrangements to review the consultations, referrals and prescribing of clinicians and no formal induction for locum staff. Locum staff were not always included in the appraisal process, audits or involved in the significant event process.

The areas where the provider **must** make improvements:

- 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.

(Please see the specific details on action required at the end of this report).

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Not inspected
People with long-term conditions	Not inspected
Families, children and young people	Not inspected
Working age people (including those recently retired and students)	Not inspected
People whose circumstances may make them vulnerable	Not inspected
People experiencing poor mental health (including people with dementia)	Not inspected

Our inspection team

Our assessment team was led by a CQC lead inspector**.** The team included a GP specialist advisor and two other CQC inspectors.

Background to Stanley Medical Centre

Stanley Medical Centre is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post-natal care. The practice has a General Medical Services (GMS) contract with a registered list size of 4493 patients (at the time of inspection). The practice is registered to deliver the regulated activities; diagnostic and screening procedures and treatment of disease, disorder or injury.

The practice is part of the Liverpool Clinical Commissioning Group (CCG). They provide a range of enhanced services, for example: childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

The practice had a high proportion of patients with significant levels of deprivation, disease prevalence and unemployment. The area has a predominantly white working class population.

The provider employs clinical staff including advanced nurse practitioners, a paramedic and practice nurses to work at this practice. The practice also has locum GPs. Clinicians work across other practices operated by the provider. There are also a pharmacist, pharmacy technician and two mental health practitioners who work across a number of the providers services. The clinical staff are supported by administration and management staff.

The practice is open from 8am to 6.30pm Monday to Friday. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance out of hours when the practice is closed.

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. 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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider could not always demonstrate that care and treatment had been provided in a safe way through assessing the risks to the health and safety of service users of receiving the care or treatment and through doing all that is reasonably practicable to mitigate any such risks.**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Effective systems were not in place to assess, monitor and improve the quality and safety of the service and to monitor and mitigate risks to people using the service.**