

# Bousfield Surgery

## Inspection report

Westminster Road  
Liverpool  
L4 4PP  
Tel:  
[www.bousfieldsurgery.nhs.uk](http://www.bousfieldsurgery.nhs.uk)

Date of inspection visit: 1, 2, 3 November 2022  
Date of publication: 15/12/2022

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           |  | Requires Improvement |  |
|--|--|----------------------|---|
| Are services safe?                         |  | Requires Improvement |  |
| Are services effective?                    |  | Good                 |  |
| Are services caring?                       |  | Good                 |  |
| Are services responsive to people's needs? |  | Requires Improvement |  |
| Are services well-led?                     |  | Inadequate           |  |

# Overall summary

We carried out an announced comprehensive at Bousfield Surgery on 1, 2 and 3 November 2022. Overall, the practice is rated as requires improvement.

Safe - Requires improvement

Effective - Good

Caring - Good

Responsive – Requires improvement

Well-led – Inadequate

## Why we carried out this inspection

We carried out this inspection in line with our inspection priorities. The practice has not been inspected since it was registered with the Commission on 26 March 2021.

## 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:

- Conducting staff interviews using video conferencing.
- 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 short site visit.

## 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 rated this practice requires improvement overall.

We rated the practice as requires improvement for providing safe services. This is because:

- Not all staff were trained to the appropriate levels of safeguarding for their role.
- There were some shortfalls in the management of fire and health and safety at the practice.
- The provider could not assure themselves that the premises were adequately cleaned.

# Overall summary

- The provider's system to manage significant events was ineffective as not all staff were trained in the process and records of investigations undertaken were not kept.

We rated the practice as good for providing effective services. This is because:

- Patients received effective care and treatment that met their needs.

We rated the practice as good for providing caring services. This is because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We rated the practice as requires improvement for providing responsive services. This is because:

- Some patients reported difficulty in getting through to the practice by telephone.
- The provider did not keep records of investigations into complaints and a track of actions arising from complaints.
- Not all staff who dealt with and responded to complaints had received specific training.

We rated the practice as inadequate for providing well-led services. This is because:

- The governance arrangements and their purpose were unclear, and there was a lack of clarity about authority to make decisions and how individuals are held to account. There was no process to review key items such as the strategy, values, objectives, plans or the governance framework.
- The practice operational and governance structures were not clearly defined.
- The systems for identifying, managing and mitigating some risks were ineffective.
- The vision, values and strategy were not developed in collaboration with staff, patients and partners.

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

- Ensure all premises and equipment used by the service provider is fit for use.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Continue to work to improve the uptake of cancer screening.
- Take steps to make sure information is available in easy read formats.
- Take action to improve patient's experience of being able to get through to the practice by telephone.

The service has been rated as inadequate for being well-led and have six months to improve. We will inspect it again within six months. If the service is rated as inadequate for a key question at the second inspection, it will be placed in special measures.

**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**

# Overall summary

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 spoke with staff using video conferencing facilities and 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 Bousfield Surgery

Bousfield Surgery is located in Liverpool at:

Westminster Road

Liverpool

Merseyside

L4 4PP

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is situated within the Cheshire and Merseyside Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 2731. This is part of a contract held with NHS England.

The practice is part of North Liverpool Primary Care Network, a wider network of GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 94.8% White, 1.8% Asian, 1.3% Black, 1.3% Mixed, and 0.7% Other.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of 4 GPs who work at the practice. They are supported by 2 locum advanced nurse practitioners, 2 practice nurses and a pharmacy technician. There is an immunisations nurse who provides cover at all of the provider's locations. The GPs are supported at the practice by a team of reception/administration staff and a practice manager provides managerial oversight. A central governance team work across all the providers practices.

The practice is open between 8am to 8pm on Monday and between 8am – 6.30pm Tuesday – Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is also provided locally by Primary Care 24 Limited, where late evening and weekend appointments are available. Out of hours services are provided by NHS111.

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<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | <p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The registered person had failed to ensure that all premises used by the service were suitable for the purpose for which they are being used. In particular:</p> <ul style="list-style-type: none"><li>• Substances that could be hazardous to health had been left in an unsecured part of the building. There were no COSHH safety data sheets or risk assessments available for these substances.</li><li>• Tools and maintenance equipment had been left in an unsecure part of the building.</li><li>• Fire doors were wedged open.</li><li>• Cleaning records were not kept on site.</li><li>• There was no Legionella risk assessment in place and there were gaps in the records for water testing.</li><li>• Fire alarm tests and fire drills were not being completed regularly.</li></ul> <p>This was in breach of Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

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      | Regulation 17 HSCA (RA) Regulations 2014 Good governance  |
| Maternity and midwifery services         |   |
| Treatment of disease, disorder or injury | A final version of this report, which we will publish in due course, will include full information about our regulatory response to the concerns we have described. |