

# Moore Street Medical Centre

## Quality Report

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Merseyside  
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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

Are services safe?

**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 this practice on 8 October 2015.

A breach of legal requirements was found. The practice was required to make improvements in the domain of 'Safe'.

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 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment; and

Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

We undertook this focused follow-up review to check that they had followed their plan and to confirm that they now met legal requirements. 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 Moore Street Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Our key findings were as follows:

- The practice had addressed the issues identified during the previous inspection.
- Arrangements to have electrical works completed at the practice had been made. We found some further work was still required. This was scheduled to be completed within 28 days of this follow-up inspection.
- Recruitment checks had been undertaken on any locums employed directly by the practice.
- The practice had responded positively to suggestions for improvements. For example, GPs had completed a risk assessment which explained and supported the decision not to have a defibrillator at that practice.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

**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 had made arrangements to address electrical works required at the practice premises. Further work required had been scheduled for completion within 28 days of this follow-up review. On completion of this work an electrical safety certificate was issued to the provider which confirmed that the building was safe for use by staff and patients.

The practice had undertaken all necessary staff checks on any directly retained locums. Records of these checks had been kept as required.

**Good**



# Summary of findings

## What people who use the service say

As this was a focussed follow-up review we did not speak to any patients.

# Moore Street Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Inspector carried out this focused follow-up review.

## Background to Moore Street Medical Centre

Moore Street Medical Centre is in Bootle, Liverpool and falls within the South Sefton Clinical Commissioning Group.

The practice is located in a purpose built facility. The patient register is made up of approximately 7,200 patients. The make-up of the patient register in terms of patients' age groups is broadly the same as other practices of a similar size in England. The practice is made up of three treatment rooms and five consulting rooms all of which are located on the ground floor. The second floor is given over to office space and staff rest areas. The practice is fully accessible to those patients with limited mobility and has toilet and baby changing facilities on the ground floor.

The practice team is made up of two GP partners and two salaried GPs. The working hours of the GPs provide the equivalent of 3.6 full time GPs. The nursing team comprises two nurses, whose working hours together provide the equivalent of 1.4 full time nurses. The practice nurses are supported by two health care assistants, whose working time equivalent provides 1.5 full time staff. The practice administration team is led by the practice manager, supported by an assistant practice manager and a team of seven receptionists and one administrator. Cleaning services are provided by an external contractor. All services are provided under a General Medical Services (GMS) contract.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12.30pm and from 1.30pm to 6.30pm every week day. The practice does not currently offer extended hours surgeries, although these will be introduced in January 2016 when the practice will offer appointments between 8am and 7pm each week day.

The practice does not provide an out of hour's services. Patients calling the surgery in the out of hour's period will be directed to NHS 111 service, who will pass calls to the provider Go to Doc.

## Why we carried out this inspection

This focused follow-up review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection in January 2015, had been implemented. We reviewed the practice against one of the five questions we ask about services: is the service safe? This is because the service was not meeting some legal requirements at the previous inspection.

## How we carried out this inspection

We carried out a desk based review of Moore Street Medical Centre. We spoke with the practice manager and looked at records the practice maintained in relation to electrical work and maintenance at the premises and records of checks on directly retained locum GPs.

# Are services safe?

## Our findings

When we inspected the practice in October 2015, we found that all recruitment checks had not been undertaken by the practice in respect of directly retained locum GPs. We also found that some electrical maintenance work at the premises required attention.

### Overview of safety systems and processes

Appropriate recruitment checks had been undertaken prior to the employment of any directly retained locum GPs. The practice had experienced increased levels of unplanned staff absence which had resulted in an increase in the use of locum GPs. We saw that some of these were directly retained. In each instance, we saw that appropriate recruitment checks were in place and records of these had been kept by the practice.

The practice had responded positively to suggestions for improvements. For example, GPs had completed a risk assessment which explained and supported the decision not to have a defibrillator at that practice.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

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 had appointed an electrical contractor to carry out some remedial works at the premises. Some work was still outstanding and the practice had arrangements in place for this to be completed within 28 days of our review. Following completion of this work, the practice was issued with an electrical safety certificate which confirmed the practice premises are safe for use by staff and patients.