

Gateacre Brow Practice

Inspection report

1 Gateacre Brow
Liverpool
L25 3PA
Tel: 01512959595
www.gateacrebrowpractice.nhs.uk

Date of inspection visit: 19, 23 and 24 November
2021
Date of publication: 02/02/2022

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

Overall summary

We carried out an announced inspection at Gateacre Brow Practice on 19, 23 and 24 November 2021 Overall, the practice is rated as Requires Improvement.

The ratings for each key question are as follows:

Safe - Requires Improvement

Effective – Requires Improvement

Caring – Good

Responsive – Requires Improvement

Well-led - Requires Improvement

.

Following our previous inspection on 15 December 2015, the practice was rated good overall.

The full reports for previous inspections can be found by selecting the 'all reports' link for Gateacre Brow Practice on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive review of information which included a site visit.

How we carried out the inspection.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A practice site visit

Our findings

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

Overall summary

- 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 have rated this practice as Requires Improvement overall.

The practice is rated as requires improvement for providing safe services because:

- Recruitment checks were partially carried out in accordance with regulations.
- Systems and processes to monitor significant event occurrences were ineffective.
- There was limited evidence of learning and dissemination of information for the management of significant events.
- The systems in place for monitoring patients' health in relation to the use of medicines including high risk medicines, were ineffective.

The practice is rated as requires improvement for providing effective services because:

- The management of patients with long term conditions required improvements.
- There was some monitoring of the outcomes of care and treatment however, this was limited.
- Staff did not have access to regular appraisals, one to ones and clinical supervision.
- The practice could not demonstrate how they assured the competence of staff employed in advanced clinical practice.
- Records to show Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions required improvements.

The practice is rated as good for providing caring services because;

- Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.
- Patient feedback about how caring staff were was positive.

The practice is rated as requires improvement for providing responsive services because;

- There was insufficient evidence that complaints were used to drive continuous improvement.
- Patient satisfaction with telephone access to the practice was poor.

The practice as requires improvement for providing well led services because;

- Staff reported that leaders were always not visible.
- The practice did not have access to a Freedom to Speak Up Guardian.
- Governance structures and systems such as incident reporting, staff recruitment and the management of patient complaints were not monitored effectively.
- The provider's supervision and support arrangements for staff required improvements.
- There was evidence of some audit activity carried out by the practice. However, there was no formal quality improvement programme in place.

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

- Ensure care and treatment is provided in a safe way to patients
- Establish effective processes to ensure good governance in accordance with the fundamental standards of care.

Overall summary

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

The provider **should**:

- Review how patient views are acted on to improve services and culture.
- Review and improve telephone access to the practice.
- Continue to monitor and take actions to improve the uptake for cervical cancer screening for women at the practice.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC 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 and completed clinical searches remotely.

Background to Gateacre Brow Practice

Gateacre Brow Practice is located in Liverpool at:

1 Gateacre Brow

Liverpool

L25 3PA

The practice has a branch surgery at:

Hunts Cross Avenue Surgery

256 Hunts Cross Avenue

Liverpool

L25 8QT

We visited the main site and branch surgery as part of this inspection.

The practice has a General Medical Services (GMS) contract with a registered list size of 6,752 patients (at the time of inspection). The practice has three GP partners and an advanced nurse practitioner. They are a training practice for trainee GPs. The practice also had one practice nurse, practice manager and a number of administration and reception staff.

The main practice is open between 8am to 6.30pm Monday to Friday with appointments bookable in a variety of ways. Extended access is available from 7am each week on a Monday and Friday morning. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patient. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed.

The practice is part of a wider network of GP practices and belongs to the Swagga Primary Care Network.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (4 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 95% white, 2% Asian, 0.6% Black and 1.7% Mixed.

The practice population has more older people registered at the practice than the city average (practice 24% CCG average 14%). There are 7% less working age people registered at the practice and 2.5% less younger people registered.

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 Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not demonstrate that care and treatment was provided in a safe way for service users at all times. The proper and safe management of medicines, including assessing patient risks, was not operated effectively.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures 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>Staff did not receive appropriate support, supervision and appraisal to enable them to carry out their duties.</p> <p>This was in breach of Regulation 18 (2) 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
Family planning services	Systems and processes were not established and operated effectively to ensure compliance to demonstrate good governance.
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.