

# Garston Family Health Centre

## Inspection report

32 Church Road  
Garston  
Liverpool  
L19 2LW  
Tel:

Date of inspection visit: 09/11/2020 - 12/11/2020  
Date of publication: 12/01/2021

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 concerns related to staffing levels, care and treatment of patients, the management of the service and staff welfare. 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, Maternity and midwifery services 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 Garston Family Health Centre's 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.
- 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 were not in place or were not being operated effectively. 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.

# Overall summary

- 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.
- There were a number of communication methods in place, however improvements were needed. Structured, documented 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

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

## 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 Garston Family Health Centre

Garston Family Health Centre forms part of Dr Jude's Group Practice and was registered with CQC in April 2020 to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

It is located in Garston, Liverpool, within the Liverpool Clinical Commissioning Group and provides services to approximately 3125 patients under a contract between general practices and NHS England for delivering services to the local community.

The provider employs clinical staff including salaried GPs and practice nurses to work at this practice. There are also a number of GP's, locum GPs, and advanced nurse practitioners who work across several locations within the group practices. 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 located in the South Liverpool neighbourhood in the city of Liverpool within the South Liverpool NHS Treatment Centre. The National General Practice Profile states that 6% of the practice population is from a BME or other ethnicity background with 94% patients being white British. Information published by Public Health England, rates the level of deprivation within the practice population group as being one of the highest levels of deprivation in the country.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We have served a Warning Notice for Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p> <p>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.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We have served a Warning notice for Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>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.</p>