

# Rocky Lane Medical Centre

## Inspection report

80 Rocky Lane  
Liverpool  
L16 1JD  
Tel: 01512953965

Date of inspection visit: 18 May 2021  
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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

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Overall summary

We carried out an announced inspection at Rocky Lane Medical Centre on 13 and 18 May 2021. Overall, the practice is rated as Good.

The ratings for each key question we inspected on this occasion are below:

Safe – Requires Improvement

Effective – Good

Well-led – Good

As part of this inspection, we did not inspect the caring and responsive key questions, and their ratings carry forward from the practice's previous inspection.

Following our previous inspection on 19 November 2019, the practice was rated Requires Improvement overall and the key questions were rated as follows:

Safe – Requires Improvement

Effective – Requires Improvement

Caring - Good

Responsive - Good

Well-led – Inadequate

The full reports for previous inspections can be found by selecting the 'all reports' link for Rocky Lane Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

The purpose of the inspection was to review the practice CQC rating and regulatory breaches identified at the last inspection as follows:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
- Regulation 17 HSCA (RA) Regulations 2014 Good governance

The focus of this inspection also included areas that required improvements in the previous inspection as follows:

- The provider should further develop their vision for the practice along with a credible strategy to provide high quality sustainable care.
- Develop a practice Patient Participation Group.
- Should review the practice arrangements for ensuring staff have access to a Freedom to Speak Up Guardian.

# Overall summary

## 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 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 have rated this practice as Good overall and Requires Improvement for providing safe services. The practice was rated as Requires Improvement for patients whose circumstances make them vulnerable.

We rated the practice as Requires Improvement for providing safe services because:

- The provider did not operate robust recruitment procedures for GP locums.
- The processes and monitoring systems in place for prescribing high risk medicines were not robustly operated.

We found that:

- Patients' needs were assessed, and care and treatment were delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- The practice had an improved programme of quality improvement and used information about care and treatment to make improvements.
- Staffing and employment risks management had improved since the last inspection. The management team had planned for and achieved appropriate and safe staffing levels. Recruitment checks for employed staff were carried out in accordance with regulations. Staff had the skills, knowledge and experience to deliver effective care, support and treatment. However, the practice had GPs who worked on a locum basis and there was no written agreement or contract setting out their terms and conditions of working. There was no formal procedure in place for the on-going monitoring of these staff to ensure they were able to provide care and treatment safely.
- Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.

# Overall summary

- The practice actively identified people who may need extra support to live a healthier lifestyle. Staff provided advice and information i.e. leaflets, so people could self-care.
- The practice had closely monitored the performance targets for long term conditions and at the time of inspection there were improvements in terms of practice performance. We undertook a number of searches of the clinical record system and for a small number of patients we found the correct disease code had not been added to their record. We found the practice was routinely undertaking medication reviews for patients on long term medicines. However, we identified that the practice needed to ensure that onward dates for review had been added to the patient's records. The practice acted at the time of inspection and addressed the areas we highlighted.
- The practice understood the needs of its local population and had developed services in response to those needs.
- The practice had made improvements to the reporting systems for patient complaint and significant event reporting to drive continuous improvement.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- The practice had improved the governance structures and systems since the last inspection, and these were kept under regular review.

We found one breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients

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

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

- Ensure patient records are updated when patient safety alerts are acted upon and discussions with patients have taken place.
- Develop links with other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.
- Discussion with patients about do not attempt cardiopulmonary resuscitation (DNACPR), should be recorded in the patients records and care plans, so that their patients' needs, wishes and preferences are fulfilled.
- The provider should develop monitoring systems to ensure that all patients have the correct disease code so that they can be added to the patient recall process and be inbuilt to the practice clinical systems.
- The provider should identify a reauthorisation and regime date for medication reviews of patients on long term medicines.
- The provider should ensure that a written agreement or contract is in place for GP locums working at the practice. Formal procedures and monitoring processes should be put into place to ensure safe treatment and care is carried out.
- The provider should improve communications with patients with re-establishing a Participation Group.

**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

## Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Requires Improvement	
People experiencing poor mental health (including people with dementia)	Good	

## 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. A CQC inspector also supported the inspection.

## Background to Rocky Lane Medical Centre

Rocky Lane Medical Centre Medical Centre is located in Liverpool at:

80 Rocky Lane

Liverpool

L16 1JD

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 has one General Practitioner (GP) partner, two sessional GPs, one specialist nurse practitioner, a practice nurse, a practice manager and a number of receptionist/ administration staff.

The practice is situated within the Liverpool Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 3142. This is part of a contract held with NHS England. At the time of inspection, the practice was not part of a local wider network of GP practices.

The National General Practice Profile states that 93% of the practice population is a white British background. Information published by Public Health England, rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The age distribution of the practice population is similar to the local and national averages with the highest population group being young people: the practice has 23% compared to the local CCG figure of 18% and a national average of 20%.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations.

Out of hours services are provided by Primary Care 24 (Merseyside) Limited.

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>We undertook a number of EMIS web searches (the practice computer system) and found that improvements were needed to the monitoring systems in place to ensure patients on high risks medicines were safely monitored prior to prescribing.</p> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>