

# West Derby Medical Centre

## Inspection report

3 Winterburn Crescent  
Liverpool  
L12 8TQ  
Tel: 01512283768

Date of inspection visit: 6 October 2022  
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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	Requires Improvement	
Are services safe?	Good	
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 comprehensive inspection at West Derby Medical Centre on 4 October 2022. Overall, the practice is rated as Requires improvement.

Safe - Good

Effective – Requires improvement

Caring - Good

Responsive - Requires improvement

Well-led – Requires improvement

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

## Why we carried out this inspection

We carried out this inspection to follow up concerns reported to us. The concerns related to patients reporting difficulties in accessing the practice by telephone and difficulties in obtaining an appointment. This was a comprehensive inspection where we looked at all key questions.

## 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 found that:

- Overall, the practice provided care in a way that kept patients safe and protected them from avoidable harm. However, some of the systems for monitoring medicines were not being used as effectively as they could.

# Overall summary

- Review of patient records identified shortfalls in the monitoring of some care and treatment. There was no programme of effective clinical audit. Staff training and appraisals were not always up to date.
- The provider had taken action to improve patients experience and ensure all staff dealt with patients with kindness and respect. Patients were involved them in decisions about their care.
- Patients reported they could not always access care and treatment in a timely way as a result of difficulties in getting through to the practice by phone and associated delays in obtaining an appointment.
- Recent changes to the governance and performance management of the practice had been made, however the impact and sustainability of these changes was yet to be demonstrated.

We found a breach of regulation. The provider **must**:

- 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.

The provider **should**:

- Continue to improve the uptake of childhood immunisations and cervical cancer screening.
- Review the effectiveness of work that has been outsourced and the impact of this on patient care and treatment.

**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**

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 on site and using video conferencing facilities. 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 West Derby Medical Centre

West Derby Medical Centre is located in the West Derby area of Liverpool, Merseyside. The address of the practice is: 3 Winterburn Crescent, Liverpool, Merseyside, L12 8TQ.

There were approximately 13,000 patients on the practice register at the time of our inspection. The practice population is mainly white British. Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (3 of 10). The lower the decile, the more deprived the practice population is relative to others.

The provider is registered with CQC to deliver the Regulated Activities; Diagnostic and screening procedures, Maternity and midwifery services, Treatment of disease, disorder or injury, Surgical procedures and Family planning.

The practice is a teaching and training practice managed by 4 GP partners and there are 8 salaried GPs. There are 5 practice nurses and one advanced nurse practitioner (ANP). Members of clinical team are supported by a business and operations manager and a team of management, reception and administration staff.

The practice is open 8am to 6.30pm every weekday. Extended hours appointments are offered

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, by calling 111.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations. The practice is part of the Cheshire and Merseyside Integrated Care Board.

The practice is part of a primary care network (PCN) which is a wider network of GP practices working in collaboration to provide and improve services across their locality

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

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
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#### How the regulation was not being met:

- The system of managing patient access that was in operation did not mitigate the risks of delays in patients getting through to the practice and obtaining an appointment.
- The systems in place to ensure the monitoring of patients with or at risk of developing long term conditions and patients who required monitoring as a result of the medicines they take was not fully effective. The coding system was not always used effectively to support this.

This was in breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance  
Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### How the regulation was not being met:

- The provider did not have a governance framework which detailed the accountability arrangements across the partnership and leadership team.
- Only one cycle of clinical audits had been undertaken and the provider could not demonstrate they had been reviewed to improve outcomes for patients.

This section is primarily information for the provider

## Requirement notices

- Records of staff vaccination status were not kept. In the absence of this information the provider could not be assured that staff were adequately vaccinated.
- Not all staff were up to date with the training for their role and staff were not offered regular appraisals.

This was in breach of Regulation 17 (2)(a)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.