

Gillmoss Medical Centre

Inspection report

48 Petherick Road

Liverpool

L11 0AG

Tel:

www.gillmossmedicalcentre.nhs.uk

Date of inspection visit: 22 March 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?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection at Gillmoss Medical Centre on 22 March 2022. Overall, the practice is rated as requires improvement.

Safe – requires improvement

Effective – requires improvement

Caring – good

Responsive – requires improvement

Well-led – inadequate

Why we carried out this inspection

This inspection was a comprehensive inspection covering all key questions. The practice was registered with the Commission on 26 March 2021.

How we carried out the inspection/review

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
- 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 requires improvement overall

The practice is rated as good for caring. Staff treated patients with kindness, respect and compassion.

Overall summary

We rated the practice as requires improvement for providing safe services. This is because:

- The provider could not evidence staff vaccination status.
- Fire risk assessment and a health and safety risk assessment of the premises had not been completed.
- We found risks related to the premises the provider had not identified. For example, bolt locks on clinical and toilet doors that could not be accessed externally. The entrance to the practice and some clinical rooms were not suitable for those in a wheelchair or those with a pushchair.
- The provider's system to manage significant events was ineffective as not all staff were trained in the process and records of investigations undertaken were not kept.

We rated the practice as requires improvement for providing effective services. This is because:

- The staff induction process was not tailored to specific roles.
- Staff were not trained to the appropriate level for safeguarding children and not all staff were trained in cardiopulmonary resuscitation and health and safety matters.
- Appraisals had not been offered to all staff.

We rated the practice as requires improvement for providing responsive services. This is because:

- The provider did not keep records of investigations into complaints and a track of actions arising from complaints.
- Not all staff who dealt with and responded to complaints had received specific training.

We rated the practice as inadequate for providing well-led services. This is because:

- Some members of the leadership team had been recently appointed and their roles and responsibilities had not been clearly set out and were still being developed.
- Practice staff were not always aware of the roles and responsibilities of members of the leadership team and the lines of accountability within the organisation.
- The provider's centralised governance function did not have clear systems and processes in place to support staff at practice level.
- The provider did not have a documented overall strategy underpinned by detailed, realistic objectives and plans for high-quality and sustainable delivery.
- The systems for identifying, managing and mitigating some risks were ineffective.
- There was no leadership development programme in place.
- The vision, values and strategy were not developed in collaboration with staff, patients and partners.

We found the following breaches of regulations. The provider **must**:

- Ensure the 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.
- Review access for disabled patients and establish effective systems to ensure access is equal for all patients.

The provider **should**:

- Continue to work to improve the uptake of screening and immunisation.

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

Overall summary

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 lead inspector. The team included an Interim Inspection Manager and a GP specialist advisor. The inspection was carried out at Gillmoss Medical Centre. The GP specialist advisor completed clinical searches and record reviews within the patient record system during the site visit.

Background to Gillmoss Medical Centre

Gillmoss Medical Centre is located in the Croxteth area of Liverpool at:

48 Petherick Road

Liverpool

Merseyside

L110AG

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 provider has other separate provider registrations and locations registered with the Commission including 9 GP practices and is a partner at 2 others. A senior management structure, led by this provider, operates across 10 of the GP practices.

The practice is situated within the Liverpool Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 2340. This is part of a contract held with NHS England. This practice is part of a wider network of GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one 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 94.9% White, 2.1% Asian, 1.6% Black, 1.1% Mixed, and 0.3% Other.

There are a higher number of older people registered at the practice compared to the national average and a lower number of young people registered.

Four GPs work at the practice along with a locum practice nurse, health care assistant and a clinical pharmacist. The provider has a team of healthcare assistants who work across all of the practices administering vaccinations. The GPs are supported at the practice by a team of reception/administration staff. A central governance team work across all the providers practices and are based at another location.

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. If the GP needs to see a patient face-to-face then the patient can attend the practice.

The out of hours services are provided by Primary Care 24 Limited.

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 Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none">• There was evidence that Legionella testing was being carried out, however, it was unclear which outlets were being tested and some flushing was not documented. Actions from the Legionella risk assessment completed in 2020 had not been followed up and on two occasions (6 January 2022 and 28 February 2022) the water temperature was recorded as below 50 degrees• The provider did not assure us that all staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.• Not all staff have undertaken appropriate training for their role. <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The registered person had failed to ensure that all premises used by the service were suitable for the purpose for which they are being used. In particular:</p> <ul style="list-style-type: none">• The building was not accessible for disabled people.• Accessibility risk assessments were not available. There were no alternative arrangements for disabled people to access other practices.• There was no hearing loop available for deaf patients.

This section is primarily information for the provider

Requirement notices

- Premises Health and safety related risk assessments had not been undertaken. Substances that could be hazardous to health had been left in an unsecured part of the building. There was nowhere for wastewater to be safely disposed of.
- There were bolt pull locks on the inside of consultation room and toilet doors which posed a hazard to patients as they could not be unlocked from the outside.

This was in breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems and processes for governing the service were not clearly established, including clinical governance. In particular:</p> <ul style="list-style-type: none">• There were no formalised operational structures for areas of work that identified key roles and responsibilities. This included for how central operational functions were operated/managed.• Some of the formalised processes for monitoring the clinical effectiveness of the service had only recently been introduced and other areas were in the development stage.• There was no evidence to demonstrate that patients had been listened to and that the service had been improved in response to patient feedback.• There was no formalised process for assessing risk and producing plans to mitigate risks linked to the practice or wider service provision covered by central functions.• Recently appointed to lead roles were in the development stage. For example, human resources and complaints and significant events management• The system for documenting investigations and actions linked to significant events and complaints was not well detailed. The records did not clearly demonstrate the lines of enquiry made, the specific actions taken and who was responsible for implementing them and for following up actions. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>