

# Stanley Medical Centre

## Inspection report

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Kirkdale  
Liverpool  
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[www.drjudespractice-stanleymedicalcentre.co.uk](http://www.drjudespractice-stanleymedicalcentre.co.uk)

Date of inspection visit: 9 and 16 December 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

Inadequate 

Are services safe?

Inadequate 

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 inspection Stanley Medical Centre on 9 and 16 December 2021. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective – Requires Improvement

Caring – Good

Responsive - Requires Improvement

Well-led - Inadequate

We carried out a remote assessment of Stanley Medical Practice in November 2020 following information of concern raised with us. At this time, we issued the provider with two warning notices for Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment and Regulation 17 HSCA (RA) Regulations 2014 Good governance.

A follow up inspection was carried out in June 2021 during which time improvements had been made. However, we issued a requirement notice in respect of a breach of Regulation 18 (staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

These inspections were remote inspections therefore the previous rating of Good did not change.

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

## **Why we carried out this inspection**

This inspection was a comprehensive inspection as a result of information of concern being shared with us.

## **How we carried out the inspection**

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.

## **How we carried out the inspection**

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

# Overall summary

- A practice 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.
- Staff did not have the information they needed to deliver safe care and treatment. There was no documented approach to managing test results. We identified a large backlog of patient correspondence and tasks, resulting in delays to treatments for patients.
- Staff were unclear about reporting processes and there was insufficient evidence that appropriate actions and learning took place.
- The provider did not have a systematic programme of clinical audits which should be used to monitor quality.
- Structures, processes and systems for accountability were not clearly set out or understood by staff. There was a lack of management and leadership oversight and monitoring of these systems to ensure their effectiveness.
- Patient views were not acted on to improve services and culture.
- Previous improvements had not been sustained in relation to previous breaches of regulations.

## We have rated this practice as **Inadequate overall**.

We rated the provider as **Inadequate** for providing safe services. This was because:

- Recruitment checks were only partially carried out in accordance with regulations.
- Partners and staff were not trained in safeguarding matters to appropriate levels for their role.
- Health and safety risk assessments, including fire risk assessments were out of date at the time of inspection.
- Systems and processes to monitor significant events were ineffective. There was limited evidence of learning and dissemination of information for the management of significant events.
- Risk assessments for infection prevention and control measures were incomplete and risks to patients and staff were observed.
- The systems in place for monitoring patients' health in relation to the use of medicines including high risk medicines, such as lithium required improvements.
- Safety alerts were not being acted upon consistently.

We rated the provider as **Requires Improvement** for providing effective services because:

- Patients' care and treatment was not regularly reviewed and updated.
- The practice did not have an effective system for following up on blood test results and tasks that required immediate action. This led to increased risks that patients presenting with symptoms which could indicate serious illness not being followed up in a timely and appropriate way.
- Children's immunisation rates were below the 90% minimum national target.
- The uptake of cervical screening for women was below the 70% uptake for national targets.
- There was limited monitoring of the outcomes of care and treatment.
- Information to show that staff had the skills, knowledge and experience to deliver effective care, support and treatment was not in place for all staff working at the practice.
- Regular appraisals, one to ones and clinical supervision had not taken place for staff.

# Overall summary

- Do not attempt cardiopulmonary resuscitation (DNACPR) orders were not adequately recorded.

We rated the provider as **Requires Improvement** for providing responsive services. Concerns included:

- Patients were not able to make appointments in a way which met their needs and telephone access to the practice was poor.
- The complaints policy and procedure was not followed, verbal complaints were not recorded.
- Complaints were not responded to in a timely way and not all aspects appropriately investigated.
- There was insufficient evidence that complaints were used to drive continuous improvement.

We rated the provider as **Inadequate** for providing well-led services. This was because:

- We identified arrangements were not in place for identifying, recording and managing risks, issues and mitigating actions.
- Staff were unclear about reporting processes and there was insufficient evidence that appropriate actions and learning took place.
- The provider did not have a systematic programme of clinical audits which should be used to monitor quality.
- Structures, processes and systems for accountability were not clearly set out or understood by staff. There was a lack of management and leadership oversight and monitoring of these systems to ensure their effectiveness.
- Patient views were not acted on to improve services and culture.
- We identified several examples to show that robust arrangements were not in place for identifying, recording and managing risks, issues and mitigating actions.

We found two breaches of regulations. 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.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

**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 Manager and inspector. The team included a GP specialist advisor.

## Background to Stanley Medical Centre

Stanley Medical Centre is located in Liverpool at

60 Stanley Road, Kirkdale

Liverpool

L5 2QA

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures 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 3 others. A senior management structure, led by this provider, operates across 10 of the GP practices.

The practice is part of the NHS Liverpool Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) contract with a registered list size of 4,357 patients (at the time of inspection).

They provide a range of enhanced services, for example: childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

The provider employs clinical staff including advanced nurse practitioners, a paramedic and practice nurses to work at this practice. The practice also has locum GPs. Clinicians work across other practices operated by the provider. There is 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.

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 2.1% Asian, 93.8% White, 1.7% Black, 1.5% Mixed, and 0.9% Other.

There are 4% more older people and 4% less working age people registered at the practice compared with the local and national averages.

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 is offered a choice of either the main GP location or the branch surgery. When the surgery is closed patients are directed to NHS 111 and NHS walk in centres. Patients are advised to dial 999 in the case of an emergency.

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

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We are considering the appropriate regulatory response to the issues we identified during this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We are considering the appropriate regulatory response to the issues we identified during this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.