

# Dr Heath Prescott Medical Centre

## Inspection report

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Prescot  
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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?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



# Overall summary

We carried out an announced focussed inspection at Heath Prescott Medical Centre on 29 November 2019. We carried out an inspection of this service following our annual review of the information available to us and due to the length of time since the last inspection.

This inspection looked at the following key questions safe; effective; responsive and well-led. Because of the assurance received from our review of information we carried forward the ratings for the following key questions: caring.

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 and requires improvement for all population groups.**

We found that:

The practice required improvement in the safe and responsive key questions because:

- The practice did not have robust systems to learn and make improvements when things went wrong.
- The practice did not keep all personal information and prescriptions secure.
- The practice did not have the proper processes in place for receiving and dealing with complaints.
- However, safeguarding and child protection processes were robust, the practice organised and delivered services to meet patients' needs and patients could access care and treatment in a timely way.

We found that:

The practice was rated as good in effective and well-led because:

- Patients received effective care and treatment that met their needs.
- The leadership team had the capacity to deliver high-quality care; staff were clear about their roles and accountability to support good governance.

- There was an open and listening culture.
- The provider had clear and detailed clinical oversight.
- The provider had developed a written comprehensive business development plan to support future progress and on-going improvements.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance arrangements are in place.
- Ensure that any complaint received is investigated and proportionate action is taken in response to any failing identified by the complaint or investigation and, ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.

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

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

- Take account of systems to support the safety of online services.
- Take account and review the standard of infection control audits.
- Have regard to guidance in relation to training for staff who act as chaperones.
- Have regard to providing reception staff with basic sepsis training.
- Have regard to confirming all safety alerts are actioned as required.
- Have regard to all parts of recruitment legislation so that information about the medical fitness of staff employed is obtained.
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**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

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

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a GP specialist advisor.

## Background to Dr Heath Prescott Medical Centre

Dr Heath Prescott Medical Centre is located at Sewell Street, Prescott, Merseyside L34 1ND.

The provider is registered with CQC to deliver the Regulated Activities; family planning, maternity and midwifery services, treatment of disease and disorder, diagnostic and screening procedures, and surgical procedures.

Dr Heath Prescott Medical Centre is situated within the Knowsley Clinical Commissioning Group (CCG) and provides services to 5,906 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a partnership with a female main partner and a male GP who registered with the CQC in April 2013.

The practice employed several regular male and female locum GPs, a practice nurse, a receptionist who was training to become a health care assistant and several administration staff. The practice is also a part of a wider network of GP practices.

There are higher than average number of patients over the age of 65. Information published by Public Health England, rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 77 years compared to the national average of 79 years. Female life expectancy is 82 years compared to the national average of 83 years.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Comply with Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had failed to ensure that complaints were investigated appropriately and that necessary and proportionate action was taken in response to any failure identified by the complaint or investigation.</p> <p><b>In particular:</b></p> <ul style="list-style-type: none"><li>Complaints were not investigated using a systematic formal approach to demonstrate a thorough and impartial investigation.</li></ul> <p>The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to carrying on the regulated activity.</p> <p><b>In particular:</b></p> <ul style="list-style-type: none"><li>Information about making a complaint was not readily available and had to be requested.</li><li>The complaints policy did not provide accurate and comprehensive information about how to make a complaint about National Health Service (NHS) care and treatment.</li><li>There were no formal processes for receiving and acting on verbal complaints.</li><li>Information about complaints were document in the patient's record.</li></ul> <p>This was a breach of Regulation 16 receiving and acting on complaints.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

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

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

The registered person had systems or processes in place that operated ineffectively as they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

**In particular:**

- The provider did not have robust and effective significant events and incident reporting policies to enable staff to report, record and learn from significant events and incidents effectively.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to the management of the regulated activity or activities.

**In particular:**

- The provider did not take sufficient steps to ensure all personal information was kept safe and only accessible to authorised individuals.
- Blank prescriptions were not kept secure and safe from misuse.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.