

The Margaret Thompson Medical Centre

Inspection report

105 East Millwood Road
Liverpool
L24 6TH
Tel: 01514253331

Date of inspection visit: 24 August 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?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive at The Margaret Thompson Medical Centre on 17 and 24 August 2022. Overall, the practice is rated as requires improvement.

The key questions are rated as:

Safe - requires improvement

Effective - requires improvement

Caring - good

Responsive - good

Well-led - requires improvement

The full reports for previous inspections can be found by selecting the 'all reports' link for The Margaret Thompson Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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 have rated this practice as requires improvement overall.

Overall summary

We have rated this practice requires improvement for providing safe services. This is because:

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

- There was limited use of systems to record and report safety concerns, incidents and near misses. Some staff were not clear how to do this.
- The provider did not have oversight of all referrals to secondary care.
- Historical safety alerts were not always reviewed to ensure actions were followed.

We have rated this practice requires improvement for providing effective services. This is because:

- Not all staff had undertaken the relevant training updates to do their job. The learning needs of staff were not fully understood.
- There were gaps in management and support arrangements for staff as appraisal, supervision and professional development was not routinely offered.

We have rated this practice good for providing caring services. This is because:

- The provider supported patients with kindness, dignity and respect.

We have rated this practice good for providing responsive services. This is because:

- Patients were able to access care and treatment within an appropriate timescale for their needs.

We have rated this practice requires improvement for providing well led services. This is because:

- Leaders were not always aware of the risks, issues and challenges in the practice.
- There has been no recent review of the governance arrangements, the strategy, or plans.
- There was a lack of effective governance systems for managing risk, issues and performance.

We found two breaches of regulations. The provider **must**:

- Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards of care and treatment.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

The provider **should**:

- Continue with the replacement schedule for clinic room flooring and chairs.
- Review and improve the uptake of cervical cancer screening and childhood immunisations.

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

Overall summary

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 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.

Background to The Margaret Thompson Medical Centre

The Margaret Thompson Medical Centre is located in Liverpool at:

105 East Milwood Road

Speke

Liverpool

Merseyside

L24 6TH

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 and surgical procedures.

The practice is situated within the Cheshire and Merseyside Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 5970. This is part of a contract held with NHS England.

The practice is part of SWAGGA (Speke, Woolton, Aigburth, Gateacre, Garston and Allerton) Primary Care Network (PCN) 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 95.4% white and 4.6% Asian, Black, Mixed, and Other.

There are more working age patients registered at the practice.

There is a team of three GP partners, one salaried GP and one registrar. The GPs are supported at the practice by a practice manager, an IT co-ordinator, three part-time practice nurses, a secretary, a health care assistant, domestic staff and a team of reception/care-coordinators.

The practice is open between 8am to 6:30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Out of hours services are provided by Primary Care 24.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that 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:</p> <ul style="list-style-type: none">• The provider could not be assured they were sighted on the overall performance of the practice and identification of risk. For example, the incident reporting process was not effective, patient referrals to other services were not monitored and there were gaps of the required information kept in staff training files.
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none">• Staff were not up to date with their mandatory training and appraisals had not been carried out since our last inspection in 2016.