

# Stoneycroft Medical Centre

## Inspection report

Stoneville Road  
Liverpool  
L13 6QD  
Tel: 01512281113

Date of inspection visit: 2, 3 August 2022  
Date of publication: 28/09/2022

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 Stoneycroft Medical Centre on 2 and 3 August 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

The practice was registered with us on 5 August 2019 and has not been inspected since this registration. This inspection was a comprehensive inspection as part of our inspection programme and it covered all key questions.

## How we carried out the inspection

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 using video conferencing
- 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
- Speaking to patients during the 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:

- Recruitment checks were not always carried out in accordance with regulations.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- The practice did not have an effective system to learn and make improvements when things went wrong.

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

- There was no evidence of quality improvement activity at the practice.
- The practice did not have an effective programme of learning and development.
- The practice did not demonstrate that appraisal and supervision took place regularly.

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

- Staff treated patients with kindness, respect and compassion and involved them in decisions about their care.

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

- Patient feedback showed a dissatisfaction with access to the service.
- Systems and processes to manage complaints were not effective.
- There were not enough suitably qualified staff to meet the needs of all patients.

We have rated this practice inadequate for providing well – led services. This is because:

- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- Leaders were not visible or approachable.

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

- Ensure patients are protected from abuse and improper treatment.
- Ensure all premises and equipment used by the service is fit for use.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- 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 to improve the uptake of cervical screening.
- Invite patients to feedback about the service.
- Apply to make the necessary changes to their registration to accurately reflect the number of GP partners at the practice.

The service has been rated as inadequate for being well-led and have six months to improve. We will inspect it again within six months. If the service is rated as inadequate for a key question at the second inspection, it will be placed in special measures.

# Overall summary

**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 supported by a CQC team inspector who undertook a site visit and spoke with members of staff. 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 Stoneycroft Medical Centre

Stoneycroft Medical Centre is located in Liverpool at:

Stoneville Road

Liverpool

Merseyside

L13 6QD

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, family planning and surgical procedures. At the time of the inspection, the CQC registration did not reflect all of the partners at the practice.

The practice is situated within the NHS Cheshire and Merseyside Integrated Care Systems (ICS) and delivers Personal Medical Services (**PMS**) to a patient population of about 4260. This is part of a contract held with NHS England.

The practice is part of the innovative General Practice Collaborative (iGPc) 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 second lowest decile (two of ten). 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 94.2% White, 2.2% Asian, 1.8% Mixed, 0.8% Black and 1% Other.

There are a higher number of older people registered at the practice compared to the national average and a lower number of younger people. The number of working age people registered at the practice closely mirrors the national average.

There is a team of five GP partners who are based at the provider's other location. There are three salaried GPs working at the practice and they are supported by two long term locum GPs. The practice has one nurse who provides nurse led clinics for long-term conditions and vaccinations. The clinical team are supported at the practice by a team of reception/administration staff. The head of business and operations is based at the provider's other location to provide managerial oversight and there is a dedicated practice operations manager based on site to oversee the day to day running of the practice.

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 some advance appointments.

Out of hours services are provided by Primary Care 24.

## 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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person had failed to establish systems to prevent abuse. In particular:</p> <ul style="list-style-type: none"><li>• It was not clear who the safeguarding lead was. There was no deputy identified when the lead was absent.</li><li>• Not all staff have undertaken safeguarding training appropriate to their role.</li><li>• Not all staff had a Disclosure and Barring Service (DBS) check in place before starting employment.</li><li>• The provider did not have regular safeguarding meetings with other agencies.</li></ul> <p>This was in breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures 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"><li>• Some actions from premises fire and health and safety risk assessments had not been completed.</li><li>• Fire doors were wedged open.</li><li>• The building was not accessible for disabled people. Accessibility risk assessments were not available.</li><li>• There was nowhere to store mops.</li><li>• The wastewater sink in the cleaning cupboard was dirty.</li><li>• There was a toilet with a broken flush handle.</li><li>• There was a broken tap in a toilet that was accessible to patients, staff and visitors.</li></ul>

This section is primarily information for the provider

## Requirement notices

- COSHH safety data sheets were stored away from cleaning products.

This was in breach of Regulation 15(1) 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 18 HSCA (RA) Regulations 2014 Staffing

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:

- Staff did not receive appropriate support, supervision, appraisal and training to enable them to carry out their duties.

This was in breach of Regulation 18(2) 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• The system for documenting investigations and actions linked to significant events and complaints was not effective. 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.</li><li>• There was no evidence to demonstrate that patients had been listened to and that the service had been improved in response to patient feedback.</li><li>• There was no evidence to demonstrate that policies and procedures were in place, had been reviewed or followed.</li><li>• There was no programme of targeted quality improvement in place.</li><li>• Records kept for persons employed at the practice were not adequate.</li><li>• The system to ensure all staff received appropriate training was not effective.</li><li>• The systems and processes to monitor infection prevention and control were not adequate.</li></ul> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>