

# Rocky Lane Medical Centre

## Inspection report

80 Rocky Lane

Liverpool

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Tel Number – 0151 295 3965

Website - [www.rockylanemc.nhs.uk](http://www.rockylanemc.nhs.uk)

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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?

Good



Are services well-led?

Inadequate



# Overall summary

We carried out an announced focused inspection at Rocky Lane Medical Centre on 19 November 2019. We carried out an inspection of this service due to the length of time since the last inspection.

Following our Annual Regulatory Review of the information available to us, including information provided by the practice, we planned to focus our inspection on the following key questions: Safe, Effective and Well-led.

From the Annual Regulatory Review we carried forward the ratings from the last comprehensive inspection for the following key questions: Caring and Responsive.

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 provided the practice with Care Quality Commission feedback cards prior to the inspection. These were given to patients before the inspection and we were informed they had been completed and added to our collection box. On the day of inspection staff reported the box had gone missing along with the comments made by patients. This was reported within CQC as a data security risk.

We have rated this practice as **Requires Improvement** overall and for all population groups.

We rated the practice as **Requires Improvement** for providing safe services because:

- Recruitment checks were not carried out in accordance with regulations. We were unable to verify the level of safeguarding training for all staff.
- There were no records to demonstrate a fire risk assessment had been completed and no records for fire alarm checks. There were also no records to demonstrate staff had received fire safety training.
- The practice did not have an automated defibrillator and a risk assessment for this decision was not in place.
- A number of improvements were needed for the management of medicines related to minor operations procedures.
- There was a system for recording and acting on significant events. However, the reporting and records made required improvements.

We rated the practice as **Requires Improvement** for providing effective services because;

- The practice did not have a comprehensive programme of quality improvement.
- There was limited evidence to show that quality improvement activity was targeted at the areas where there were concerns.
- Performance for the management of long term conditions required improving.
- Appraisals for staff had not been completed annually and no dates were set for this in the near future. Staff files we looked at did not provide the evidence that staff had completed training specific to their role.

We rated the practice as **Inadequate** for providing well-led services because:

- The overall governance arrangements required significant improvements.
- The practice did not have an effective governance framework to support the delivery of good quality care. There was insufficient evidence to show that information was robust for reporting processes. Information held for significant event reporting, patient feedback, clinical and non-clinical audit findings and risk assessments all required improvements.
- Policies and procedures essential to good governance were either not in place or were not consistently followed.
- The management team did not have effective oversight of staff training.
- The practice did not have an effective system for assessing, monitoring and mitigating the risks related to health safety and welfare of patients and staff.
- There was limited evidence to show that a comprehensive risk management system was in place and regularly reviewed and improved.

The areas where the provider **must** make improvements as they are in breach of regulations are as follows. 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.

# Overall summary

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The areas where the provider **should** make improvements as they are in breach of regulations are as follows. The provider should:

- The provider should further develop their vision for the practice along with a credible strategy to provide high quality sustainable care.
- Develop a practice Patient Participation Group.
- Should review the practice arrangements for ensuring staff have access to a Freedom to Speak Up Guardian.

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

These areas affected all population groups, so we rated all population groups as **Requires Improvement**.

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 Rocky Lane Medical Centre

Rocky Lane Medical Centre is registered with the CQC to provide primary care services, which includes access to GPs, minor surgery, family planning, ante and post-natal care. Rocky Lane Medical Centre is registered with the CQC to provide primary care services, which include access to GPs, minor surgery, family planning, ante and post-natal care.

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 practice provides GP services for 3885 patients. They have one General Practitioner (GP) partner, two sessional

GPs, one specialist nurse practitioner, a practice nurse, a practice manager and a number of receptionist/administration staff. The practice is part of NHS Liverpool Clinical Commissioning Group. GP consultation times are Monday to Friday 8am to 6.30pm and a late evening till 8pm each Wednesday. Patients can book appointments in person, via the telephone and online. Patients requiring a GP outside of normal working hours are advised to contact an external out of hours provider (Primary Care 24).

The practice had a GMS contract which also included provision for such services as various vaccinations and geriatric assessments.

# Are services responsive to people's needs?

Detailed findings narrative goes here...

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>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulations were not being met;</b></p> <p><b>Care and treatment was not provided in a safe way to patients.</b></p> <p><b>In particular we found;</b></p> <ul style="list-style-type: none"><li>• There were no records for fire alarm checks, staff fire training and records to show that a building fire risk assessment had been completed.</li><li>• The practice did not have an automated defibrillator and there was no risk assessment in place to support this decision and monitor the risk.</li><li>• A number of improvements were needed for the management of medicines related to minor operations procedures. This included the prescribing of the medicines for local anaesthetics, the storage, administration process and destruction of medicines.</li><li>• There was no system in place to ensure all equipment and materials used for minor operations was in date.</li><li>• The provider had not ensured that all non-clinical staff were trained in identifying deteriorating or acutely unwell patient's suffering from potential illnesses such as sepsis.</li></ul> <p><b>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulations were not being met;</b></p>

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

- Recruitment checks were not carried out in accordance with regulations.
- Files we viewed did not have the required information as outlined in Schedule 3 of this regulation.
- There were systems to ensure the registration of clinical staff, but no records were available to verify this.

**This was in breach of Regulation 19 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.

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><b>How the regulations were not being met;</b></p> <p><b>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</b></p> <p><b>In particular we found;</b></p> <ul style="list-style-type: none"><li>• The provider did not an effective system for assessing, monitoring and mitigating the risks related to health safety and welfare of patients and staff.</li><li>• There was inconsistent reporting, review and learning regarding significant events. Records lacked detail to show the actions taken and the learning that had taken place.</li><li>• The provider did not have an effective audit system to evaluate care and treatment in order to improve practice. There was no evidence to show that a systematic programme of clinical and internal audit was in place.</li><li>• Policies and procedures essential to good governance were either not in place, were not effectively reviewed or were not consistently followed.</li><li>• The practice written recruitment policy was not consistently complied with.</li><li>• The provider did not have a written training policy or training matrix and there was no effective oversight of training from the leadership team. Records of staff training was incomplete, and we were unable to verify if staff had completed training appropriate to their role.</li><li>• The provider was unable to evidence that nursing staff were appropriately registered with the Nursing and Midwifery Council (NMC).</li></ul> <p><b>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>