Everton Road Surgery

Inspection report

45 Everton Road
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Date of inspection visit: 25 Jan 2019
Date of publication: 26/04/2019

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?	**Requires improvement**
Are services responsive?	**Good**
Are services well-led?	**Inadequate**

Overall summary

We carried out an announced comprehensive inspection at Everton Road Surgery on 25 January 2019 as part of our inspection programme.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 15 June 2018. At the last inspection, we rated the practice as inadequate overall; inadequate for providing safe, responsive and well led services; requires improvement for providing effective services and good for providing a caring service.

We placed the practice in special measures and took enforcement action by issuing two warning notices for Regulation12: Safe care and treatment, and Regulation 13: Safeguarding service users from abuse and improper treatment and to be compliant with the regulations on 30/9/18. We also placed conditions on the provider's registration for this location for Regulation 17: Good governance to improve the overall clinical oversight, management of urgent referrals and patients on high risk medicines on 25 September 2019. When we place a service in special measures, we always follow up on our inspection within six months to ensure patients are receiving appropriate standards of care.

The provider was not going to continue with their contract to provide GP services. The provider has submitted applications to CQC to deregister with effect from the end of May 2019.

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.

At this inspection, w**e have rated this practice as inadequate overall. We have rated the service as inadequate for providing a safe and well led service; requires improvement for providing an effective and caring service and good for providing a responsive service.**

We have rated the practice as inadequate for providing effective services for the working age people population group. We have rated the practice as requires improvement for providing effective services for all other population groups.

At this inspection, we found that the areas of concern outlined in the warning notices served had been broadly addressed. However, although some improvement work had begun towards meeting the conditions imposed on the registration, we were not assured that the clinical oversight was sufficient and sustainable; nor that systems for monitoring were embedded and fully effective.

We rated the practice as inadequate for providing safe services because:

- Although the provider had taken steps to improve policies and procedures and monitoring for medicines management in the practice, we identified several concerns relating to inappropriate prescribing and the authorisation of vaccinations.
- The medical indemnity for locum Advance Nurse Practitioner (ANP) included being able to treat children and pregnant women had not been checked. This issue had been highlighted in our previous inspection. The practice assured us this would be checked.
- There was a safety alert protocol and alerts were discussed at clinical meetings. However, there was no log of action taken by the practice in response to these alerts, and a recent alert known to the practice had only been partially actioned.

We rated the practice as requires improvement for providing effective services because:

- We reviewed a sample of consultation notes and although the majority were of an appropriate standard, there were some examples of poor clinical assessments.
- The practice had one salaried GP working two days a week, a GP lead for one morning a week, and the rest of the time the practice worked with GP locums and Advanced Nurse Practitioners. At the previous inspection there had not been any consultation audits to ensure practitioners were delivering safe care. At this inspection, we found that consultation audits had not been carried out until the middle of January. These identified serious performance issues which had not been managed until the day of our inspection.

Overall summary

- Performance data for the uptake of immunisations was lower than local and national averages.
- Although there was evidence of audit work, primarily for medicines management, there was no schedule of other clinical improvement audits.

We rated the practice as inadequate for providing effective services to the working age people population group as cancer screening uptake was poor.

We rated the practice as requires improvement for providing caring services because:

- There was a negative variation in the national GP patient survey data for having confidence and trust in a GP and only 66.9% patients responded that their overall experience of the practice was positive. There was no evidence to demonstrate how the practice had responded to these findings.
- The percentage of carers on the register was lower than 2% of the practice population and there was little evidence to demonstrate how carers were effectively supported.

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

- There had been significant changes to the leadership and staffing throughout the period between the last inspection and this inspection and hence a lack of consistent clinical and non- clinical oversight. Managers from another practice had been seconded to help with the governance of the practice but this had only been in the past eight weeks. A governance framework for all Primary Care Connect practices and governance meetings had been implemented since October 2018 to mitigate the risks of not having a Medical Director. The registered manager was available on site one day a week to provide clinical oversight and the pharmacist was also only available one day a week. There were significant patient safety concerns, performance issues with staff and we were not assured arrangements were fully sufficient to ensure clinical safety on a daily basis.
- The provider had realised there was systemic failings and issues relating to the management of patient safety. At the time of our inspection, there was no action plan as to how all patients were going to be systematically reviewed to ensure that their care was being appropriately managed now, and over the next few months before the contract expired. We were advised after the inspection that the provider would be looking at ways to address this.
- Governance frameworks were in their infancy and although some policies and procedures had been reviewed, these were not fully embedded.
- At our previous inspection in June 2018, we found that there was no overarching monitoring system to identify when essential health and safety checks were due. At this inspection, there was still no monitoring system in place. The practice did not keep a clear written audit trail of what actions had been taken in response to fire and health and safety risk assessments although we could see some action had been taken.
- Clinical meetings had recently been introduced but these were poorly attended. The provider was aware and was trying to improve engagement and attendance.
- Patient feedback was not proactively sought to help improve the services provided.

We rated the practice as **good** for providing responsive services because:

- Since the last inspection, the provider had implemented a system to manage and monitor all complaints.
- The practice had reviewed its resources and appointment system to make the best use of clinicians and to allow patients greater access to appointments.

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

- Ensure care and treatment is provided in a safe way to patients by maintaining and improving on monitoring systems already in place, especially for medicines management and performance management of staff; and ensure appropriate timely action is taken and documented.
- Send CQC a written report setting out what governance arrangements will be in place and any plans to make improvements.

The areas where the provider should make improvements are:

- Act to increase the number of carers identified at the practice to help provide any additional support required.
- Take action to improve upon the national GP patient survey data in relation to the lower caring data.

Overall summary

- Implement a system of quality assurance audits.
- Take steps to increase cancer screening and immunisation uptake.

Due to the practice having a rating of Inadequate for providing a safe and well led service, the practice remains in special measures and the conditions on the provider's registration remain in force.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

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

Our inspection team

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

Background to Everton Road Surgery

Everton Road Surgery is situated in North Liverpool. The practice address is Everton Road Medical Centre, 45 Everton Road, Liverpool, L6 2EH. The practice website address is www.primarycareconnect.org.uk .

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services. The provider had submitted applications to us to deregister with effect from the end of May 2019 after our inspection on the 25 January 2019.

The practice is part of NHS Liverpool Clinical Commissioning Group (CCG) and has an Alternative

Medical Services (APMS) contract. The provider is not going to continue with their contract to provide GP services.

The provider is Primary Care Connect Ltd which is a not for profit company. The provider delivers services from five other practices in Liverpool (Garston Family Health Centre, Anfield Health, West Speke Health Centre, Park View Medical Centre and Netherley Health Centre). The provider has been running the practices since April 2017 and was registered with CQC since March 2018.

At this practice there was a salaried GP who worked two days a week and additionally the practice uses locum GPs and advanced nurse practitioner locums.

Everton Road Surgery is situated in a socially deprived area of Liverpool with high unemployment rates. There were 4,111 patients on the practice register at the time of our inspection.

The practice is open 8am to 6.30pm every weekday. The practice can offer extended hours access at another practice if required. Patients requiring a GP outside of normal working hours are advised to contact NHS 111 for the GP out of hours service.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Remain in special measures**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Remain in special measures**