

Ford Medical Practice

Inspection report

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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?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Ford Medical Practice on 10 January 2019 as part of our inspection programme.

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. We rated the practice as requires improvement for the population group families, children and young people and good for the remaining population groups.

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

- The practice did not have appropriate systems and processes in place for safeguarding children.
- A number of health and safety related checks were not being followed as required.
- Staff recruitment and selection practices were not always sufficiently robust.
- There was no system to ensure histology results were received for patients following minor surgery.

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

- The overall governance arrangements were not fully effective.
- We saw little evidence of systems and processes for checking on areas of practice such as safeguarding, staff training, the provision of minor surgery, the management of safety alerts, security of prescriptions and staff recruitment practices.

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

- There were patients received effective care and treatment that met their needs.
- The practice organised and delivered services to meet patients' needs.

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

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

- The practice organised and delivered services to meet patients' needs.
- Patients could access care and treatment in a timely way.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure patients are protected from abuse and improper treatment.
- 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 and professional development, necessary to enable them to carry out their duties.

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

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

- Develop a programme of clinical audit including audits linked to the provision of minor surgery.
- Ensure staff training records are kept up to date and that an oversight of staff training is maintained at provider level.
- Ensure the process for making a complaint is well publicised for patients and that all complaints are managed within the provider's policy and procedure.
- Ensure an appropriate system is in place for the management and control of hand written prescription forms in line with national guidance.
- Provide reception staff with information and guidance specific to the symptoms of sepsis.
- Review the system in place for managing patient safety alerts to evidence that appropriate action is taken in response to all relevant alerts.
- Introduce a system to audit how consent to treatment is gained.

Overall summary

- The practice should engage with a representative sample of the patient population through the formation of a Patient Participation Group (PPG).

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

Our inspection team

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

Background to Ford Medical Practice

Ford Medical Practice is located in the Litherland area of Merseyside.

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

Ford Medical Practice is situated within the South Sefton Clinical Commissioning Group (CCG) and provides services to approximately 6,100 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice has four GP partners (three male and one female), two practice nurses, a health care assistant, practice manager, and reception and administration team.

This is a training practice and usually has a GP Registrar as part of its team.

Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. There is a higher than average number of patients under the age of 18 and fewer patients aged over 65 than the national average.

The practice is open 8am to 6.30pm Monday to Friday. Patients can access an extended hours service by pre-booked appointment. This is available from 5pm to 8pm Monday to Friday and 9am to 1pm Saturdays and Sundays. Outside of this patients can contact the GP out of hours service by calling NHS 111.

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 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>Systems to support safe care and treatment were not sufficiently robust.</p> <p>There was no system in place to ensure receipt of histology results for patients who had undergone minor surgery.</p> <p>Not all staff had received the appropriate training necessary to enable them to carry out their duties.</p> <p>This was in breach of Regulation 12 (1) (b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems to protect patients from abuse and improper treatment were not robust.</p> <p>There was no register of children at risk, no regular review of the circumstances of children and families at risk, not all staff had been provided with training in safeguarding children and there was no arrangement for regular information sharing with relevant professionals.</p> <p>This was in breach of Regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

The systems and processes to ensure good governance, in accordance with the fundamental standards of care, were not always fully effective.

There was a lack of quality checks and audits to ensure compliance with requirements. This included checks on; staff training, the provision of minor surgery, staff recruitment, fire safety and infection prevention and control.

This was in breach of Regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.