

Bluebell Lane Medical Practice

Inspection report

Blue Bell Lane
Liverpool
L36 7XY
Tel: 01514891422

Date of inspection visit: 22 January 2024
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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?	Requires Improvement	
Are services responsive to people's needs?	Inadequate	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced assessment of Bluebell Medical Practice on 28 November 2023. The assessment focused on the responsive key question. This indicated that improvements were needed and as a consequence we carried out a comprehensive inspection on 17 and 22 January 2024. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective - requires improvement

Caring - requires improvement

Responsive - inadequate

Well-led - requires improvement

Following our previous inspection on 17 April 2019 the practice was rated good overall and for all key questions. The full reports for previous inspections can be found by selecting the 'all reports' link for Bluebell Lane Medical Practice on our website at www.cqc.org.uk.

Why we carried out this review and inspection

We carried out the responsive assessment on 28 November 2023 as part of our work to understand how practices are working to try to meet demand for access and to better understand the experiences of people who use services and providers.

The responsive assessment focused on the responsive key question. This indicated that improvements were needed and as a consequence we carried out a comprehensive inspection on 17 and 22 January 2024.

How we carried out the review and the inspection

This responsive assessment on 28 November 2023 was carried out remotely. It did not include a site visit.

The process included:

- Conducting an interview with the provider and members of staff using video conferencing.
- Reviewing patient feedback from a range of sources.
- Requesting evidence from the provider.
- Reviewing data we hold about the service.
- Seeking information/feedback from relevant stakeholders.

This inspection on 17 and 22 January 2024 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.

Overall summary

- 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 site visit.

Our findings

We based our judgement on a combination of:

- what we found when we met with the provider on 28 November 2023.
- What we found when we inspected on 17 and 22 January 2024.
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- The systems in place for the management of long-term conditions had not consistently ensured patients had the required health monitoring.
- Records were not always appropriately completed, authorised and monitored to identify risks.
- Several staff had outstanding training that needed to be completed.
- The cervical screening rates for the practice were below the national target for cervical screening coverage.
- Childhood immunisation rates were below the World Health Organisation immunisation targets.
- Patient feedback was that they could not always access care and treatment in a timely way. Patients were dissatisfied with the arrangement for getting through to the practice by phone and their experience of obtaining an appointment.
- During the assessment process, the provider highlighted the efforts they were making or planning to make to improve the responsiveness of the service for their patient population. However, the patient voice about their experience of access to the practice and obtaining an appointment had been strong for some time and there was insufficient evidence that efforts made to date had improved patient experience.
- Complaints were not always managed appropriately.

We found a breach of regulations. 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.

We also found, the provider **should:**

- Take action to hold records relating to the safety of the premises on-site.
- Take action to check emergency medication weekly as recommended by the Resuscitation Council UK guidelines and indicate in the risk assessment why recommended medicines are not held.
- Continue to monitor and improve cervical screening and childhood immunisation uptake.
- Take action to record the role specific induction provided to staff.
- Provide a summary of recorded meetings for staff unable to attend.

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 Health Care

Our inspection team

Our responsive assessment on 28 November 2023 was led by a CQC lead inspector who spoke with staff using video conferencing facilities and reviewed other sources of information that we have used to form our judgement of the responsive key question.

Our inspection team for the inspection on 17 and 22 January 2024 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. A regulatory co-ordinator assisted at the site visit.

Background to Bluebell Lane Medical Practice

Bluebell Lane Medical Centre is located in Knowsley, Merseyside.

The address of the practice is:

Blue Bell Lane

Liverpool

L36 7XY

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

The practice is situated within Knowsley and falls under the Cheshire and Merseyside Integrated Care System (ICS) and provides services to approximately 4,900 patients under the terms of a General Medical Services (GMS) contract. This is a contract between general practices and NHS England.

The practice is part of the West Knowsley Primary Care Network (WKPCN).

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the lowest decile (1 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 97.2% White, 1.3% Mixed, 1% Asian, 0.3% Black and 0.1% Other.

Blue Bell Lane Medical Practice is part of a larger federation of practices called Primary Care Knowsley. This is a federation of 5 locations registered with CQC (comprising 11 practices) in the borough of Knowsley. The registered manager for this practice is also the registered manager for the 11 practices. Practice managers are in place at the practices. The registered manager is also assisted by three governance and quality support staff.

The service is run by Bluebell Lane Medical Practice Limited. At the inspection on 17 and 22 January 2024 the staff team includes 4 GPs (providing 16 sessions) and locum advanced nurse practitioners (ANP) (providing 4 sessions), 2 part time practice nurses and one healthcare assistant. The clinicians are supported at the practice by a practice management team and reception/administrative staff. Additional staff are deployed via the PCN to support patients and include, a social prescriber, mental health practitioners, clinical pharmacist and a pharmacy technician.

The practice is open between 8am to 6.30pm Monday to Friday. Extended access is provided at the practice from 6.30pm to 8pm on Fridays and 9am to 1pm on Saturdays. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is also provided locally by the primary care network (PCN) where late evening and weekend appointments are available. Patients can access the out of hours service by calling 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 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 Treatment of disease, disorder or injury	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p>Care and treatment must be provided in a safe way for service users. In particular:-</p> <ul style="list-style-type: none">• The systems in place for the management of long-term conditions, had not consistently ensured patients had the required health monitoring or advice. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider was not able to demonstrate that they had governance systems and processes in place for assessing, monitoring and improving the service provided and for monitoring and mitigating risks relating to the health and safety of people using the service. In particular:-</p> <ul style="list-style-type: none">• Not all staff had undertaken the relevant training for their role.• The provider did not effectively assess, monitor and take sufficient and timely action to improve people's experience of accessing the service.• The provider did not have an effective system to ensure that complaints were managed appropriately.• The provider did not have effective oversight of records to ensure they were appropriately completed, authorised and demonstrated monitoring to identify risks. This included records relating to Do Not Attempt

This section is primarily information for the provider

Requirement notices

Cardio Pulmonary Resuscitation (DNACPR), patient group directives (PGDs), monitoring of vaccines fridges, cleaning records and reviews of the safeguarding registers.

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