

Dunstan Village Group Practice

Inspection report

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Liverpool
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Date of inspection visit: 8 December 2022
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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 to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection) at Dunstan Village Group Practice on 6, 8 and 9 December 2022. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective – requires improvement

Caring - good

Responsive - good

Well-led - requires improvement

Following our previous inspection on 11, 18 and 27 May 2022, the practice was rated requires improvement overall and for key questions effective, and well-led and inadequate for providing safe services. Caring and responsive were rated as good.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Dunstan Village Group Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up concerns identified from our previous inspection.

How we carried out the inspection

This inspection 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.
- 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 short 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 found that:

Overall summary

- The provider had implemented recall and monitoring systems and processes in order to ensure patients were treated safely.
- Steps had been taken to ensure there were sufficient staff who were suitably qualified and trained.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- A new management structure and lead roles were implemented to support staff. The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We found one breach of regulation. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Whilst we found no breaches of regulations, the provider **should**:

- Review safeguarding flags for household members.
- Take steps to reduce the number of patient records which require summarising.
- Improve prescribing practice for gabapentin and pregabalin.
- Take action to address the actions identified from the fire and health and safety risk assessments.
- Continue to monitor and improve the uptake of cervical cancer screening.
- Take action to monitor progress against the strategy.

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 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.

Background to Dunstan Village Group Practice

Dunstan Village Group Practice is located in Liverpool at:

Earle Road

Liverpool

Merseyside

L7 6HD

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

The practice is situated within the Cheshire and Merseyside Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 7330. This is part of a contract held with NHS England.

The practice is part of Picton primary care network, a wider network of GP practices.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the lowest decile (one of 10). The lower the decile, the more deprived the practice population is relative to others. A lower deprivation can indicate challenges in providing health care. The supply of healthcare services tends to be lower in more deprived areas due to a number of factors but has an increased demand. The population tends to have poorer health status among individuals with a greater need for health services. For example, there may be higher levels of long-term conditions such as those affecting the cardiovascular system and respiratory system,

This practice had higher than local levels for diabetes and obesity.

According to the latest available data, the ethnic make-up of the practice area is 65.6% white, 10.7% Black, 8.5% Asian, 8.5% other and 6.7% Mixed.

The age distribution of the practice population closely mirrors the local and national averages. There are more working age patients registered at the practice compared to older and younger people.

The provider consists of a GP and clinical pharmacist partnership. The practice has one full time salaried GP, an advanced nurse practitioner and three practice nurses. The GPs are supported at the practice by a team of 7 reception and administration staff. The practice manager and assistant practice manager provide managerial oversight for the day to day running of the practice.

The practice is open between 8 am to 6:30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided by the practice Wednesdays and Friday 6:30 – 8pm. Saturday appointments are within the Picton Primary Care Network. Out of hours services are provided by Primary Care 24.

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
Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided were not effective. In particular: <ul style="list-style-type: none">• The practice did not have a consistently clear and effective process for managing non-clinical risks, issues and performance.• Incidents were not always recorded on the paper reporting system which meant there were missed opportunities for learning and consideration of duty of candour.