

Gateacre Brow Practice

Inspection report

1 Gateacre Brow
Liverpool
L25 3PA
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www.gateacrebrowpractice.nhs.uk

Date of inspection visit: 16 and 24 May 2023
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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		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Requires Improvement	
Are services well-led?		Good	

Overall summary

We carried out an announced comprehensive inspection) at Gateacre Brow Practice on 16 and 24 May 2023. Overall, the practice is rated as Good.

Safe - Good

Effective - Good

Caring - Good

Responsive – Requires improvement

Well-led - Good

Following our previous comprehensive inspection on 19 November 2021, the practice was rated as requires improvement overall and for all key questions except caring which was rated as good. A follow up inspection to this was carried out on 17 June 2022 where we found the breaches of regulation had been addressed. This comprehensive inspection carried out on 16 and 24 May included rating the service in all five key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Gateacre Brow Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this comprehensive inspection as a result of the service being rated as requires improvement at the previous comprehensive 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 practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The way the practice was led and managed promoted the delivery of good-quality, person-centre care.

The practice is rated as requires improvement for providing responsive services because;

- There was insufficient evidence that complaints were managed effectively and in line with the complaints procedure.
- Patient feedback indicated that patients were not satisfied with access arrangements.

We found a breach of regulations. The provider **must**:

- The provider must establish and operate effectively a system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.

In addition the provider **should**:

- Carry out a risk assessment of the environment at the branch surgery and take any required actions to mitigate identified risks.
- Monitor the effectiveness of the changes introduced to improve the experience of patients in accessing the service.
- Improve the recording of medicines reviews to ensure an appropriate level of detail is documented in patient records when a review of their medicines had been carried out.
- Take action to ensure patients attend for required tests/monitoring so as to ensure medicines are prescribed safely at all times.
- Keep under review the newly introduced system for managing safety alerts.
- Provide assurance that advanced decisions regarding resuscitation (DNACPR decisions) are appropriately documented and reviewed as required.

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. Two additional inspection team members carried out site visits to the main practice and branch surgery. 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 Gateacre Brow Practice

Gateacre Brow Practice is located in Liverpool at:

1 Gateacre Brow

Liverpool

L25 3PA

The practice has a branch surgery at:

Hunts Cross Avenue Surgery

256 Hunts Cross Avenue

Liverpool

L25 8QT

We visited the main site and branch surgery as part of this inspection.

The practice has a General Medical Services (GMS) contract with a registered list size of approximately 6,480 patients. The clinical team consists of two GP partners, three salaried GPs, an Advanced Nurse Practitioner and two practice nurses. The wider team included a practice manager and a team of administration and reception staff.

The main practice is open between 8am to 6.30pm Monday to Friday with appointments bookable in a variety of ways. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed.

Extended access is available in the locality where late evening and weekend appointments can be made. Out of hours services are provided by Primary Care 24 (Merseyside) Limited.

The practice is part of a wider primary care network (PCN) of 17 GP practices in South Liverpool known as 'SWAGGA' PCN covering (Speke, Woolton, Aigburth, Gateacre, Garston and Allerton).

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (4 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 95.1% white, 2.2% Asian, 0.6% Black and 1.7% Mixed.

The practice population has more older people registered at the practice than the city average (practice 24% CCG average 14%). There are 7% less working age people registered at the practice.

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	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints
Family planning services	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints
Maternity and midwifery services	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints
Surgical procedures	How the regulation was not being met: An effective system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity was not in operation.
Treatment of disease, disorder or injury	This was in breach of Regulation 16 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.