

Bousfield Health Centre

Inspection report

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November 2021
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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 to people's needs?		Requires Improvement	
Are services well-led?		Requires Improvement	

Overall summary

We carried out an announced inspection at Bousfield Health Centre on 20, 21 October 2021 and 3 November 2021. Overall, the practice is rated as Requires Improvement.

The ratings for each key question are as follows:

Safe - Requires Improvement

Effective – Good

Caring – Good

Responsive – Requires Improvement

Well-led - Requires Improvement

We carried out an inspection at Bousfield Health Centre in April 2019 under the previous provider of services. At this time, the practice was rated requires improvement overall and for being safe, responsive and well-led and good for being effective and caring. We issued requirement notices in respect of breaches of Regulation 12 (safe care and treatment), Regulation 13 (safeguarding) and Regulation 17 (good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The new provider, Dr Don Jude Mahadanaarachchi, took over this location in March 2021. The provider has another eight locations registered with the Commission under this registration. The provider also has other separate provider registrations with the Commission and was responsible for 14 GP practices in total.

At this inspection on 20 and 21 October 2021 and 3 November 2021 we found that some required improvements had been made, and identified other areas that required improvement.

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

At this inspection carried out on 20, 21 October 2021 and 3 November 202 we inspected the key questions safe, effective, caring, responsive and well-led.

Why we carried out this inspection

This inspection was to follow up on the previous breaches of regulation and to allow us to change the rating of the practice if appropriate.

How we carried out the inspection.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections/reviews differently.

Overall summary

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A practice 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 have rated this practice as Requires Improvement overall.

We found that:

- Since the last inspection the practice had been redecorated and some improvements to the building were made.
- Effective measures were put in place to minimise the risk presented by the Covid-19 pandemic.
- The process for the monitoring patients' health in relation to the use of medicines including high risk medicines had improved.
- Patients' needs were assessed, and care and treatment were delivered in line with current legislation, standards and evidence-based guidance, supported by clear pathways and tools.
- Staff had the information they needed to deliver safe care and treatment.
- Staff treated patients with kindness, respect and compassion.

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

- GP's and practice staff were not trained in safeguarding matters to appropriate levels for their role.
- Recruitment checks were partially carried out in accordance with regulations.
- The practice could not effectively demonstrate the prescribing competence of non-medical prescribers.
- There was limited evidence of learning and dissemination of information for the management of significant events.

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

- Significant concerns were raised about the practice telephone system cutting people off and being on hold for a long period of time. A solution to improve the system was being sought.
- The issues with the telephone system resulted in people raising concerns about not being able to book appointments and access treatments and services in a timely way.
- There was insufficient evidence that complaints were used to drive continuous improvement.

Overall summary

The practice as requires improvement for providing well led services because;

- The provider used a high number of locum staff to maintain clinical staffing levels without effective oversight of their recruitment, training and appraisal. We found that locum staff could operate at the practice without any written agreement or contract in place.
- There were staff members who had not completed the required training to deliver effective services safely. Some staff did not have access to regular appraisals and supervision.
- Clinical and staff meetings had lapsed, and locum staff did not have the time to attend clinical meetings scheduled into their working day.
- The practice did not have a Patient Participation Group and there had been no recent patient survey completed.

The practice was rated as good for providing caring services.

We found two breaches of regulations. The provider **must**:

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Establish effective processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Review how patient views are acted on to improve services and culture.
- Review the different types of patient consultations and appointments available to ensure those whose circumstances may make them vulnerable or who have a continuing condition to ensure they are reviewed in a timely manner by the most appropriate clinician.
- Continue to monitor and take actions to improve the uptake for cervical cancer screening for women at the practice.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC 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 and completed clinical searches whilst visiting the location.

Background to Bousfield Health Centre

Bousfield Health Centre is located at Westminster Road, Liverpool, Merseyside, L4 4PP. The practice was registered with CQC in April 2021, resulting from changes made to the provider registration.

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

Bousfield Surgery is situated within Liverpool Clinical Commissioning Group (CCG) and provides services to 3,444 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.

There are higher than average number of patients who have a long-standing health condition compared to the national average, 65% of the practices' patients compared to the national average of 51%, 11% of patients were unemployed compared to the national average of 4%. The National General Practice Profile states that 95% of the practice population is white British. 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.

The practice has one GP, who is also the CQC registered provider. The practice has a number of locum GPs and locum Advanced Nurse Practitioners (ANP) providing services to patients. There is also a pharmacist, pharmacy technician and two mental health practitioners who work across several of the providers practices. The clinical staff are supported by administration and management staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment at the practice.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The practice governance structures and systems required improvements, for example: • Clinical and practice meetings were not taking place at the time of inspection and for several months before this. • There was insufficient evidence that when significant events and complaints occurred, action plans were identified and monitored to prevent reoccurrence. • The provider used a high number of locum staff to maintain clinical staffing levels without effective oversight of their recruitment, training and appraisal. We found that locum staff could operate at the practice without any written agreement or contract in place. The practice systems and processes that enable them to identify and assess on-going risks, such as: • Processes for monitoring staff performance and recruitment required improvements. Recruitment checks were partially carried out in accordance with regulations. • The practice policy for the management of complaints was not operated fully. Informal complaints were not monitored, and the records made, did not provide assurance that complaints were used to drive continuous improvement. • The systems in place for monitoring the competence of nurses working in advanced roles was not robust. This was in breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

- Staff were not receiving appropriate ongoing or periodic supervision in their role, to provide support and ensure competence is maintained.
- Staff were not being supported to undertake the required safeguarding training appropriate to their role.
- Staff were not receiving regular appraisal of their performance and competence.

This was in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.