

Nutgrove Villa Surgery

Inspection report

Nutgrove Villa
Westmorland Road, Huyton
Liverpool
Merseyside
L36 6GA
Tel: 0151 489 2276

Date of inspection visit: 21/03/2019
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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?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Nutgrove Villa Surgery on 21 March 2019.

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 providing safe services because:

- The practice did not have appropriate systems in place for the safe management of medicines.
- Adrenaline was not available in the rooms in which babies were immunised.
- Systems in place did not ensure that test and laboratory results were always dealt with appropriately.
- The practice did not always learn and make service-wide changes when things went wrong.

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

- There was limited monitoring of the outcomes of care and treatment.
- Limited clinical audits had been completed and the provider had not initiated a program of ongoing and comprehensive clinical audits which could trigger change and improvements.

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

- While the practice had a clear vision, that vision was not supported by a credible strategy.
- Systems were not in place to monitor the overall governance arrangements in place.

- The practice had clear processes for managing risks, issues and performance, however this was not monitored for effectiveness.
- Systems and processes for learning, continuous improvement and innovation were not always used appropriately.

These areas affected all population groups so we rated all population groups as **requires improvement**.

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

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Audit whether consent to treatment is always legally obtained.
- Review system or policies to manage uncollected prescriptions

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

Population group ratings

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

Our inspection team

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

Background to Nutgrove Villa Surgery

Nutgrove Villa Surgery is located at Westmorland Road, Huyton, Liverpool, Merseyside, L36 6GA. The building is owned by Knowsley borough council and is shared with other healthcare providers including the local NHS walk in centre and the Clinical Commissioning Group (CCG) offices. There are good transport links however, there is limited disabled parking and no free parking nearby.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, and surgical procedures.

The practice provides NHS services through a Provider Medical Services (PMS) contract to 3,687 patients. The practice is part of the Knowsley Clinical Commissioning Group (CCG).

The practice's clinical team is led by one of the partner GPs. The clinical team consists of the two GP partners (male) and a female practice nurse. The practice also uses a long-term female GP locum and the provider is in the process of employing a salaried female GP.

Patients have access to a phlebotomy and other clinics on site.

The clinical team are supported by an administrative team lead by a full-time practice manager, a data input officer and a team of secretarial and administrative / reception staff.

The practice is open every weekday. Standard appointments are 10 minutes long, and receptionists book longer appointments when patients attend for medical reviews.

Patients can register to be able to book appointments and request repeat prescriptions online. The provider will carry out home visits for patients whose health condition prevents them attending the surgery.

In addition to the extended hours operated by the practice patients can access a walk-in service and out-of-hour services situated at the Nutgrove Villa resource centre which is in the same building as the GP practice.

The patient profile for the practice indicated an above-average population of patients aged over 75. Information published by Public Health England rates the level of deprivation within the practices population group as one, on a scale of one to ten. Level one represents the highest rate of deprivation and level ten represents the lowest. Male life expectancy is 77 years compared with 79 nationally. Female life expectancy is 81 years compared with 83 nationally. Life expectancy was in keeping with the local averages.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure the proper and safe management of medicines:</p> <p>Adrenaline was not available in the rooms in which babies were immunised.</p> <p>The provider had not carried out a risk assessment in relation to the emergency medicines which were not stocked.</p> <p>The provider had not risk assessed the systems in place to ensure baby immunisations were conducted in keeping with best practice guidance.</p> <p>Systems were not in place to comprehensively monitor prescribing and the provider did not audit the prescribing of controlled medicines.</p> <p>The provider did not have a documented approach for the management of requesting tests and how to handle test results was not made familiar to all members of the practice team.</p> <p>The provider did not have safe systems in place for referrals to secondary medical care.</p> <p>The timeliness and take-up of routine referrals was not monitored.</p> <p>Audits that had been completed did not provide information about the safety of the service provided or the outcomes for patients.</p> <p>Sample takers had not audited their results.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

We found:

There was failure to ensure the audit and governance systems were effective.

The provider did not have an audit program to review the care and treatment provided by clinicians.

There was no clinical oversight relating to outcomes for patients.

The provider did not have an audit program in place to review the effectiveness and staff compliance with the policies and procedures in place.

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