Stanley Medical Centre

Inspection report

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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	Inspected but not rated
Are services safe?	Inspected but not rated
Are services effective?	Inspected but not rated
Are services responsive to people's needs?	Inspected but not rated
Are services well-led?	Inspected but not rated

Overall summary

We carried out an announced remote assessment at Stanley Medical Centre on 28 and 29 June 2021. This review focused on the regulatory breaches previously found.

This review did not result in the provider being awarded a rating as a site visit was not undertaken.

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

Why we carried out this review.

This review was a focused follow-up remote review of information without undertaking a site visit to follow up on 28 and 29 June 2021.

We looked at the following key questions:-

Safe

Effective

Responsive

Well-led

This review was a focused follow-up review of information without undertaking a site visit, to follow up on two breaches of regulation. These were identified at the previous review we carried out between 9 and 12 November 2020. At that time, we identified improvements were need to the governance of the service and to ensure medicines were managed safely. We issued warning notices for breaches of:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance

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

How we carried out the review

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 reviews differently.

This review was carried out in a way which enabled us to not spend any 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

Overall summary

- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider

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 a number of improvements had been made since the last remote assessment, including:

- The provider had undertaken a recruitment drive and new systems and induction programmes were developed to support new and temporary staff.
- The processes for monitoring patients' health in relation to the use of medicines including high risk medicines, had significantly improved.
- There had been improvements to policies and procedures to ensure there was clear guidance for staff.
- The arrangements for identifying, recording and managing risks, issues and mitigating actions had improved. This included the management of significant events and complaints monitoring.
- The practice had systems and processes to keep clinicians up to date with current evidence-based practice.
- The practice had an improved programme of quality improvement and used information about care and treatment to make improvements.
- We found that improvements had been made to the governance systems to ensure better oversight, monitoring and review.
- There was improved clinical leadership from a lead GP and nurse and regular monthly clinical meetings with practice staff.
- Staff reported that they felt able to raise concerns without fear of retribution.
- Staff reported that there had been improvements to communication and their involvement in the operation of the service.

We found areas where improvements needed to be made: -

- Since the last inspection the provider had developed a training plan. However, there were gaps identified in the required mandatory training for a number of clinical staff.
- A systematic approach to determine the number of staff and range of skills required in order to meet the needs of patients and keep them safe was not in place.
- There was insufficient support or monitoring of clinical staff. Appraisals and formal supervision had not taken place.
- Some staff told us there was not always enough clinical staff for the volume of work and there was a lack of continuity of staff. Staff told us there was not enough practice nurses and not enough long-term GPs.
- The provider used a high number of locum staff to maintain clinical staffing levels without effective oversight.

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

- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment

Overall summary

- 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.

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

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

- Review and improve significant event reporting and analysis forms to fully document learning and action taken.
- Review and improve processes to seek feedback from patients about access to the services provided.
- Review and improve the procedures for offering patients a service at another location operated by the provider.
- Review and improve the policy for staff development and retention.
- Review and improve the record keeping of checks to ensure the receptionists are allocating patients to the correct area of the triage system.
- A programme for audits should be put in place which reflects local, national and service priorities.
- The provider should ensure that a written agreement or contract is in place for GP locums working at the practice. Formal procedures and monitoring processes should be put into place to ensure safe treatment and care is carried out.

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	Not inspected
People with long-term conditions	Not inspected
Families, children and young people	Not inspected
Working age people (including those recently retired and students)	Not inspected
People whose circumstances may make them vulnerable	Not inspected
People experiencing poor mental health (including people with dementia)	Not inspected

Our inspection team

Our inspection team was led by three CQC inspectors who spoke with staff using video conferencing facilities. 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 Stanley Medical Centre

Stanley Medical Centre is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post-natal care. The practice has a General Medical Services (GMS) contract with a registered list size of 4493 patients (at the time of inspection). The practice is registered to deliver the regulated activities; diagnostic and screening procedures and treatment of disease, disorder or injury.

The practice is part of the Liverpool Clinical Commissioning Group (CCG). They provide a range of enhanced services, for example: childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

The practice had a high proportion of patients with significant levels of deprivation, disease prevalence and unemployment. The area has a predominantly white working-class population.

The provider employs clinical staff including advanced nurse practitioners, a paramedic and practice nurses to work at this practice. The practice also has locum GPs. Clinicians work across other practices operated by the provider. There is also a pharmacist, pharmacy technician and two mental health practitioners who work across a number of the providers services. 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 a choice of either the main GP location or the branch surgery. When the surgery is closed patients are directed to NHS 111 and NHS walk in centres. Patients are advised to dial 999 in the case of an emergency.

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 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 HSCA (RA) Regulations 2014 Staffing** **How the regulation was not being met:** • The provider was not able to demonstrate that they deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs. • In determining the number of staff and range of skills required to meet people's needs, the provider had not considered the different levels of skills and competence required to meet those needs, the registered professional and support workers needed, supervision needs and leadership requirements. • The provider used a high number of locum staff to maintain clinical staffing levels without effective oversight. • The provider did not ensure that staff receive appropriate ongoing or periodic supervision in their role to make sure competence is maintained. • Staff were not sufficiently supported to make sure they can participate in statutory training and other mandatory training, as defined by the provider for their role. This was in breach of Regulation 18 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.