

# Leasowe Medical Practice

## Inspection report

Hudson Road  
Leasowe  
Wirral  
CH46 2QQ  
Tel: 01516255700  
[www.leasowemp.co.uk](http://www.leasowemp.co.uk)

Date of inspection visit: 6 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 responsive to people's needs?

Good



Are services well-led?

Good



# Overall summary

We carried out an announced focused inspection at Leasowe Medical Practice on 5 and 6 December 2022. Overall, the practice is rated as requires improvement.

Safe – Requires improvement

Effective - Requires improvement

Caring - Not inspected, rating of good carried forward from previous inspection

Responsive - Good

Well-led - Good

The full reports for previous inspections can be found by selecting the 'all reports' link for Leasowe Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection in line with our inspection priorities. We undertook this inspection due to emerging risk from concerns raised to CQC.

We inspected the key questions of:

Safe, Effective, Responsive and Well Led.

## 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 did not have effective systems in place for the monitoring of high-risk medicines or for acting appropriately on safety alerts in a timely manner.
- Patients with long term conditions did not always receive effective management of their care and treatment.
- Cervical cancer screening was below the 70% target and had been for a number of years.
- Steps had been taken to ensure there were sufficient staff who were suitably qualified and trained.
- Patients were treated with respect and were involved in decisions about their care.
- The practice understood its patient population and adjusted how it delivered services to meet the needs of its patients.
- Patients could access care and treatment in a timely way.
- There was a lack of visible leadership at practice level however, senior executive team leaders were supportive, accessible and sighted of the risks. Plans had been implemented to improve.
- Governance systems and processes did not always allow effective communication and feedback involving all staff to take place.

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

- Ensure care and treatment is provided in a safe and effective way to patients.

In addition, the provider **should**:

- Improve prescribing practice for certain medicines including antibiotics, pregabalin/gabapentin, hypnotics and psychotropics.
- Improve the uptake of eligible people for cervical cancer screening.
- Take action to highlight/alert all vulnerable people including family members where relevant.
- Improve communication and staff meetings where reviews of quality and safety of services and service developments are discussed and action implemented.

**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 Leasowe Medical Practice

Leasowe Medical Practice is located in Wirral at:

Hudson Road

Leasowe

Wirral

CH46 2QQ

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

The practice is situated within the NHS Cheshire and Merseyside Integrated Care System (ICS) and delivers an *Alternative Provider Medical Services (APMS)* contract to a patient population of about 2,900 patients. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called Arno and North Coast Alliance Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in decile 1 (1 out of 10). The lower the decile, the more deprived the practice population is relative to others. A lower level of deprivation can indicate challenges in providing healthcare. 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 has a higher than local and national average prevalence of asthma, chronic obstructive pulmonary disease, obesity, depression and diabetes.

According to the latest available data, the ethnic make-up of the practice area is 97.4% White, 1.2% Asian, 1.1% Mixed, 0.2% Black, and 0.1% Other.

The age distribution of the practice population shows there are more younger people than the local and national averages. With less older people than average.

There is a team of 3 GPs (1 male and 2 female). Access to female GPs has recently been implemented due to demand. The practice also has a practice nurse and healthcare assistant. The clinical team are supported at the practice by a team of reception/administration staff and a senior management team from the provider organisation.

The practice is open between 8am to 6.30pm Monday to Friday with Wirral GP out of hours service available outside of these practice opening hours.

The practice offers a range of appointment types including book on the day, telephone consultations, eConsultations, face to face, home visits and advance appointments.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not demonstrate that care and treatment was provided in a safe and effective way for patients at all times</p> <ul style="list-style-type: none"><li>• The proper and safe management of medicines was not operated effectively. In particular:</li></ul> <p>The processes for monitoring patient's health in relation to the use of medicines, including high risk medicines, with appropriate monitoring and review.</p> <ul style="list-style-type: none"><li>• The system in place to ensure all alerts and information relevant to general practice were received, disseminated, monitored and acted upon needed to improve.</li><li>• Medication reviews were not always completed, and patients not always reviewed regularly for patients living with long term conditions.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>