

Gateacre Brow Practice

Inspection report

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

Date of inspection visit: 17 June 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

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 previously carried out an announced inspection at Gateacre Brow Practice on 19, 23 and 24 November 2021. Overall, the practice was rated as requires improvement.

The ratings for each key question were as follows:

Safe - Requires improvement

Effective – Requires improvement

Caring – Good

Responsive – Requires improvement

Well-led - Requires improvement

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

This focused inspection was carried out on 17 June 2022 and was to check compliance with the warning notice issued in December 2021 for a breach of the Health and Social Care Act 2008 (Regulated Activities: Regulation 17, Good governance. As this inspection was to check compliance with the warning notice, the ratings from the previous inspection in November 2021 have not been changed.

During our inspection on 19, 23 and 24 November 2021, we found that the provider did not have effective processes to ensure good governance in accordance with regulations. This was because:

- Governance structures and systems such as incident reporting, staff recruitment and the management of patient complaints were not monitored effectively.
- The provider's supervision and support arrangements for staff required improvements.
- There was evidence of some audit activity carried out by the practice but there was no formal quality improvement programme in place.
- Staff reported that leaders were not always visible.
- The practice did not have access to a Freedom to Speak Up Guardian.

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 differently.

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:

Overall summary

- Requesting evidence from the provider
- A short site visit which included interviews with staff

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:

- The provider was supported by NHS Liverpool Clinical Commissioning Group (CCG) with their improvement plan.
- Systems and processes had been implemented to manage complaints and significant events but there were some delays in sharing learning following significant events.
- Staff felt that leaders were visible and approachable.
- The practice had access to a Freedom to Speak Up Guardian.
- A quality improvement programme had been put in place but this needed to be finalised and implemented.
- Improvements had been made to recruitment processes.
- Staff received appropriate supervision and support in their roles.

Whilst we found no breaches of regulations, the provider **should**:

- Finalise and implement the planned quality improvement schedule.
- Ensure there is no delay in sharing learning following significant events.
- Continue to source confirmation of staff vaccinations.
- Reintroduce Patient Participation Group (PPG) meetings.

A further inspection will be undertaken in due course to further monitor the improvements and update the practice's rating as necessary in line with our inspection methodology.

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 lead inspector who undertook a site visit.

Background to Gateacre Brow Practice

Gateacre Brow Practice is located in Liverpool at:

1 Gateacre Brow

Liverpool

Merseyside

L25 3PA

The practice has a branch surgery at:

Hunts Cross Avenue Surgery

256 Hunts Cross Avenue

Liverpool

Merseyside

L25 8QT

We visited Gateacre Brow Practice and the branch surgery at Hunts Cross Avenue to carry out the inspection.

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

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the Liverpool Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 6651. This is part of a contract held with NHS England. The practice is part of a wider network of GP practices and belongs to the SWAGGA (Speke, Woolton, Aigburth, Gateacre, Garston and Allerton) Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four of ten). 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, 1.7% Mixed, 0.6% Black and 0.4% Other.

There are more older people registered at the practice than the local and national average and less younger people registered.

There are two GP partners who provide cover at both practices. There are a team of two practice nurses and an advanced nurse practitioner and they are supported by long term locum pharmacists. The GPs are supported at the practice by a team of reception/administration staff. The practice manager is based at the branch surgery to provide managerial oversight.

The practice is open between 8am to 6.30pm Monday to Friday. Extended access is available from 7am on a Monday and Friday morning each week. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. There were also arrangements to ensure patients received urgent medical assistance when the practice is closed.