

# Dunstan Village Group Practice

## Inspection report

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Date of inspection visit: 11, 18 and 27 May 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?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Dunstan Village Group Practice on 11, 18 and 27 May 2022. Overall, the practice is rated as requires improvement.

Safe - Inadequate

Effective – Requires improvement

Caring - Good

Responsive - Good

Well-led – Requires improvement

## **Why we carried out this inspection**

This inspection was a comprehensive inspection and the first inspection since registration with CQC.

## **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:

- 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
- Circulating a staff questionnaire
- 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 have rated this practice as requires improvement overall.**

We rated the provider as inadequate for providing safe services. This is because:

# Overall summary

- We found concerns in relation to medicines management. Appropriate monitoring was not always carried out and structured medication reviews did not contain relevant information.
- Safeguarding training had not been completed at the appropriate level, in line with intercollegiate guidance.
- The system for reviewing Patient Group Directions was not effective.
- The system for reviewing and acting on safety alerts was not effective.

However:

- Appropriate standards of cleanliness and hygiene were met.
- Recruitment and induction systems were in place.

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

- We found concerns with the management of some patients with long term conditions. For example, asthma, hypothyroidism, chronic kidney disease and diabetes.
- The practice's uptake for cervical screening was low.

We rated the provider as good for providing caring services because:

- The provider received positive feedback from patients and patients felt staff were caring and supportive.

We rated the provider as good for providing responsive services because:

- The provider had responded to patient feedback and made improvements to the service. For example, a new telephone system had been installed.

We rated the provider requires improvement for providing well-led services because:

- We found that processes and systems to support good governance were not effective.

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

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

The provider **should**:

- Review and update the practice website information.
- Review sample storage arrangements.
- Review the incident process to include consideration of duty of candour.
- Continue to monitor and improve the uptake of cervical screening programme.

**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 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 Dunstan Village Group Practice

Dunstan Village Group Practice Medical Centre is located in Liverpool at:

Earle Road

Liverpool

Merseyside

L7 6HD

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

The practice is situated within the Liverpool Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 7310. This is part of a contract held with NHS England.

The practice is part of Picton primary care network, a wider network of GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one of 10). 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 65.6% white, 10.7% Black, 8.5% Asian, 6.7% Mixed, and 8.5% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more working age patients registered at the practice compared to older and younger people.

The provider consists of a GP and clinical pharmacist partnership. The practice has one full time salaried GP and three nurses who provide nurse led clinics for long-term conditions. The GPs are supported at the practice by a team of ten reception/administration staff. The practice manager and assistant practice manager provide managerial oversight for the day to day running of the service.

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 seen face-to-face.

Extended access is provided by the practice on Wednesday evening between 6.30pm to 8pm. Out of hours services are provided by Primary Care 24.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided were not effective. In particular:</p> <ul style="list-style-type: none"><li>• The provider did not have an effective system to recall patients for appropriate monitoring and review.</li><li>• The provider was unable to demonstrate all staff had completed the required training.</li><li>• Not all staff had completed safeguarding training to appropriate levels for their role.</li><li>• A programme of targeted quality improvement was not in place.</li><li>• There was no process in place to review historic safety alerts.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  A final version of this report, which we will publish in due course, will include full information about our regulatory response to the concerns we have described.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	