

# Lance Lane Medical Centre

## Inspection report

19 Lance Lane

Liverpool

L15 6TS

Tel: 01514756984

[www.lancelanemedicalcentre.nhs.uk](http://www.lancelanemedicalcentre.nhs.uk)

Date of inspection visit: 24 May 2022

Date of publication: 12/07/2022

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

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Overall summary

We carried out an announced inspection at Lance Lane Medical Centre on 24 May 2022. Overall, the practice is rated as Good.

Set out the ratings for each key question

Safe - Requires Improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

This was the first inspection of Lance Lane Medical Centre following a change to the provider in November 2020 when the provider changed to Dr Venkata Sireesha Sreeguru. Dr Venkata Sireesha Sreeguru was a registered partner for the previous provider, Lance Lane Medical Centre. Under the previous provider this service was inspected on 03/12/2015 and was overall Good and requires improvement in Safe. A follow up inspection on 10/10/2016 found the service to be Good in Safe.

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

## Why we carried out this inspection

We carried out this inspection as it has not been inspected since the change in registered provider. This inspection was a comprehensive review of information which included a site visit.

## 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
- A site visit

# Overall summary

## 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 Good overall.

**We have rated the practice as Requires Improvement for providing Safe services** because recruitment was not always carried out according to Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that:

- The required information to demonstrate staff were safely recruited was not available.
- The practice had current staffing vacancies. Staff told us that at times they did not feel there were sufficient clinical staff. Staff reported problems with reliability of locum staffing and locum staff not always completing similar tasks to employed clinicians which affected workload and meant they were working over their contracted hours. Staff told us this was affecting morale.
- The provider told us how they were recruiting new staff and covered shortfalls with locum, Primary Care Network and existing staff.
- Overall, patients received care and treatment that met their needs. However, improvements were needed to improve the uptake of patients receiving childhood immunisations and cervical screening.
- There was a system to share important information across the staff team. A better system of clinical meetings was needed to ensure all staff benefitted from these. Some meetings were informal and not all staff were able to attend due to their working patterns.
- There was a system to monitor essential staff training and records showed staff had received an appraisal.
- Staff told us how care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- A review of the appointment system indicated patients had access to care and treatment in a timely way. Improvements to the appointment system were planned.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The provider demonstrated they had made changes to the practice as a result of listening to staff and patients.
- The provider had plans in place to address shortfalls in staffing, immunisation and cervical screening rates and they told us about the improvements they were making to enable better staff information sharing and support.

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

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Continue with the plans to recruit further staff to improve staffing levels.

# Overall summary

- Appoint an infection prevention and control lead and ensure they have access to on-going guidance and support from infection prevention and control specialist staff.
- Introduce a system to formally document the monitoring of consultations, referrals and prescribing of clinicians.
- Continue to carry out medication audits to identify patients who require health monitoring.
- Review prescription management to enable identification of which clinician they have been allocated to.
- Continue to monitor and improve childhood immunisation and cervical screening uptake.
- Introduce further opportunities for all clinicians to be involved in clinical information sharing and to take part in discussions around significant events.
- Carry out a patient survey and use this feedback to review access arrangements.

**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 Lance Lane Medical Centre

Lance Lane Medical Centre is located in Liverpool at:

19 Lance Lane

Wavertree

Liverpool

L15 6TS

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 Liverpool Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 6,490. This is part of a contract held with NHS England.

The practice is part of a primary care network (PCN) of GP practices called the Childwall and Wavertree Network.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four 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 90% White, 4% Asian, 2% Black, 3% Mixed and 1% Other.

The practice has a team of four GPs (including Dr Sreeguru), a GP registrar (GP in training), one practice nurse and two health care assistants. The clinicians are supported at the practice by a team of reception and administration staff. Dr Sreeguru, the practice manager and office manager provide managerial oversight. The practice currently has vacancies for clinical staff which are covered in-house or by regular locums. The provider is actively recruiting further staff to join the practice.

The practice is open between 8.30am to 6pm with appointments being available 9am to 11.30am and 3pm to 5.45pm. The practice currently offers telephone consultations with GPs and ANPs and prioritises the need to see patients on a face to face basis. Face to face appointments are available with the practice nurse and health care assistants.

Extended access is provided locally by the PCN, where late evening and weekend appointments are available. Out of hours services are provided by PC24.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <ul style="list-style-type: none"><li>• Satisfactory information about the applicants physical and mental health relevant to the applicant's capacity to perform their role, following reasonable adjustments was not recorded.</li><li>• Interview notes were not always completed or were informally recorded.</li><li>• Records of identity were seen during the recruitment process, however a record was not kept to indicate they had been seen.</li><li>• A record of employment history was not available.</li></ul>