

Gateacre 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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Gateacre Medical Centre on 8 February 2019 as part of our inspection programme.

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 but requires improvement for providing safe services and good for all population groups.

We rated the practice as Requires Improvement for providing safe services because:

- Medicines management required improvement. For example, the practice had some medicines for use in medical emergencies but not all that is currently recommended. There was no risk assessment to outline how the practice would manage certain medical emergencies such as diabetic patients with very low sugar levels or patients with epilepsy, without the medicines currently recommended. Improvements were also required around the management of blank prescriptions, prescribing rates and authorisation documentation for vaccines.
- There was no system to ensure clinicians' own equipment was calibrated.

We rated the practice as good for providing effective, caring, responsive and a well led service because:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- The practice was working towards the formation of a Primary Care Network (PCN) involving a group of other small GP practices in the area. The practice manager took an active role in planning how the practices could best support each other to tailor services to the community needs.

There was an example of outstanding practice:

- The practice manager had innovative ideas to help manage the administration of the practice and had shared their knowledge with the local PCN and local Clinical Commissioning Group (CCG) to improve patient outcomes. For example, they were currently involved with the local PCN to help improve outcomes for patients with learning disabilities and had previously developed a tool to identify the care processes for patients experiencing poor mental health. The tool had been fully shared with the Mental Health team and CCG Leads and has now been implemented in every Liverpool GP Practice.

However, the provider must:

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

The provider **should**:

- Update safeguarding policies in line with national guidance.
- Monitor the ongoing immunisation status for all staff.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist advisor.

Background to Gateacre Medical Centre

Gateacre Medical Centre is situated in a deprived area of Liverpool. There were 2,403 patients on the practice list at the time of our inspection.

Gateacre Medical Centre is registered with the Care Quality Commission to carry out the following regulated activities: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

The practice is part of NHS Liverpool Clinical Commissioning Group (CCG) and has General Medical Services (GMS) contract.

The practice is managed by an individual GP. There is also a salaried GP and the practice occasionally uses regular GP locums. There is one practice nurse. Members of clinical staff are supported by the practice manager, reception and administration staff. The practice is a training practice for medical students from the local University.

The practice is open 8am to 6.30pm every weekday and offers extended opening hours on a Monday evening from 6.30pm-8pm. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	How the regulation was not being met.
Maternity and midwifery services	The practice had some emergency medicines but not all that is currently recommended. There was no risk assessment to outline how the practice would manage certain medical emergencies such as diabetic patients with very low sugar levels or patients with epilepsy, without the medicines currently recommended.
Surgical procedures	Antibiotic prescribing rates were monitored by the CCG but there was no evidence to demonstrate how the practice managed their antibiotic prescribing rates or high prescribing rates for hypnotic medicines.
Treatment of disease, disorder or injury	Blank prescriptions for printers were securely stored but the dispersal and subsequent storage of the blank prescriptions throughout the practice was not monitored.
	Patient Group Directions for the authorisation of vaccines were signed but in the wrong place for the proper legal authorisation.
	The system in place to ensure that equipment used by staff had been appropriately calibrated required improvement as during inspection this did not include staff's personal equipment some of which did not have up to date calibration checks.