

Dunstan Village Group Practice

Quality 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 service

Good 

Are services safe?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection at Dunstan Village Group Practice on 20 April 2017. Overall the practice was rated as requires improvement. The practice was rated as requiring improvement for providing safe and well led services; and good for providing effective, responsive and caring services. The full comprehensive report on the 20 April 2017 inspection can be found by selecting the 'all reports' link for Dunstan Village Group Practice on our website at www.cqc.org.uk.

This inspection was an announced follow up inspection carried out on 6 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 20 April 2017. This report includes our findings in relation to those requirements.

Overall the practice is now rated as good and good for providing safe and well led services.

The practice had made improvements and addressed the issues identified in the previous inspection. Improvements included:

- A review of the governance systems in place to ensure the quality and safety of the service. For example, there were improvements in the monitoring systems for training, recruitment, cleaning of the premises and managing uncollected prescriptions and significant events.
- The practice had implemented a new system for managing and responding to safety alerts. The practice had reviewed previous medication alerts.
- All staff had received appropriate recruitment checks and records were kept.
- The practice had correctly registered with us to carry out the regulated activity of minor surgery.

In addition:-

- The practice had actively sought ways to identify carers in order for them to offer appropriate support. There was a designated area of the waiting room for carers' information.
- Information about how to make a complaint was displayed in the waiting room and information for patients had been updated.
- All staff had received training in safeguarding and the Mental Capacity Act relevant to their role.
- The practice had implemented a system to record the stock and use of blank prescription forms used for home visits.

Summary of findings

- The locum induction pack had been updated to provide locum GPs with the necessary information in order for them to carry out their role.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. This was because the practice had addressed the issues identified during the previous inspection 20 April 2017. For example,

- All staff had received safeguarding training relevant to their role.
- All staff had received appropriate recruitment checks and records were kept.
- The practice had improved its system for managing medication alerts and significant events.

Good



Are services well-led?

The practice is rated as good for being well-led. The practice had addressed the issues identified during the previous inspection 20 April 2017. For example,

- Protocols and procedures had been revised to improve the safety of the service.
- There were improvements in monitoring systems to improve the quality and safety of the service.
- There were regular staff meetings to support shared learning for the whole team.
- Staff had received further training.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safe and well-led services identified at our inspection on 20 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The practice is rated as good for providing services for older people.

Good



People with long term conditions

The provider had resolved the concerns for safe and well-led services identified at our inspection on 20 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The practice is rated as good for providing services for people with long term conditions.

Good



Families, children and young people

The provider had resolved the concerns for safe and well-led services identified at our inspection on 20 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The practice is rated as good for providing services for families, children and young people.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safe and well-led services identified at our inspection on 20 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The practice is rated as good for providing services for working age people.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe and well-led services identified at our inspection on 20 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The practice is rated as good for providing services for people whose circumstances make them vulnerable.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe and well-led services identified at our inspection on 20 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The practice is rated as good for providing services for people experiencing poor mental health.

Good



Dunstan Village Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector.

Background to Dunstan Village Group Practice

Dunstan Village Group Practice is based in a deprived area of Liverpool. There were 6247 patients on the practice register at the time of our inspection. More than half the patient population were from a large diverse variety of ethnic groups and a high number of patients could not speak English.

The practice is a training practice managed by an individual GP and there are three salaried GPs. The practice occasionally uses locums. There are two practice nurses and a nurse practitioner. Members of clinical staff are supported by two practice managers, a deputy manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations. The practice is part of Liverpool local clinical commissioning group.

Why we carried out this inspection

We carried out a comprehensive inspection at Dunstan Village Group Practice on 20 April 2017. Overall the practice was rated as requires improvement. The practice was rated as requiring improvement for providing safe and well led services; and good for providing effective, responsive and caring services. The full comprehensive report on the 20 April 2017 inspection can be found by selecting the 'all reports' link for Dunstan Village Group Practice on our website at www.cqc.org.uk.

This inspection was an announced follow up inspection carried out on 6 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 20 April 2017. This report includes our findings in relation to those requirements.

How we carried out this inspection

The inspector :-

- Carried out an announced inspection visit on 6 October 2017.
- Reviewed the practice's policies and procedures.
- Spoke with staff and one of the practice managers.

Are services safe?

Our findings

At our previous inspection on 20 April 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of: recruitment checks, managing medication safety alerts and significant events and staff training in safeguarding needed improving.

The practice had carried out the work we had requested when we undertook a follow up inspection on 6 October 2017. We were shown evidence that demonstrated:

- All staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice had reviewed previous safety alerts for medications. There was now a system in place to ensure that alerts were dealt with and actions taken were recorded.
- We saw evidence that incidents were always discussed at staff meetings. The practice had reviewed all its previous incidents over the past 12 months to identify any trends.
- The practice had reviewed the system for managing uncollected prescriptions. These were now checked fortnightly by a designated member of staff and checked by a GP before being destroyed.

In addition:-

- The practice had implemented a system to record the stock and use of blank prescription forms used for home visits.
- All staff had now received safeguarding children and adults training appropriate to their role.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 20 April 2017, we rated the practice as requires improvement. This was because:

- There was no overarching clinical governance policy. There were policies and protocols that all staff could access on the computer system. However, some protocols were not followed.
- There were limited records of monitoring systems to ensure safety. For example, records of monitoring systems for cleaning of the premises, safety alerts and incidents, managing uncollected prescriptions, staff training and recruitment needed improvement.

We found arrangements had significantly improved when we undertook a follow up inspection of the service on 6 October 2017. The practice is now rated as good for being well-led.

Evidence reviewed demonstrated that the practice had improved the systems in place since our last inspection 20 April 2017. For example the practice had:-

- Reviewed their governance structure, practice policies and protocols.

- Assigned staff lead roles for accountability of improvement work. For example, there were lead roles for monitoring the cleaning of the premises, dealing with safety alerts and staff training and recruitment.
- Ensured all staff had received mandatory training. There was a training matrix available to identify any staff that had not completed any necessary training and this was reviewed regularly. The matrix included recruitment information. Staff records had been reorganised and were well kept.
- Improved protocols and record keeping for monitoring the cleaning of the premises, safety alerts and incidents and managing uncollected prescriptions. There were weekly spot checks that were documented and all staff were involved to ensure the cleanliness of the premises. There was a system to cascade information about safety alerts and these were discussed at clinical meetings and actions taken when relevant.
- Team meetings and clinical meetings which demonstrated that significant events, safety alerts, performance, patient feedback and audit work were discussed to improve shared learning for the staff team and minutes from these meetings were documented and available to all staff.
- In addition, the practice had looked at other safety issues and improved their business contingency plans in the event of computer failure.