Dr Jude's Practice - Riverside & Picton

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Requires Improvement
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Inadequate

Overall summary

We carried out an announced inspection at Dr Jude's Practice – Riverside and Picton on 9 March 2022. Overall, the practice is rated as requires improvement.

Safe - Requires improvement

Effective - Requires improvement

Caring - Requires improvement

Responsive - Requires improvement

Well-led – Inadequate

Why we carried out this inspection

This inspection was a comprehensive inspection covering all key questions.

How we carried out the inspection

The inspection was carried out on site at the main location for Dr Jude's practice at Riverside and Picton and included a visit to the branch surgery at Picton. The inspection included:

- Conducting staff interviews
- Completing clinical searches on the practice's patient records system and discussing the findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Reviewing evidence from the provider

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Liverpool. To understand the experience of GP Providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

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 practice as requires improvement for providing safe services because:

- Improvements were required to the systems and procedures for ensuring care is provided in a way that keeps patients safe and protected from avoidable harm.
- Staff had not completed the appropriate level of training in safeguarding children.

Overall summary

- Recruitment was not always carried out according to the practice policy or Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There was not an effective system in place for oversight of risks related to premises and equipment.
- Staffing levels were not kept under review and the management of safety alerts and incidents were not well documented to include actions taken.

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

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

- Improvements were required to some aspects of the management of patients conditions and to health prevention.
- The systems in place for supporting staff needed to be developed further.
- Childhood immunisations and cervical cancer screening achievement was well below national averages.
- The staff induction process was not tailored to specific roles.

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

- Patients were involved in decisions about their care and treatment but patient feedback with regards to feeling they were treated with kindness and respect was not always positive.
- The provider had not acted upon patient feedback to improve patient experience.

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

- Patients were not always satisfied with access to the practice and the provider did not act on feedback provided.

We rated the practice inadequate for providing well-led services because:

- Some members of the leadership team had been recently appointed and their roles and responsibilities had not been clearly set out and were still being developed.
- Practice staff were not always aware of the roles and responsibilities of members of the leadership team and the lines of accountability within the organisation.
- The provider's centralised governance function did not have clear systems and processes in place to support staff at practice level.
- The provider did not have a documented overall strategy underpinned by detailed, realistic objectives and plans for high-quality and sustainable delivery.
- The systems for identifying, managing and mitigating some risks were ineffective.
- There was no leadership development programme in place.
- The vision, values and strategy were not developed in collaboration with staff, patients and partners.

We found the following breaches of regulations. The provider **must**:

- Ensure the care and treatment is provided in a safe way to patients.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

Overall summary

- Review the processes for adding alerts to the patient record system for vulnerable adults.
- Confirm the arrangements for oversight of the emergency equipment.
- Take action to increase childhood immunisation uptake to meet defined targets.
- Take action to increase the number of patients taking up cancer screening.
- Identify carers to enable this group of patients to access the care and support they need.
- Ensure there is documented evidence of stock control and checks on vaccines stored at the branch practice (Picton).

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. The team included a second inspector and a GP specialist advisor. The inspection was carried on site at the main practice (Riverside) and included a visit to the branch surgery (Picton). The GP specialist advisor completed clinical searches and records reviews within the patient record system during the site visit.

Background to Dr Jude's Practice - Riverside & Picton

Dr Jude's Practice at Riverside and Picton is located in the Toxteth area of Liverpool, Merseyside. The address is for the service is:

Riverside Centre for Health, Park Street, Liverpool, Merseyside, L8 6QP.

The practice also offers services from a branch surgery and patients can access services at either site. The branch surgery is located at: Health Centre, 137 Earle Road, Liverpool L7 6HD.

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

The provider has other separate provider registrations and locations registered with the Commission including 9 GP practices and is a partner at 2 others. A senior management structure, led by this provider, operates across 10 of the GP practices.

The practice is situated within the Liverpool Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of 9,370. This is part of a contract held with NHS England. The practice is part of 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 6.6% Asian, 74.8% white, 7.4% black, 5.5% mixed, and 5.7% other.

There is a team of GPs, Advanced nurse practitioners, practice nurses, clinical pharmacists and healthcare assistants who provide cover at both practices. The clinical team are supported by a team of reception/administration staff. The practice lead is based at the main location to provide managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic many GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

The out of hours services are provided by Primary Care 24 Limited.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Risks to the health and safety of service users were not always fully assessed and mitigated. In particular: • There were delays in reviews being carried out for some patients with long term conditions. • Hazardous substances were not stored securely. This was in breach of Regulation 12 (a) (b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The registered person had failed to demonstrate how they ensured that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed. In particular: • The induction process for new staff was not appropriately detailed or tailored to their roles and responsibilities. • Not all members of the clinical staff team had been provided with the appropriate level of training in safeguarding children. This was in breach of Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

- Staff recruitment procedures were not established and operated effectively to ensure fit and proper persons were employed. In particular;
- There was no consistently applied policy and procedure for staff recruitment. This included for obtaining; Disclosure and Barring service checks, employment history, employment references and staff vaccination status.

This was in breach of Regulation 19 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** Systems and processes for governing the service were not clearly established, including clinical governance. In particular: • There were no formalised operational structures for areas of work that identified key roles and responsibilities. This included for how central operational functions were operated/managed. • Some of the formalised processes for monitoring the clinical effectiveness of the service had only recently been introduced and other areas were in the development stage. • There was no evidence to demonstrate that patients had been listened to and that the service had been improved in response to patient feedback. • There was no formalised process for assessing risk and producing plans to mitigate risks linked to the practice or wider service provision covered by central functions. • Lead roles that had been recently appointed to were in the development stage. For example, human resources, complaints and significant events management. • The system for documenting investigations and actions linked to significant events and complaints was not well detailed. The records did not clearly demonstrate the lines of enquiry made, the specific actions taken and who was responsible for implementing them and for following up actions.