

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?

Good



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Good



Overall summary

We carried out an announced comprehensive inspection at Dr Jude's Practice - Riverside & Picton on 8 and 13 December 2022. Overall, the practice is rated as requires improvement. The ratings for each key question are:

Safe - good

Effective - requires improvement

Caring - requires improvement

Responsive - requires improvement

Well-led - good

Following our previous inspection on 9 March 2022, the practice was rated requires improvement overall and for all key questions the practice was rated:

Safe - requires improvement

Effective - requires improvement

Caring - requires improvement

Responsive - requires improvement

Well-led - inadequate

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Jude's Practice - Riverside & Picton on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up breaches of regulation from a previous inspection in line with our inspection priorities.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- 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 found that:

We have rated this practice as requires improvement overall.

We rated the practice as good for providing safe services. This is because:

- At this inspection, we found that those areas previously regarded as requiring improvement had been addressed and appropriate actions taken by the provider. The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

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

- The practice achievement in cervical cancer screening and childhood immunisations continued to be below nationally set targets.

We rated the practice as requires improvement for providing caring services services. This is because:

- The provider had taken action to monitor patient views by monitoring the results of the GP national survey and actions plans were in place. However, the provider had not undertaken a practice patient survey and feedback from patients in the national GP patient survey were below local and national averages relating for questions about care and concern from staff.

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

- Complaint records did not provide sufficient detail to demonstrate that all complaints were investigated thoroughly and without delay. The provider did not maintain a record of all complaints, outcomes and actions taken in response to complaints made to the practice.

We rated the practice as good for providing well led services because:

- At this inspection, we found that those areas previously regarded as inadequate had been addressed and appropriate actions taken by the provider. Leaders demonstrated they understood the challenges to quality and sustainability. The practice had a culture which drove high quality sustainable care. There were clearer and improved processes for managing risks, issues and performance.

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

- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or its investigation.

Overall summary

The provider **should**:

- Take action to ensure all staff who may be exposed to blood, body fluids or tissues as part of their work activity should have pre-exposure immunisation against HBV.
- Involve patients and the public in infection prevention and control by providing alcohol hand rub at the entrance to the building for the use of patients and visitors.
- Undertake a risk assessment for the use of a shared automated external defibrillator (AED). Checks of emergency medicines should be carried out weekly.
- Continue to monitor and provide evidence of effective medicines reviews for patients on repeat medicines.
- Improve staff administration of prescription only medicines under a patient group directive to include appropriate authorisation.
- Continue to take steps to improve the childhood immunisations and cervical screening rates for the practice.
- GPs and practice staff should ensure that records relating to DNACPR decisions are available on patients record systems, particularly as they move between patient services such as hospital and primary care.
- Continue to take steps to improve the results of the national GP patient survey.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

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. The inspection team also included a second CQC inspector.

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 NHS Liverpool Integrated Care Board (ICB) 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. A lower level of deprivation can indicate challenges in providing healthcare. The supply of healthcare services tends to be lower in more deprived areas due to a number of factors but has an increased demand. The population tends to have poorer health status among individuals with a greater need for health services. For example, there may be higher levels of long-term conditions such as those affecting the cardiovascular system and respiratory system. This practice has a higher than local and national average prevalence of asthma, chronic obstructive pulmonary disease, obesity, depression and diabetes.

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.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

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	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints
Family planning services	Regulation 16 (1) (2) HSCA (RA) Regulations 2014 Complaints
Surgical procedures	
Treatment of disease, disorder or injury	
Maternity and midwifery services	<p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Complaint records did not provide sufficient detail to demonstrate that all complaints were investigated thoroughly and without delay.• The provider did not maintain a record of all complaints, outcomes and actions taken in response to complaints made to the practice. <p>This was in breach of Regulation 16 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>