

Fir Tree Medical Centre

Inspection report

103 Fir Tree Drive South
Liverpool
L12 0JE
Tel:
www.firtreemc.nhs.uk

Date of inspection visit: 25 January 2023
Date of publication: 06/03/2023

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?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Fir Tree Medical Centre on 10 and 25 January 2023. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective – requires improvement

Caring – requires improvement

Responsive – requires improvement

Well-led - requires improvement

Following our previous inspection on 14 March 2022, the practice was rated requires improvement overall and for key questions safe and effective. Caring and responsive were rated as good. Well-led services were rated as inadequate. :

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Fir Tree Medical Centre 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.

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 short site visit.

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.

The practice is rated as requires improvement for being safe because:

Overall summary

- Regular safeguarding meetings were not held.
- Blank prescriptions were not always stored securely.
- The system for safety alerts was not implemented.
- Regular medical oxygen checks were not completed.
- Additional emergency medicines were kept that were documented as not available on site.
- Details of actions taken against safety alerts was not kept

The practice is rated as requires improvement for being effective because:

- The practice achievement in cervical cancer screening was below nationally set targets.
- People with long term conditions were not always reviewed in line with national guidance which required regular monitoring of their condition to prevent further harm.

The practice is rated as requires improvement for being caring because:

- Patient satisfaction with care and treatment was below national averages. The provider had identified this as an area for improvement but was yet to act.

The practice is rated as requires improvement for being responsive because:

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

The practice is rated as requires improvement for being well-led because:

- The roles and responsibilities of the leadership team were in transition at the time of the inspection. Some of the centralised governance functions were returning to the practice manager role, but were still in the development stage.
- The systems for identifying, managing and mitigating some risks were not always effective.
- The provider did not have a documented overall strategy underpinned by detailed, realistic objectives and plans for high-quality and sustainable delivery.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Review the system for the security of prescription forms.
- Take steps to improve cervical cancer screening.
- Take action to improve feedback from patients.

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 CQC team inspector who supported the site visit and 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 Fir Tree Medical Centre

Fir Tree Medical Centre is located in Liverpool at:

103 Fir Tree Drive South

Croxteth Country Park

Liverpool

Merseyside

L12 0JE

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.

The practice is situated within the Cheshire and Merseyside Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 4250. This is part of a contract held with NHS England.

The practice is part of North Liverpool primary care network (a wider group of GP practices).

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fifth lowest decile (five 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 93.7% white, 3.6% Asian 1.4% Mixed, 0.8% Black and 0.5% Other.

There is a team of four part time GPs who work at the practice. The GPs are supported by a part time Advanced Nurse Practitioner (ANP), part time long-term locum practice nurse and a team of reception/administration staff. The practice manager is supported by a central team to provide managerial oversight.

The practice is open between 8 am to 6:30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the primary care network where late evening and weekend appointments are available. Out of hours services are provided by NHS 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 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

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes for governing the service were not clearly established. In particular:

- The process for reviewing risk assessments and policies was not established.
- Risk assessments for emergency medicines were not followed.