

Severn Surgery

Inspection report

159 Uplands Road
Oadby
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Date of inspection visit: 12/05/2023
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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

Overall summary

We carried out an announced comprehensive inspection at Severn Surgery on 12 May 2023 to review their progress since taking over the contract at the practice. Overall, the practice is rated as inadequate.

Safe - Inadequate

Effective - Inadequate.

Caring - Good

Responsive - Good

Well-led - Requires improvement.

Following our previous inspection on 22 June 2022, the practice was rated as inadequate overall. The partnership of the practice changed in September 2022 and under our continuing regulatory history policy, the rating of inadequate was inherited. At this inspection, which is the first inspection of the new partnership, we found some improvements had been made to address areas of concern which were found at the previous inspection under the previous partnership, however some areas needed to continue to be embedded in order to improve.

The full reports for previous inspections can be found on our website at www.cqc.org.uk.

Why we carried out this inspection.

We carried out this inspection to follow up on previous concerns and the practice being in special measures. We reviewed all key questions as part of the inspection.

How we carried out the inspection.

- Undertaking a site visit.
- Conducting staff interviews remotely and on site.
- 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 to be submitted prior to the inspection and reviewing evidence during the 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.

We found that:

Overall summary

- The practice did not always provide care in a way that kept patients safe and protected from harm.
- Patients taking regular medicines were not always monitored in line with national guidance.
- Safety alerts were not always being received and acted upon, which put patients at risk.
- The practice did not always identify patients with long term conditions.
- Not all patients received effective care and treatment that met their needs. Patients with long term conditions were not always being reviewed effectively.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way. On the day appointments were regularly available.
- A new management and leadership structure had been implemented to support staff through the transition of services.
- Systems and processes needed to be strengthened to support good governance in accordance with the fundamental standards of care.

We found two breaches of regulations. The provider **must**:

- Ensure care and treatment are provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, there were areas the provider could improve and **should**:

- Ensure Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documentation is complete and full assessments have been documented.
- Continue to complete reviews for patients with learning disabilities.
- Continue to increase uptake rates for childhood immunisations and cancer screening.

This practice was placed in special measures following our previous inspection on 22 June 2022 when different partners were at the practice. The practice will be kept under review and a comprehensive inspection will be carried out at the end of the special measures period. If necessary we shall take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling the registration or to varying the terms of the registration if the practice does not improve.

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 inspector who undertook a site visit on 12 May 2023 with a second CQC inspector and a GP specialist advisor who undertook remote clinical searches and carried out staff interviews.

Background to Severn Surgery

Severn Surgery is located in the town of Oadby in Leicestershire at:

159 Uplands Road

Oadby

Leicester

LE2 4NW

Severn Surgery became the new name of the registered provider of this service from April 2023. The partnership had changed in September 2022.

The provider is registered with CQC to deliver the Regulated Activities, diagnostic and screening procedures, family planning, maternity and midwifery services, and treatment of disease, disorder or injury.

Severn Surgery is situated within the NHS Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) and delivers General Medical Services (GMS) to a patient population of approximately 11,970. This is part of a contract held with NHS England. An Integrated Care Board (ICB) is a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS.

The practice is part of a wider network of GP practices as a member of Watermead Primary Care Network, based in Leicester.

Information published by Public Health England shows that deprivation within the practice population group is in the highest decile (10 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 48% Asian, 46% White, 1% Black, 2% Mixed, and 3% Other.

The age distribution of the practice population mostly mirrors the local and national averages.

The practice is registered with the CQC as a partnership consisting of two GPs and one advanced clinical practitioner, who is also the CQC Registered Manager. The practice has a team of six long-term regular GP locums. The clinical team also includes a pharmacist, an advanced nurse practitioner, two practice nurses, a pharmacy technician and a healthcare assistant. There is also a physician associate and a physiotherapist who work within the practice. The clinical team are supported at the practice by a practice manager, three medical secretaries and twelve patient services advisors.

The practice opens Monday to Friday from 8.00am to 6.30pm. The practice is closed at weekends and on bank holidays. Extended access is provided locally where late evening and weekend appointments are available. Out of hours services are provided by Derbyshire Health United via the 111 service.

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 Treatment of disease, disorder or injury Maternity and midwifery services Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• There were gaps in recruitment checks including immunisation status of staff.• Systems to ensure refrigerated medicines were effective were not in place.• There was a process in place to identify and investigate significant events. However, there was a low level of reporting events.• The systems and processes in place for prescription security were not effective for monitoring the usage throughout the practice.• There was a lack of oversight of staff training. We found staff did not always have the required training for their role.• There was no clear process to evidence the assessment and sign-off of competencies for appropriate roles.

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	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose <ul style="list-style-type: none">• There was no clear process for receiving and acting upon safety alerts.• Patients with long term conditions were not always receiving adequate reviews and treatment.• Patients on regular medicines were not always monitored in line with national guidance.• The practice did not always identify patients with undiagnosed conditions.
Family planning services	
Maternity and midwifery services	
Treatment of disease, disorder or injury	