

Spectrum Health

Inspection report

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Oadby
Leicester
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Date of inspection visit: 6 June 2022 and 22 June 2022
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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?

Inadequate 

Overall summary

We carried out an unannounced inspection at Spectrum Health on 6 June 2022. A further announced inspection was carried out on 22 June 2022. Overall, the practice is rated as Inadequate.

The ratings for each key question are:

Safe - Inadequate

Effective - Inadequate

Caring - Good

Responsive - Good

Well-led - Inadequate

Following our previous inspection on 25 August 2021, the practice was rated Requires Improvement overall and for all key questions except effective which was rated as good and caring which was rated as outstanding.

The full reports for previous inspections can be found by selecting the 'all reports' link for Spectrum Health on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on breaches of regulations identified at the previous inspection and to gain assurances following concerns raised with CQC about patient safety at the practice.

How we carried out the inspection/review

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- 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:

Overall summary

- 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 Inadequate overall

We found that:

- The practice was unable to demonstrate effective processes were in place for the management of patient data. This included a plan to retrieve hundreds of patient letters that had been deleted.
- The practice did not have clear systems and processes to keep patients safe. We found actions from medicine reviews were not acted on.
- The practice did not have appropriate systems in place for the safe management of medicines. This included a lack of medicine reviews.
- We found that on occasions clinical staff were left alone in the practice without access to a prescribing clinician.
- Staff had been allocated roles but had not received the appropriate training to be able to do their roles effectively.
- Governance processes were ineffective. We found limited oversight by the leadership team of outstanding tasks awaiting action.
- A range of audits had been completed, however we found limited evidence of quality improvements.
- Staff feedback showed they were unable to speak openly without the fear of retribution.
- The practice had increased their opening hours and appointment availability following patient feedback.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure the most recent CQC rating is clearly displayed.

In addition, the provider **should**:

- Continue to improve the uptake of national screening programmes such as cervical screening.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will 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 their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

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

Overall summary

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, a CQC inspection manager and a second CQC inspector who spoke with staff and undertook a site visit. The team included a GP specialist advisor and a member of the CQC pharmacy team who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Spectrum Health

Spectrum Health is located in the town of Oadby in Leicestershire at:

159 Uplands Road

Oadby

Leicester

LE2 4NW

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.

The practice is situated within NHS Leicester, Leicestershire and Rutland Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of approximately 13,500. This is part of a contract held with NHS England. The practice is not part of a Primary Care Network.

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 is in line with local and national averages. The practice is registered with the CQC as a partnership consisting of a GP and an Executive Manager. The Executive Manager is also the CQC Registered Manager.

The practice has a lead GP who is supported by a physician associate, three advanced nurse practitioners, two practice nurses, one paediatric practitioner, a clinical pharmacist and a healthcare assistant. The clinical team are supported by a Head of Compliance, Head of Public Relations and Head of Patient Services. There is also a team of patient service advisors providing reception and administration support.

The practice also accommodates speciality trainee (ST2) doctors, these are qualified doctors who are doing additional training to become a GP. There was one ST2 doctor working at the practice at the time of our inspection. The practice also provides training to medical students.

The practice opens every day including weekends from 7am to 11pm. The practice is closed on bank holidays. 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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• There was a significant backlog in medicine reviews being completed and patients' care and treatment assessments, were not reviewed regularly.• The provider was not complying with relevant patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).• The provider was unable to demonstrate an effective process was in place for the management of patient referrals, which posed a potential risk patients' receiving the appropriate care and treatment. <p>This was in breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <ul style="list-style-type: none">• The provider had not ensured that the training, learning and development needs of individual staff members had been carried out at the start of employment and reviewed at appropriate intervals.• Staff were not supported to undertake training, learning and development to enable them to fulfil the requirements of their role.• Staff were not being supervised or provided with support until they could demonstrate acceptable levels of competence to carry out their role unsupervised. <p>This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The provider was unable to demonstrate they maintained an accurate, complete and contemporaneous record in respect of patient. An audit had identified hundreds of deleted patient correspondence which had not been acted on. The practice had failed to act in a timely manner to ensure patients clinical records were up to date and accurate.
- Ineffective governance arrangements in the management of risk, this included the monitoring of outstanding tasks and summary care records awaiting action.
- There was limited evidence regarding how the provider assessed, monitored and improved the quality and safety of service.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments

- The provider had failed to display at least one sign showing the most recent rating by the Care Quality Commission.

This was in breach of Regulation 20A(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.