

Lees Medical Practice

Inspection report

Athens Way
Lees
Oldham
OL4 3BP
Tel: 01616521285

Date of inspection visit: 25 August 2023 and 29 August 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	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 at Lees Medical Practice on 25 and 29 August 2023. Overall, the practice is rated as requires improvement with the following key question ratings:

Safe – requires improvement

Effective - requires improvement

Caring - requires improvement

Responsive - requires improvement

Well-led - requires improvement

Following our previous inspection on 7 September 2022, the practice was rated requires improvement overall and for all the key questions. We found breaches of Regulations 12 (safe care and treatment) and 17 (good governance).

At this inspection we found the practice had made improvements in the areas previously identified, but other concerns were found.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Lees Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to check that our concerns and the breaches of regulation from our previous inspection had been acted on.

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.

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

Overall summary

- information from the provider, patients, the public and other organisations.

We rated the practice **requires improvement** for providing safe services:

- Required pre-recruitment checks were not carried out.
- There were typographical errors on the health and safety and fire risk assessments, and the health and safety risk assessment had not been completed accurately.
- Routine checks stipulated in the fire safety policy were not carried out.
- The infection prevention and control policy and statement gave conflicting information.
- Significant events were not managed effectively.

We rated the practice **requires improvement** for providing effective services:

- The practice had completed induction documents for staff, but these were generic and not linked to individual roles. Dates on induction forms were not always correct.
- The system for managing training was not effective.
- Training was not carried out in accordance with the practice's recorded procedures.
- Probation reviews were not carried out in line with the practice's procedures.
- Although the uptake for cervical screening had increased since the previous inspection it was still below 70%.

We rated the practice **requires improvement** for providing caring services:

- Patient satisfaction had declined in some areas.
- There was some conflicting information in the in-house patient survey.

We rated the practice **requires improvement** for providing responsive services:

- Patient satisfaction had declined in some areas.
- Improvements were required around complaints' governance and learning from complaints.

We rated the practice **requires improvement** for providing well-led services:

- We found several areas where improvement was required in governance procedures.
- Some policies were inaccurate or not being followed.
- Significant events and complaints were not used to encourage continuous improvement.
- Processes for managing non-clinical risk were not clear.

We found 2 breaches of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed, and that specified information is available regarding each person employed.

In addition, the provider **should**:

Overall summary

- Take further steps to improve the uptake of cervical screening.
- Take steps to increase patient satisfaction in line with 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 Health Care

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 also included 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 Lees Medical Practice

Lees Medical Practice is located in Oldham at:

Athens Way

Lees

Oldham

OL4 3BP

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

The practice is situated within the Greater Manchester Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 4831. This is part of a contract held with NHS England.

The practice is part of a wider network of 6 GP practices, Oldham East Primary Care Network (PCN).

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 2nd lowest decile (2 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 78% White, 18% Asian, and 4% Black, Mixed, and Other.

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

There is a team of 2 GP partners (1 male and 1 female) and 2 long-term locum GPs (1 male and 1 female). The practice has 2 practice nurses, 2 advanced clinical practitioners, 2 physician associates, a pharmacist and a healthcare assistant. There is a practice manager and a team of administrative and reception staff.

The practice is open between 8am to 6.30pm 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 PCN, where late evening and weekend appointments are available. Out of hours services are provided by GTD Healthcare.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to establish systems and processes that operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:</p> <ul style="list-style-type: none">• Policies such as the recruitment, complaints, and fire safety policies were not being followed.• There were discrepancies between guidance, such as for infection prevention and control.• The system for managing significant events and complaints was not effective.• The system to ensure all staff received appropriate training was not effective. <p>The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying out of the regulated activity. In particular:</p> <ul style="list-style-type: none">• A health and safety risk assessment had been carried out but was not accurate.• The system for making improvements following significant events and complaints was not effective. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p>

Requirement notices

The provider had failed to have systems and processes in place to ensure staff were of good character or had the required qualifications, skills or experience required for their role. In particular:

- A full work history including a written explanation of any gaps was not held for all staff, including newly employed staff.
- Evidence of qualifications was not routinely checked for newly recruited clinical staff.
- Not all the information required under Schedule 3 of the Health and Social Care Act was held or requested for staff.

The provider had failed to ensure all clinicians were registered with the relevant professional body. In particular:

- Professional registration checks were not routinely carried out during the recruitment process and on an ongoing basis.

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