

# Spectrum Health

## Inspection report

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Oadby  
Leicester  
LE2 4NW  
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[www.severnsurgery.co.uk](http://www.severnsurgery.co.uk)

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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?

Good



Are services caring?

Outstanding



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Good



# Overall summary

We carried out an announced inspection at Spectrum Health between 24-25 August 2021. Overall, the practice is rated as requires improvement.

The ratings for each key question were:

Safe - Requires improvement

Effective - Good

Caring - Outstanding

Responsive – Requires improvement

Well-led – Good

Following our previous inspection on 27 November 2019, the practice was rated good overall and for four of the key questions, but requires improvement for providing responsive services.

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](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection including a site visit to follow up on:

- The previous requires improvement for the responsive key question
- A review of areas identified as ‘shoulds’ at the previous inspection
- Performance indicators identified as being below local and national averages, for example, Quality and Outcomes Framework achievement, cancer screening, and childhood immunisation rates.
- Concerns received directly by the Care Quality Commission (CQC) including the management of complaints, and access to see a GP.

## How we carried out the inspection

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 staff 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

# Overall summary

- Requesting evidence to be submitted electronically 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.

**We have rated this practice as requires improvement overall and for all population groups. However, the practice has been awarded an outstanding rating for providing caring services.**

We found that:

- The practice was not always providing care in a way that kept patients safe and protected them from avoidable harm.
- Patients mostly received effective care and treatment that met their needs. However, cervical screening rates fell below the national target by 12%.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care. The practice provided numerous examples of charitable work and ways they had supported their local community. This included sponsorship, charitable donations, working with schools, and engaging with their vulnerable patients throughout the pandemic. They were able to demonstrate how this had impacted positively on health outcomes for patients.
- 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. However, complaints were not always managed in accordance with national guidance.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure an effective and accessible system is in place for identifying, receiving, handling and responding to complaints from people using the service, or people acting on their behalf

In addition, the provider **should**:

- Improve the uptake of cervical screening to achieve the national target of 80%.
- Provide senior clinical input to all appraisals involving members of the clinical team.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<b>Older people</b>	<b>Requires Improvement</b> 
<b>People with long-term conditions</b>	<b>Requires Improvement</b> 
<b>Families, children and young people</b>	<b>Requires Improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires Improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires Improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires Improvement</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector, supported by a second CQC 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 Spectrum Health

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

159 Uplands Road

Oadby

Leicester

LE2 4NW

The practice operates from one site and has no branch surgery. The premises have recently been extensively refurbished and upgraded by the partners.

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 5,230. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices as a member of Leicester and Oadby 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 mostly mirrors the 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. Another GP partner, based at a nearby practice managed under the same

group, also provides some managerial input at Spectrum Health, although they are not included on the registered CQC partnership at the time of our inspection. In addition, a part-time salaried GP works at the practice. The practice has a team of three advanced nurse practitioners, two practice nurses and a healthcare assistant. The practice employs a physician associate who works at weekends, and at the time of our inspection they were also looking to appoint a pharmacist and paramedic. The clinical team are supported at the practice by an Operations Manager and a Head of Patient Services with a team of seven patient services advisors and an apprentice providing reception and administration input.

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 opens every day including weekends from 7.30am to 6.30pm. The practice is closed 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 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"><li>• There was evidence of delayed monitoring of some patients prescribed high-risk medicines. It was not always evident, when prescribing high risk medicines that appropriate monitoring (for example, required blood tests) had taken place. The provider told us that where monitoring had been completed in secondary care the results were reviewed prior to prescribing, however, this was not recorded or downloaded to the practice records. We saw examples of where necessary blood pressure readings as part of the monitoring requirements had not been completed.</li><li>• We saw that large numbers of patients' medicine reviews were being undertaken within a short timescale indicating that these were not being done comprehensively. We saw evidence to support this.</li></ul> <p>This was in breach of Regulation 12 (1) (2) (g) 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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>The registered provider did not have an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, or people acting on their behalf.</p> <p>The practice could not demonstrate that all complaints were investigated thoroughly and any necessary action was taken where failures have been identified.</p>

This section is primarily information for the provider

## Requirement notices

This was in breach of Regulation 16(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.