

Lion Health

Inspection report

2 Lowndes Road
Stourbridge
DY8 3SS
Tel: 01384322249

Date of inspection visit: 21 November 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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Inadequate	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced focused inspection at Lion Health on 21 November 2023. Overall, the practice is rated as Requires Improvement.

Safe – Good

Effective - Good

Caring - Good (this rating was carried from 2018 inspection)

Responsive - Inadequate

Well-led – Requires Improvement

Following our previous inspection in July 2018 the practice was rated outstanding overall.

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

Why we carried out this inspection.

We carried out this inspection in line with our inspection priorities.

How we carried out the inspection/review

This inspection was carried out in a way that 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.

We found that:

- Staff had the information they needed to deliver safe care and treatment.
- The practice learnt and made improvements when things went wrong.

Overall summary

- Staff worked together and with other organisations to deliver effective care and treatment.
- Staff were consistent and proactive in helping patients to live healthier lives.

However:

- Patients could not access care and treatment in a timely way.
- Health and safety risk assessments were completed but action points had not always been scheduled or completed.
- Infection prevention and control audit actions were not always actioned within a specific time frame.
- The prescribing competence of non-medical prescribers had not always been audited or reviewed.
- Medicines reviews did not always have completed and contemporaneous notes.
- Safety alert actions had not always been taken within the appropriate timescale or shared effectively with the team.
- Patients with long term conditions did not always receive medicine reviews and health checks in an appropriate timescale.
- The practice uptake rate for cervical screening for eligible patients was slightly under the national requirement.
- DNACPR form copies were not kept in the patient record and there was no policy or risk assessment applied to this decision.

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

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

The provider **should:**

- The practice should take action to ensure medicine reviews are completed and contemporaneous review notes are maintained.
- The practice should take steps to increase the uptake rate of cervical screening for eligible patients.
- The practice should ensure that DNACPR form copies not being held on site has been risk assessed.
- The practice should ensure that a freedom to speak up guardian is in place.

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 and 3 further GP inspectors who spoke with staff using video conferencing facilities and undertook a site visit. The team 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 Lion Health

Lion Health Centre is located at:

Lion Health

Lowndes Road

Stourbridge

West Midlands

DY8 3SS

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

The practice is situated within the Black Country Integrated Care board (ICB) and delivers General Medical Services (GMS) to a patient population of about 28,246. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, within the Stourbridge, Wollescote and Lye Primary Care Network (PCN) with 4 other local GP surgeries.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is 7 (7 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 3.3% Asian, 94.8% White, 0.4% Black, 1.3% Mixed, and 0.2% Other.

The practice population has a higher proportion of young people than the local and national averages. There are a similar number of male and female patients registered at the practice.

There is a team of 8 GP partners, 14 GPs and 3 registrars. The practice has a team of 7 Advanced nurse practitioners (ANP), 8 nurses and 5 health care assistants (HCA). The clinicians are supported at the practice by a team of reception/administration staff including a practice business manager and an operations manager. The practice has 92 staff in total.

The practice is open between 8.30am to 6pm Monday, Tuesday and Thursdays. On Wednesday they are open 8.30am to 6.30pm and Friday 7.00am to 6.30pm on a Saturday they are open 8.30am to 10.30am. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Further extended access is provided locally by the PCN where late evening and weekend appointments are available. Out of hours services are accessed by contacting 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	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• Systems or processes had not been established or operated effectively to ensure compliance with the requirements of good governance.<ul style="list-style-type: none">■ Medicines management processes had not been effectively managed, and some patients had not received the required level of monitoring or review.■ The systems for managing health and safety needed strengthening, in particular; assessments relating to health and safety and welfare of people using services were not comprehensive, and actions had not always been completed and reviewed regularly by people with the qualifications, skills, competence and experience to do so. Risk assessments should include plans for managing risks etc.■ Systems to ensure patient safety alerts were actioned within an appropriate timescale and effectively communicated with the team were not always effective.■ Systems to ensure people were able to access the care, treatment and support when they needed to and in a way that worked for them were not in place.