

The Limes Medical Centre

Inspection report

172 High Street

Lye

Stourbridge

DY9 8LL

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www.thelimesmedicalcentre.co.uk

Date of inspection visit: 17 March 2022

Date of publication: 28/04/2022

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 well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at The Limes Medical Centre on 17 March 2022. Overall, the practice is rated as Requires Improvement.

The ratings for each key question are as follows:

Safe - Requires Improvement

Effective - Good

Well-led – Requires Improvement

Following our previous inspection on 15 November 2016, the practice was rated Good overall and for all key questions.

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

Why we carried out this inspection

This inspection was a focused inspection for Safe, Effective and Well-led due to concerns around the safety, governance and management of 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 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
- 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.

Overall summary

We have rated this practice as **Requires Improvement** overall

We found that:

- There was a lack of oversight of safeguarding processes to keep people safe and safeguarded from abuse.
- There were gaps in safeguarding training and not all staff were trained to the appropriate levels for their role.
- There was an absence of appropriate staff recruitment checks to ensure safety.
- Checks of staff immunisation status or appropriate risk assessments had not been completed for all staff.
- The process for reporting and learning from significant events needed strengthening with all staff as the practice did not always share learning and improvements.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- 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.
- There was a lack of good governance in some areas and monitoring procedures were not always carried out consistently and effectively.
- There were systems for managing risks, issues and performance, however this needed strengthening to ensure that the services were safe or that the quality was effectively managed.
- There was limited evidence to demonstrate that the practice involved patients, staff or stakeholders in shaping the service.
- The practice culture did not effectively support high quality sustainable care.

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

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

Whilst we found breaches of regulations, the provider **should**:

- Continue to embed processes for infection prevention and control.
- Continue to strengthen processes for the recall and reviewing of patients with long term conditions.
- Continue to increase the uptake for cervical screening.
- Implement processes to engage with staff and patients so that learning can be shared, and quality of services provided can be improved further.
- Continue with steps to engage with a patient participation group.

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

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 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 The Limes Medical Centre

The Limes Medical Centre is located at:

172 High Street

Lye

Stourbridge

West Midlands

DY9 8LL

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

The practice is situated within the Black Country and West Birmingham Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 6,514. This is part of a contract held with NHS England.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three out 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 82% White with a further 18% from Black, Asian, mixed or other non-white ethnic groups.

The practice team includes three GP partners (one partner had resigned at the time of our inspection), a salaried GP, an advanced nurse practitioner (ANP), a nurse practitioner, a practice nurse and a healthcare assistant. The practice is supported by a practice manager and a team of administrative and reception staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, GP appointments were both telephone consultations and face to face.

Out of hours services are provided by West Midlands Ambulance Service. These are available by contacting NHS 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
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Some of the service's policies were not service-specific and did not contain required information.• There were gaps in staff training records. For example, the provider could not demonstrate that staff had completed training in areas such as safeguarding.• The provider did not have full management oversight of governance arrangements at the practice.• The arrangements to assess, identify and manage risk needed strengthening. Particularly in relation to the management of safeguarding processes.• Learning from investigations was not always shared with all staff and so risks relating to repeated incidents were not always mitigated.• There was limited evidence that staff meetings were held regularly and used to learn and drive improvements.• There was limited evidence that the culture supported high quality sustainable care. <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 Family planning services Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

How the regulation was not being met:

- The provider was not able to evidence Disclosure and Barring Checks (DBS) or risk assessments for all staff.
- There were gaps in safeguarding registers and staff were not appropriately trained to levels within their role.
- There were gaps in the system to monitor and ensure that staff vaccination was maintained in line with national guidance.
- There were missed opportunities to raise and analyse significant events or share learning with staff.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.