

Maples Family Medical Practice

Inspection report

35 Hill Street
Hinckley
Leicestershire
LE10 1DS

Tel: 01455 234576

www.maplesfamilymedicalpractice.nhs.uk

Date of inspection visit: 5 February 2019

Date of publication: 28/03/2019

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?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Maples Family Medical Practice on 5 February 2018 as part of our inspection programme.

Our judgement of the quality of care at this service is based 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 inadequate overall.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not always have clear systems and processes to keep patients safe.
- Systems to support appropriate standards of cleanliness and hygiene were not in place.
- The practice did not always have appropriate systems in place for the safe management of medicines.
- There were gaps in the systems to assess, monitor and manage risks to patient safety.
- The practice did not always learn and make improvements when things went wrong.

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

- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- The system used to recall patients with long-term conditions for a structured annual review to check their health and medicines needs were being met was not effective.

We rated the practice as **good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We rated the practice as **requires improvement** for providing a responsive service because:

- Patients feedback that they were not always able to access care and treatment in a timely way.

We rated the practice as **inadequate** for providing well-led services because:

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.

- While the practice had a clear vision, that vision was not supported by a credible strategy.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

We rated all population groups as **requires improvement**.

The areas where the provider **must** make improvements are:

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

(Please see the specific details on action required at the end of this report).

In addition, the provider **should**:

- Continue to implement and embed the system for recalling patients with long term conditions to ensure their care and treatment needs are met.

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

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to Maples Family Medical Practice

Maples Family Medical Practice is situated in Hinckley, a town to the north west of the city of Leicester. It has approximately 10,300 patients and the practice's services are commissioned by West Leicestershire Clinical Commissioning Group (CCG). They are also a part of the Hinckley and Bosworth Medical Alliance Federation which is made up of 13 GP practices working together to deliver healthcare for local communities.

Patient demographics reflect the national picture and life expectancy is very similar to national averages. Information published by Public Health England, rates the level of deprivation within the practice population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

At Maples Family Medical Practice, the service is provided by three GP partners (male), one salaried GP (female), an advanced nurse practitioner, three nurses, two health care assistants, a phlebotomist, an operations manager and a team of administration and reception staff.

The practice has one location registered with the Care Quality Commission (CQC) which is Maples Family Medical Practice, 35 Hill Street, Hinckley, Leicestershire, LE10 1DS.

The practice is open between 8.30am to 1.00pm and 2.00pm to 6.30pm Monday to Friday.

When the practice is closed patients are directed to contact the out-of-hours GP services by calling the NHS 111 service.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

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 provider did not have in place an effective system or process for the management of high risk medicines with appropriate monitoring and clinical review prior to prescribing. There was not a formal system to give assurance regarding the prescribing competence of non-medical prescribers or regular review of their prescribing practice. There was not an effective system relating to prescription security. There was not an effective system to maintain the cold chain. There were not effective systems and processes in respect of safeguarding and sharing information with other agencies or health professionals regarding children and adults who were the subject of a safeguarding concern. The system for infection prevention and control was not being operated effectively. There was not an effective system in place for the monitoring and management of risks to patient and staff safety. There was not an effective system in respect of recruitment checks undertaken prior to employment. The system for dealing with significant events was not being operated effectively. There was not an effective system to ensure staff were suitably skilled, supported and trained. This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>