

# South Leicestershire Medical Group

## Inspection report

Smeeton Road  
Kibworth  
Leicester  
LE8 0LG  
Tel: 01162793308

Date of inspection visit: 20 June 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 responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced focused inspection at South Leicestershire Medical Group on 20 June 2023. Overall, the practice is rated as requires improvement.

Safe - Requires improvement

Effective - Requires improvement

Caring – Not inspected, rating of good carried forward from previous inspection

Responsive - Requires improvement

Well-led - Requires improvement

Following our previous inspection on 28 April 2022 the practice was rated requires improvement overall and for all key questions but rated good in caring.

The full reports for previous inspections can be found by selecting the 'all reports' link for South Leicestershire Medical Group on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up on concerns and breaches of regulation from a previous inspection in line with our inspection priorities.

## 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 short site visit.
- Staff questionnaires.

## 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 found that:

- The practice did not always code safeguarding records effectively or deal with safeguarding tasks in a timely manner.
- Services within the dispensary were not always being delivered in line with regulations.
- Medicine reviews were not always effective or completed in a timely manner.
- Patients were not always able to access care and treatment in a timely way.
- Practice leaders were not always aware of poor performance within some areas of the practice.
- The practice did not operate effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

In addition there were areas the provider could improve and **should** :

- Continue to identify, contact and assess patients who are eligible for NHS health checks.
- Continue to review and improve the system and process to gain feedback from patients in relation to access.
- Document discussions had with patients in medical records in respect of risks associated from safety alerts.

**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 Hospitals and Interim Chief Inspector of Primary Medical Services

## 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 alongside a second CQC inspector. 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 South Leicestershire Medical Group

South Leicestershire Medical Group is located in Leicester at:

Kibworth Medical Centre (main site)

Smeeton Road

Kibworth Beauchamp

Leicester

Leicestershire

LE8 0LG

The practice has branch surgeries located at:

- Fleckney Medical Centre, High Street, Fleckney, Leicester. LE8 8AJ
- Great Glen Surgery, 24a Main Street, Great Glen, Leicester. LE8 9GG
- Old School Surgery, 2a Station Street, Kibworth, Leicester. LE8 0LN
- Market Harborough, Torch Way, Market Harborough, Leicestershire. LE16 9HL
- Fleckney Duck Pond Surgery, 6a High Street, Fleckney, Leicester. LE8 8AJ

As part of our inspection we visited Kibworth Medical Centre and Great Glen Surgery.

There is a dispensary at Kibworth Medical Centre which was inspected as part of this inspection.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures, family planning, and treatment of disease, disorder or injury and surgical procedures. These are delivered from all sites to a patient population of about 24,660.

The practice is situated within the Leicester, Leicestershire and Rutland integrated care system area (ICS) and delivers General Medical Services (GMS). This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices as part of the Cross Counties Primary Care Network (PCN). It is one of two GP practices within the PCN.

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 93.6% White, 4.6% Asian, and 1.8% Other.

The age distribution of the practice population closely mirrors the local averages. However, there are lower numbers of patients in the age category of 20-45, and higher numbers of older people in comparison to national averages.

There is a team of 7 GP partners and 8 salaried GPs who provide cover across the practice's sites. The practice has a team of 4 advance nurse practitioners and 6 nurses supported by 7 health care assistants. The practice has paramedics, mental health nurses, physiotherapists, pharmacists and a dispensary team. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and assistant practice manager are based at the main location to provide managerial oversight.

The practice opens Monday to Friday from 8am until 6.30pm. Opening times vary across the six sites.

Extended access is currently provided locally with morning appointments and late evening appointments. At the weekend this is covered by Cross Counties Primary Care Network. Out of hours services are provided by Derbyshire Healthcare United.

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><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The provider did not have an effective system to regularly review governance structures and risk management systems.</li><li>• The practice did not always evidence that all patients had a structured and comprehensive medicines review.</li><li>• Our clinical searches found that not all patients with long term conditions were being reviewed effectively due to coding. This meant patients were not always receiving effective treatment when reviewed.</li><li>• The provider did not always evidence that safeguarding coding was effective and that safeguarding tasks were dealt with in a timely manner.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• We found that systems and processes had not been established and operated effectively to ensure compliance with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</li><li>• Repeat prescriptions were not always signed by the prescribing clinician before being dispensed and medicines handed out to the patients. This is against The Humans Medicines Regulations 2012.</li><li>• We found that controlled drugs were being dispensed without a witness which is not in line with best practice guidance.</li><li>• Dispensers were issuing repeat prescriptions for patients who were overdue a medication review.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	