

The Centre Surgery

Inspection report

29 Hill Street

Hinckley

LE10 1DS

Tel:

www.thecentresurgery.co.uk

Date of inspection visit: 16/11/2021, 22/11/2021

Date of publication: 06/01/2022

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		Inadequate	
Are services safe?		Inadequate	
Are services effective?		Inadequate	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Requires Improvement	

Overall summary

We carried out an announced inspection at The Centre Surgery on 16 November 2021. Overall, the practice is rated as inadequate.

The key questions are rated as:

Safe - Inadequate

Effective - Inadequate

Caring - Good

Responsive - Good

Well-led – Requires Improvement

Why we carried out this inspection

This inspection was a comprehensive inspection as part of our inspection programme. The service first registered with CQC in August 2018 and this was our first inspection of this location.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering 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.

We have rated this practice as inadequate overall

We rated safe as inadequate because:

Overall summary

- The practice did not always provide care in a way that kept patients safe and monitored their treatment in line with national guidance.
- There was a lack of comprehensive medication reviews completed for patients taking regular medicines.
- There was no formal recorded supervision of clinicians within the practice.
- Significant events were not always acted on or investigated.

We rated effective as inadequate because:

- Care and treatment did not always reflect current evidence based guidance and there was a lack of evidence that guidance updates were discussed within the practice.
- Patients long term conditions were not always monitored in line with guidance.
- Not all staff had completed training for their role and there was a lack of oversight over training.
- There were gaps within completing appraisals of clinical staff.
- DNACPRs were not always completed in line with national guidance.

We rated well-led as requires improvement because:

- A lack of vision and values within the practice
- There was a lack of governance and oversight in areas of the practice such as clinical oversight, health and safety oversight and infection prevention and control.
- The practice had not always identified risks or had assurance that actions had been completed.
- There was a lack of continuous development within the practice

We rated caring and responsive as good because:

- 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.

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 no breaches of regulations, the provider **should**:

- Improve accessibility at the reception area for patients who use a wheelchair.
- Improve uptake rates for cervical screening.

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

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.

Overall summary

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

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 Centre Surgery

The Centre Surgery is located in Hinckley at:

29 Hill Street,

Hinckley

LE10 1DS

The provider, Hinckley & Bosworth Medical Alliance Limited, is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is situated within the Leicester and Leicestershire Clinical Commissioning Group (CCG) and delivers Alternative Provider Medical Services (APMS) services to a patient population of about 5,500. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices as a Primary Care Network (PCN) known as Hinckley Central which is a group of four practices in Hinckley.

Information published by Public Health England shows that deprivation within the practice population group is in the seventh lowest decile (seven 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 96% White, 2% Asian and 1% mixed.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of two salaried GPs and an Advanced Nurse Practitioner (ANP). The practice has a team of two nurses, one healthcare assistant, a practice manager and a team of reception/administration staff.

Due to the enhanced measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If a clinician needs to see a patient face-to-face then the patient is offered an appointment.

Extended access is provided locally by the PCN with appointments held at The Centre Surgery, where Saturday morning appointments are available. Out of hours services are provided by DHU where patients can access services by phoning 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
Family planning services Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The system for recording safeguarding information would not have enabled other agencies such as out of hours to see information on patient records. Some practice staff members were not able to see safeguarding information.• There was no system for the oversight of training of staff and a number of mandatory staff training was out of date.• There was not effective systems for oversight of premises such as no health and safety risk assessments and limited assurance on fire safety.• There was a backlog of summarising at the time of our inspection.• The system for storage of blank prescription security was not effective.• The system for recording and investigating significant events was not effective.• The system for ensuring staff receive appraisals was not effective and a number of staff were overdue on appraisals.

Enforcement actions

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 Maternity and midwifery services Family planning 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">• Patients taking regular medicines were not always being monitored in line with national guidance.• The practice did not always identify undiagnosed conditions in patients.• The practice did not always monitor patients with long term conditions in line with national guidance.• The practice did not have an effective system to review safety alerts.• Prescribing was not always in line with national guidance.• Medication reviews were not always completed in a timely manner and did not contain detail of the review.• DNACPR records did not always contain detail and record of decisions.• There was no formal supervision or oversight of non medical prescribers.