Lever Chambers 2

Inspection report

Lever Chambers
27 Ashburner Street
Bolton
BL1 1SQ
Tel:

Date of inspection visit: 7 April 2022 and 12 April 2022
Date of publication: 30/05/2022

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?	Inadequate

Overall summary

We carried out an announced inspection at Lever Chambers 2 on 7 April 2022. Overall, the practice is rated as inadequate.

Set out the ratings for each key question

Safe - inadequate

Effective - inadequate

Caring – good

Responsive - good

Well-led - inadequate

Why we carried out this inspection

This inspection was a comprehensive inspection which included a site visit. The inspection was carried out following changes to the practice registration in September 2021 whereby they registered this location as an individual provider, previously a partnership.

How we carried out the inspection

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:

- Obtaining staff feedback using questionnaires sent electronically, by telephone and face to face interviews where requested.
- 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 site visit to both the main site and the branch site.

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.
- information from the provider, patients, the public and other organisations.
- Findings from the clinical searches on the patient records system.

Overall summary

We have rated this practice as Inadequate overall

We found that:

- Staff dealt with patients with kindness and respect.
- Patients could access care and treatment in a timely way.

We found four 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
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

I am placing this service in special measures. The Care Quality Commission will refer to and follow its enforcement policy in dealing with the risks identified at the inspection.

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. The team included a second CQC inspector. All the team carried out the inspection on-site.

Background to Lever Chambers 2

Lever Chambers 2 is located in Bolton at:

Lever Chambers Centre For Health

Ashburner Street

Bolton

BL1 1SQ

The practice has a branch surgery at:

Great Lever Health Centre

Rupert Street

Great Lever

Bolton

BL3 6RN

Both sites were visited during the inspection.

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. These are delivered from both sites.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the Bolton Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a patient population of about 3779. This is part of a contract held with NHS England.

The practice is part of a wider group of 13 GP practices called Bolton Central Primary Care Network (PCN). PCNs work together with community, mental health, social care, pharmacy, hospital and voluntary services in their local area.

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one 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 57% Asian, 21% White, 15% Black, 4% Mixed, and 3% Other.

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

There is a team of two GPs, the lead GP plus one long term locum who provide cover at both practices. The GPs are currently supported by three locum GPs, two part time locum nurses who provide nurse led clinics for long-term conditions at the branch location. The clinical team are supported at the practice by a team of 5 reception/ administration staff. The practice manager is part time and is based at the branch site.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

We were told that extended hours access is not offered by the practice. Out of hours services are provided by NHS111.

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 were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The provider failed to ensure that there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed to meet requirements. In particular: • There was no evidence that the provider had a systematic approach to determine the number of staff and range of skills required. The practice was staffed by the provider who was the lead GP and one long term locum. Additional locum GPs were used when required. The nursing team consisted of two part time locum nurses. • There was not enough reception staff to carry out administration duties in addition to their reception work. The provider should ensure that staff receive such support, training, professional development, supervision and appraisal as is necessary to carry out the duties they are employed to perform. In particular: • There was no appraisal process in place. Out of ten personnel records checked, seven had no record of an appraisal being held, two showed records of 1 to 1 meetings held in 2016 and 2019 and one was a performance review meeting in 2020, all three with no personal development recorded. • We were told that the lead GP had not had an appraisal with the CCG for three years and there was no evidence of a peer appraisal recorded. • There was no evidence that the long term locum had ever had an appraisal with the lead GP. • There was no documented evidence that clinical supervision was carried out for the long term locum GP or other clinical staff.

This section is primarily information for the provider

Enforcement actions

- Staff had access to online training but were not given dedicated time to carry out training. Therefore, there were gaps in the training records and no management oversight to ensure that GP or staff training took place.
- There was no recent training in safeguarding for both GPs.

This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The provider failed to have systems in place to ensure staff were of good character or had the required qualifications, skills or experience required for their role. In particular: • The practice did not follow its own recruitment policy for example, the practice manager and other staff were employed without any form of application, interview notes and pre-employment checks such as a current DBS check (or risk assessment for decision not to check) or references. One of the locum nurses was employed without a current DBS check and no evidence that qualifications had been checked. • Not all information required under Schedule 3 was requested. • Photocopies of DBS checks from other providers were used in place of applying for a current check. • Out of 10 personnel files checked only three had a signed copy of a contract in the files. The provider had failed to ensure that all clinicians were registered with the relevant professional body. In particular: • The practice did not hold and had not sought evidence that one of the locum nurses or any locum GPs, who had consultations with patients, was registered with the relevant professional bodies.

This section is primarily information for the provider

Enforcement actions

- Locum GPs did not have any personnel file showing qualification, DBS or ID.

This was in breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider had failed to ensure the proper and safe management of medicines. In particular: • Patients prescribed high risk medicines did not always receive the required monitoring or follow up. • Medication reviews were not always documented. • Not all relevant Medicines and Healthcare Products Regulatory Agency (MHRA) alerts had been sufficiently actioned. The provider failed to ensure that timely care planning takes place to ensure the health, safety and welfare of service users. In particular: • The records of patients receiving palliative care did not show whether DNACPR had been discussed with patients and their family or representatives. One that had been put in place by a GP was without evidence of a consultation and poor completion of the form. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Enforcement actions

Treatment of disease, disorder or injury

How the regulation was not being met:

The provider had failed to establish systems and processes that operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:

- The recruitment policy was not being followed. Staff were being recruited without any recruitment procedures in place.
- There was not a system to ensure all staff received appropriate training.
- There was little evidence of policies and procedures in place with the exception of recruitment, significant event, safeguarding and complaints.

The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from carrying out the regulated activity. In particular:

- The system for making improvements following significant events was not effective. There was no record of learning outcomes and appropriate action being taken.
- Although NHS Property Services had responsibility for some aspects of building safety the provider did not hold any fire or health and safety risk assessments for their specific area of the building.
- There had not been an Infection Control audit carried out since July 2019.

The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. In particular:

- There was no evidence of clinical audits or quality improvement work carried out and no plan in place to start this.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.