

# Lees Medical Practice

## Inspection report

Athens Way  
Lees  
Oldham  
OL4 3BP  
Tel: 01616521285

Date of inspection visit: 07/09/2022  
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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 caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced comprehensive inspection at Lees Medical Practice on 7 September 2022. Overall, the practice is rated requires improvement.

The key questions are rated as:

Safe - requires improvement

Effective - requires improvement

Caring – requires improvement

Responsive - requires improvement

Well-led - requires improvement

Following our previous inspection on 6 December 2019 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 Lees Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection in line with our inspection priorities for newly registered services.

## How we carried out the inspection/review

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.

## 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 found that:

# Overall summary

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm.
- Our clinical record searches found improvement was required around monitoring high risk medicines.
- Health and safety was well managed and staff recruitment procedures were in line with good practice.
- There was no robust recall system to ensure that all patients had regular monitoring.
- Patients did not always receive effective care and treatment that met their needs.
- Staff did not always involve patients in decisions about their care.
- Staff reported they were well supported in their role and received regular training.
- Carers were well supported with annual health checks being provided.
- Patients could not access care and treatment in a timely way.
- The way the practice was led and managed did not always promote the delivery of high-quality, person-centre care.

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

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

In addition the provider **should**:

- Continue to monitor and review the uptake of childhood immunisations and cervical screening for the practice to help aim towards the national criteria targets.
- A more robust review of patients on the child protection register should take place.
- Continue to monitor patient access and look at ways to improve the GP satisfaction survey data.
- Review the policy for managing safety alerts and review all alerts prior to the practice being newly registered.
- Complaint records should include details of the complaint investigation, actions taken and outcomes.
- Carry out a plan of clinical audit to monitor the standard of the service.

**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. The team included a GP specialist advisor who completed clinical searches and records reviews without visiting the location.

## Background to Lees Medical Practice

Lees Medical Practice is in Oldham at:

Athens Way

Lees

Lancashire

Oldham

OL4 3BP

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 and surgical procedures.

The practice is situated within the Oldham Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 5,596 patients. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called the Primary Care Network East.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two 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 17% Asian, 1% black, 78% white and 2% mixed.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of two GP partners (one male and one female) and two long term GP locums (one male and one female). The practice has a clinical team made up of an advanced clinical practitioner, a student practice nurse, a clinical pharmacist, a physician associate, two healthcare assistants a physiotherapist and a mental health practitioner. These staff provide services for long-term conditions and other specific conditions.

The practice is open between 8am and 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided by East Primary Care Network, where late evening and weekend appointments are available. Out of hours services are provided by Gotodoc.

## 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 Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• Systems for recalling patients who did not attend their appointments was ineffective.</li><li>• The system in place to monitor Do Not Attempt Cardiopulmonary Resuscitation (DNAPR) were not monitored.</li></ul> <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 Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out.</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have robust systems in place to respond appropriately and in good time to people's changing health care needs. For example:</p> <ul style="list-style-type: none"><li>• Patients health care needs had not been monitored, reviewed or coded in patients records in a timely manner.</li></ul>

This section is primarily information for the provider

## Requirement notices

- Patients on high risk medicines, Disease Modifying Anti-Rheumatic Drugs and warfarin were not monitored properly.
- The patient recall process had not always been followed up properly.
- Patient Specific Directives were not being issued properly.

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