

# Aylestone Health Centre

## Inspection report

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Date of inspection visit: 27 April 2022

Date of publication: 29/06/2022

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

Requires Improvement



Are services safe?

Good



Are services effective?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Aylestone Health Centre on 27 April 2022. Overall, the practice is rated as Requires Improvement.

Set out the ratings for each key question

Safe - Good

Effective – Requires Improvement

Caring - Good rating from previous inspection carried over

Responsive - Good rating from previous inspection carried over

Well-led – Requires Improvement

Following our previous inspection on 11 June 2018, 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 Aylestone Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Leicestershire and Rutland. To understand the experience of GP providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

## 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:

- 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:

# Overall summary

- 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 Requires Improvement overall**

We found that:

- Safeguarding registers needed strengthening to ensure all information discussed through a multi-disciplinary approach were recorded in the patients' records.
- The practice was unable to demonstrate effective systems were in place for the recruitment of staff.
- The practice were unable to provide assurances that there was a system in place to ensure notes were summarized in a timely manner. On reviewing a random sample of notes we found records dated from January 2021, that were still awaiting summarising.
- We were told that care plans were in place for patients on the palliative care register. On reviewing a random sample of records we found no documented care plan available within the clinical records.
- Governance processes were ineffective to minimise risk. For example: The practice had some systems in place to monitor staff who carried out advanced clinical practice roles, however this did not cover all clinical roles.
- 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.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.
- The practice had an active patient participation group that supported the leadership team in health care initiatives.

We found breaches in regulations. The provider **must**:

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

**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 who spoke with staff 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 Aylestone Health Centre

Aylestone Medical Centre is located in Leicester at:

15 Hall Lane

Leicester

LE2 8SF

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the Leicester City Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 3,500. This is part of a contract held with NHS England. The practice is part of a wider network of GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth 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 86.7% White, 6.7% Asian, 3% Black and 3.6% 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 Lead GP who is supported by two long term locums (one male and one female). The practice has a nurse prescriber who provide nurse led clinics for long-term condition. The GPs are supported at the practice by a team of reception/administration staff. The practice manager provides managerial oversight.

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 when to visit the practice.

Extended access is provided locally by Primary Care Healthcare hubs, there are three locations for patients, where late evening and weekend appointments are available. Out of hours services are provided by Derbyshire Healthcare (DHU).

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 Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• The practice was unable to demonstrate effective systems were in place for the recruitment of staff and to ensure training was being monitored and updated.</li><li>• The practice were unable to provide assurances that there was a system in place to ensure notes were summarized in a timely manner.</li><li>• On reviewing a random sample of records we found no documented care plan available within the clinical records.</li><li>• Governance processes were ineffective to minimise risk. For example: The practice had some systems in place to monitor staff who carried out advanced clinical practice roles, however this did not include all clinical roles.</li></ul> <p>This was in breach of Regulation 17(2)c of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>