

# Rushey Mead Health Centre

## Inspection report

8 Lockerbie Walk  
Leicester  
Leicestershire  
LE4 7ZX  
Tel: 01163232020

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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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

We carried out a new registration announced comprehensive inspection at Rushey Mead Health Centre on 24 October 2019 and 30 October 2019 as part of our inspection programme.

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 good overall and good for the population groups of older people, long-term conditions, families, young people and children, people whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia). We rated the population group for working age people (including those recently retired and students) as requires improvement.**

We rated the practice as requires improvement for providing safe services because:

- The practice could not demonstrate that its staff recruitment procedures were consistently followed as there was an absence of staff recruitment documents available in staff files.
- There was a lack of records to demonstrate that the provider had ensured that all staff were up to date with immunisations relevant to their role.
- The practice chaperone procedure did not provide staff with appropriate guidance on where they should position themselves when carrying out the role a chaperone.
- Equipment cleaning records were completed. However, the information requested in the log did not allow for confirmation that the cleaning process had been carried out correctly.

We rated the practice as good for providing effective, caring, responsive and well led services. We found that:

- The practice had clear systems to manage risks so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.

- Patients received care and treatment that met their needs. However, the practice uptake for childhood immunisations and cytology screening were below the national minimum uptake and the national targets.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs.
- Although the level of satisfaction had improved at the practice the national GP survey identified that patients were not satisfied with access to appointments at the practice.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- Services were tailored to meet the needs of individual patients. They were delivered in a flexible way that ensured choice and continuity of care.
- There were innovative approaches to providing integrated person-centred care.
- The practice had identified areas where there were gaps in provision locally and had taken steps to address them.

The areas where the provider **must** make improvements are:

- Care and treatment must be provided in a safe way for service users.
- Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons.

The areas where the provider **should** make improvements are:

- Review equipment cleaning records to enable staff to demonstrate that cleaning procedures have been carried out correctly.
- Continue to monitor and improve the uptake of childhood immunisations.
- Continue to monitor and improve patient telephone access to appointments and satisfaction with the type of appointments offered.
- Review the chaperone procedure so that staff have clear guidance on where they should position themselves when carrying out the role of a chaperone.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

# Overall summary

Chief Inspector of Primary Medical Services and Integrated  
Care

## Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Requires improvement	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

## Background to Rushey Mead Health Centre

Spirit Healthcare Ltd. has been the registered provider for Rushey Mead Health Centre since October 2017. Most staff had transferred to Spirit Healthcare Ltd. and are salaried employees of the provider. The nurses are due to transfer over as salaried employees later this year. Rushey Mead Health Centre, 8 Lockerbie Walk, Leicester Leicestershire LE4 7ZX. The premises is a purpose built health centre. Rushey Mead Health Centre is one of four GP practices owned by Spirit Healthcare Ltd.

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

Rushey Mead Health Centre is situated within the Leicester City Clinical Commissioning Group (CCG) and provides services to 4,637 patients of all ages under the terms of an Alternative Provider Medical Services (APMS). This allows the practice to have a contract with NHS and other non-NHS health care providers to deliver enhanced and primary medical services to meet the needs of the local community. The practice is part of a wider network of GP practices.

Clinical staff working in the practice include a clinical lead/GP, two salaried GPs (male) and one long-term GP locum (female) who work a total of 19 sessions per week,

a practice nurse, a health care assistant and a phlebotomist. Clinical staff are supported by a practice manager, an assistant practice manager, four administration assistants and two receptionists. There are a total of 15 staff working full and part-time hours.

The practice has a higher than average number of patients under the age of 18 (40%) compared with the national average of 38%. There are fewer patients aged between 18 and 65 (24%) than the national average (30%). There are higher than average number of patients aged between 65 and 85 plus years (30%) compared with the national average of 28%. The National General Practice Profile states that 64% of the practice population is from an Asian background, 29% from a white background with a further 7% of the population originating from black, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as four, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 78 years which is lower than the national average of 79 years. Female life expectancy is 83 years the same as the national average.

Additional information about the practice is available on their website:

<https://www.rusheymeadhealthcentre.nhs.uk/>

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met...</b></p> <p><b>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</b></p> <ul style="list-style-type: none"><li>The provider could not demonstrate that all staff were offered and or up to date with immunisations relevant to their role.</li></ul> <p><b>There was additional evidence that safe care and treatment was not being provided. In particular:</b></p> <ul style="list-style-type: none"><li>The uptake for cytology screening was significantly below the national minimum uptake and the national target.</li></ul> <p><b>Regulation 12(1)</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met...</b></p> <p><b>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</b></p> <ul style="list-style-type: none"><li>The provider had not ensured that all the required recruitment information for all staff employed at the practice was available.</li></ul> <p><b>Regulation 19(3)</b></p>