

# The Surgery@Aylestone

## Inspection report

672 Aylestone Road  
Leicester  
LE2 8PR  
Tel:

Date of inspection visit: 02 February 2022, 03 and 08  
March 2022  
Date of publication: 16/05/2022

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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an unannounced focused inspection visit on 2 February 2022, this was followed by two further visits on 3 and 8 March 2022 at The Surgery@Aylestone. Overall, the practice is rated as Requires Improvement.

We rated each key question as follows:

**Safe** - Requires Improvement.

**Effective** - Requires Improvement.

**Well-led** - Requires Improvement.

The practice was inspected 31 October 2019 and rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for The Surgery@Aylestone on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a focused inspection and included a site visit. The inspection was in response to information of concern received about the quality and safety of the service highlighting a lack of effective leadership and clinical oversight.

## 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
- 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.

# Overall summary

## **We have rated this practice as Requires Improvement overall**

We found that:

- The practice did not have fully effective systems in place for the appropriate and safe use of medicines, this included regular monitoring arrangements for patients on high risk medicines. The practice was taking action to improve.
- There was an inconsistent approach to the management of patients care and treatment including those with long term conditions with a lack of effective clinical oversight. The practice was taking action to improve.
- The practice was below national target for uptake of cervical screening.
- The processes for managing quality and safety risks were not always supported by fully embedded assurance systems.
- There were effective systems and processes in place for recruitment and infection prevention and control.
- Staff were provided opportunities for training and development with access to appraisals, and clinical supervision.
- 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 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.

Whilst we found no breaches of regulations, the provider **should**:

- Undertake a legionella (a bacteria found in water) risk assessment, to determine potential level of risk and any mitigating action required.
- Implement comprehensive quality assurance systems to demonstrate the competency of staff undertaking extended roles.
- Implement effective protocols for remote or online prescribing to verify patients identity.
- Continue to monitor and take action to improve the uptake of cervical screening.

**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 and second inspector who undertook a site visit and spoke with staff. The team included a GP specialist advisor and a member of the CQC pharmacy team who spoke with staff and completed clinical searches and records reviews on site.

## Background to The Surgery@Aylestone

**The Surgery@Aylestone** is located in Leicester at:

672 Aylestone Road

Leicester

LE2 8PR

The practice is in a purpose-built health centre which consists of five consulting rooms located on the ground floor and three consulting rooms located on the first floor.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, treatment of disease, disorder or injury and surgical procedures. However, although the provider is registered for regulated activity family planning this is not delivered at location The Surgery@Aylestone. We discussed this with the provider at the time of the inspection.

The practice is situated within the NHS Leicester City Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 4200. This is part of a contract held with NHS England.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four 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% White, 3% ,6% Asian, 3% Black, 3% Mixed, and 0.7% Other.

The clinical team consists of two GP partners, a salaried GP and a GP retainer in addition to regular locum GPs. The practice employs two nurses, a clinical pharmacist and a health care assistant. There is a team of reception/ administration staff with managerial oversight provided by the deputy manager, operational lead and reception manger.

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, video and online consultations. Patients were offered face-to-face appointments following triage.

The practice is open Monday to Friday from 8.30am to 6.30pm and provides extended opening hours between 6.30pm and 7.30pm. When the practice is closed patients are directed to the out of hours provider.

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<br>Treatment of disease, disorder or injury<br>Surgical procedures<br>Maternity and midwifery services | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>The provider had failed to ensure assessments of the risks to the health and safety of service users of receiving care or treatment were being carried out.</b></p> <p>In particular:</p> <ul style="list-style-type: none"><li>•There was a lack of a systematic, structured approach to the management of patients care and treatment with effective quality assurance systems and clinical oversight.</li><li>•The provider did not have effective systems for the management of patients with long term conditions such as asthma to ensure timely follow up.</li></ul> <p><b>The provider had failed to ensure the proper and safe management of medicines.</b></p> <p>In particular:</p> <ul style="list-style-type: none"><li>•The provider did not have an effective system in place to ensure appropriate monitoring of patients on high risk and other medicines. Patients did not always receive structured medication reviews.</li></ul> |

| Regulated activity   | Regulation  |
|--|---|
| Diagnostic and screening procedures<br>Treatment of disease, disorder or injury<br>Surgical procedures<br>Maternity and midwifery services | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided were not fully effective.</b></p> <p>In particular we found:</p> |

This section is primarily information for the provider

## Requirement notices

- The provider was unable to demonstrate effective governance and clinical oversight to ensure systems and processes were regularly monitored and implemented.