

South Leicestershire Medical Group

Inspection report

Smeeton Road
Kibworth
Leicester
LE8 0LG
Tel: 01162793308

Date of inspection visit: 28 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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at South Leicestershire Medical Group on 28 April 2022. Overall, the practice is rated as requires improvement.

The ratings for each key question are:

- Safe - Requires improvement
- Effective - Requires improvement
- Caring - Good
- Responsive - Requires improvement
- Well-led - Requires improvement

Following our previous inspection on 19 November 2014, the practice was rated as Good overall and for all key questions. At this time, the practice was registered as Kibworth Health Centre, and this was prior to its merger with another local GP practice.

The full reports for previous inspections can be found by selecting the 'all reports' link for South Leicestershire Medical Group on our website at www.cqc.org.uk

Why we carried out this inspection

This was a comprehensive inspection including all five key questions. Our inspection in April 2022 was undertaken as part of a wider review of urgent and emergency care systems in Leicester, Leicestershire and Rutland. The practice was selected for inclusion as we had some concerns about the high number of patient complaints received by the CQC in relation to access, and further to whistleblowing allegations received from staff.

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 reduced 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 remotely and discussing findings with the provider
- Reviewing patient records remotely to identify issues and clarify actions taken by the provider
- Requesting evidence to be submitted from the provider prior to the site visit
- 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.

We found that:

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm.
- Patients did not always receive effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients were not able to 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 saw the following example of outstanding practice:

- We found an organised and well-run dispensary. Dispensers' qualifications at NVQ level 3 exceeded the requirement for level 2 NVQ. Dispensary staff had created end of life medication grab bags for any emergency needs, meaning that all injectables would be available at short notice, and made it easy for staff to locate the medicines required for swift dispensing. In addition, as a result of a patient questionnaire and subsequent completion of dementia training, the dispensary team made small changes to their service, including making signs bigger for patients. Dispensary staff also devised a leaflet for patients following feedback from the questionnaire, to identify where medications could be safely disposed. This resulted in an increase of medications being returned to the dispensary, however patients were positive about the education they had received.

We found two 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.

In addition, the provider **should**:

- Ensure that the ongoing review of telephone access and appointment availability is maintained to make further improvements to enhance patient experience and improve patient access.

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 using video conferencing facilities and led a site visit. The team included a GP specialist advisor, a nurse specialist advisor, and two other CQC inspectors. The inspection was undertaken with the GP specialist advisor completing clinical searches, records reviews and interviews remotely without visiting the location.

Background to South Leicestershire Medical Group

South Leicestershire Medical Group is located in Leicester at:

Kibworth Medical Centre (main site)

Smeeton Road

Kibworth Beauchamp

Leicester

Leicestershire

LE8 0LG

The practice has branch surgeries located at:

- Fleckney Medical Centre, High Street, Fleckney, Leicester. LE8 8AJ
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- Great Glen Surgery, 24a Main Street, Great Glen, Leicester. LE8 9GG
-
- Old School Surgery, 2a Station Street, Kibworth, Leicester. LE8 0LN
-
- Market Harborough, Torch Way, Market Harborough, Leicestershire. LE16 9HL
-
- Fleckney Duck Pond Surgery, 6a High Street, Fleckney, Leicester. LE8 8AJ

The practice list size was 24,617 patients on the day of our inspection. Patients can access primary care medical services at any of the above sites. There is a dispensary at Kibworth Medical Centre. The dispensary provides medicines for patients who reside more than a mile from a pharmacy and this equates to 9% of their registered patients.

As part of our inspection we visited Kibworth Medical Centre, Market Harborough, and Fleckney Medical Centre.

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

The practice is situated within the Leicester, Leicestershire and Rutland Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS). This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices as part of the Cross Counties Primary Care Network (PCN). It is one of three GP practices within the PCN.

Information published by Public Health England shows that deprivation within the practice population group is in the highest decile (10 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 93.6% White, 4.6% Asian, and 1.8% Other.

The age distribution of the practice population closely mirrors the local averages. However, there are lower numbers of patients in the age category of 20-45, and higher numbers of older people in comparison to national averages.

There is a team of eight GP partners, and three salaried GPs who provide cover across the practice's sites. GP registrars and medical students have placements at the practice. The practice has a team of seven advanced nurse prescribers and six practice nurses supported by five health care assistants. An extended scope practitioner works for the practice on a locum basis. The clinical team is further supported with Primary Care Network staff including pharmacists and pharmacy technicians, first contact physiotherapists, and a mental health facilitator. There is also a dispensary led by a dispensary manager and a small team of dispenser staff.

The clinical team are supported at the practice by a patient services team consisting of over 30 reception/administration staff. The practice manager, assistant practice manager and rota and education manager are based at the main location to provide managerial oversight.

The practice opens Monday to Friday from 8am until 6.30pm. Opening times vary across the six sites.

Extended access is currently not provided locally with late evening and weekend appointments. This is in discussion with the PCN and implementation is planned later this year. Out of hours services are provided by Derbyshire Healthcare United.

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 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>In relation to the safe management of medicines:</p> <ul style="list-style-type: none">• The practice was not ensuring that patients prescribed high-risk medicines were being sufficiently monitored and reviewed.• The process for actioning safety alerts needed strengthening to ensure historic alerts were reviewed and actioned. <p>In relation to recruitment and staff immunisation:</p> <ul style="list-style-type: none">• There were gaps in the recruitment checks undertaken prior to employment. We also found that systems were not in place to ensure that all staff had received appropriate immunisations. <p>This was in breach of Regulation 12(1)(c)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The governance processes in place did not always provide assurance of compliance with regulations. There was a need to produce evidence of how the practice demonstrated compliance.</p> <p>We found a number of concerns which demonstrated that governance arrangements required strengthening. For example:</p> <ul style="list-style-type: none">• staff appraisals were out of date• some staff were not up to date with mandatory training requirements• induction paperwork lacked robustness

Requirement notices

- an absence of minutes of meetings meant that evidence of discussions and follow-up actions were difficult to determine.
- meetings were not inclusive of all staff groups and staff did not always feel involved in the development of the service.
- there was no effective system for the oversight of new or locum staff/non-medical prescribers to provide assurances that their input was safe and of high quality. For example, consultation and prescribing audits had not been undertaken or could not be evidenced.
- there were some gaps in the management of complaints and significant events, and learning was not always being fully identified or shared to make improvements.
- patient records required accurate details on forms containing Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions.

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