

## Inspection Evidence Table

South Leicestershire Medical Group

(1-542894229)

**Inspection Date: 16/10/2023**

Date of data download: 28/09/2023

## Overall rating: Not rated

We previously inspected South Leicestershire Medical Group on 20 June 2023 and the practice was rated requires improvement overall. As a result of the concerns identified, we issued a Section 29 warning notice on 27 June 2023 in relation to a breach of Regulation 17 Good governance, requiring them to achieve compliance with the regulation by 1 August 2023.

### Safe

### Rating: Inspected but not rated

Following our previous inspection on 27 June 2023, the practice was rated as requires improvement for providing safe services and we issued a warning notice because the registered provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.

- We found the practice did not have an effective system or process to manage dispensing of controlled drugs or repeat prescriptions. We found staff members within the dispensary hadn't received the appropriate competency checks to support governance systems.

At this inspection, we found the provider had complied with the warning notice requirements.

**Appropriate and safe use of medicines**

**The practice had effective systems for the appropriate and safe use of medicines, including medicines optimisation.**

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Yes <sup>1</sup>
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes <sup>2</sup>
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>1. At the inspection in June 2023, we found the practice did not have clear and effective systems to ensure patients on repeat medicines were reviewed effectively or in a timely manner. We saw evidence of prescriptions being given to patients without being signed first.</p> <p>At this inspection we found the practice had systems in place to ensure a medicine review or a review by a clinician had been completed before the dispensing of repeat prescriptions.</p> <p>2. At the inspection in June 2023, we found the practice had systems around controlled drugs in relation to ordering, and checking stock levels. However, we saw that when being dispensed, second checks were not always documented within the registers. During our review of the dispensary, we found that controlled drug registers did not always contain evidence of second checks. There was no evidence of the practice monitoring staff compliance with the Standard Operating Procedures (SOP's) as they were not always aware of the issues within the dispensary.</p> <p>At this inspection we found the practice had systems in place to ensure second checks were taking place and documented, the practice had updated their SOP's and discussed at team meetings to make staff aware of newly implemented procedures.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes <sup>1</sup>
Where the Electronic Prescription Service is not used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes <sup>2</sup>
<p>Explanation of any answers and other comments on dispensary services:</p> <p>1&amp;2</p> <p>At the inspection in June 2023, we found the practice had a suite of standard operating procedures (SOP's) however they did not always contain information to support staff on how to conduct their work. For example, SOP's regarding controlled drugs did not specify about signing registers or how often stock checks should be conducted. During our review of the dispensary, we found that controlled drug registers did not always contain</p>	

evidence of second checks. There was no evidence of the practice monitoring staff compliance with the SOP's as they were not always aware of the issues within the dispensary. We also found evidence of prescriptions being given to patients without being signed by the clinician. The practice SOPs did not always contain full information and sometimes were not being adhered to by staff.

At this inspection we found the practice had systems in place to ensure second checks were taking place and documented, the practice had updated their SOP's and discussed at team meetings to make staff aware of newly implemented procedures.

## Well-led

## Rating: Inspected but not rated

Following our previous inspection on 27 June 2023, the practice was rated as requires improvement for providing well-led services and we issued a warning notice because the registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.

- The leadership team were unable to demonstrate there were effective governance systems and processes to ensure the delivery of safe and effective care.

At this inspection, we found the provider had complied with the warning notice requirements.

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in June 2023, we found a lack of oversight to ensure the practice performance and governance systems were in place and monitored effectively to ensure staff were fully supported and patients received safe care and treatment. We found shortfalls in some areas, for example, we identified poor performance in the management of medicines in the dispensary which had not been identified by the practice and therefore no actions had been taken to mitigate the risks to keep patients safe from harm.</p> <p>At this inspection we found the practice had addressed the concerns identified, they had updated SOP's and discussed these with staff, the practice had conducted weekly audits to ensure compliance of the warning notice was being met by all staff. Staff we spoke with were knowledgeable on the updated systems and processes within the practice.</p>	

## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

#### **Glossary of terms used in the data.**

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ‰ = per thousand.