

# Lister Medical Centre

## Inspection report

Abercrombie Way  
Harlow  
CM18 6YJ  
Tel: 01279639791  
www.ListerMedicalCentre.com

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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	Requires Improvement	
Are services safe?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services caring?	Requires Improvement	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

# Overall summary

## 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.

We found that:

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

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm.
- Systems, practice and processes to keep people safe and safeguarded from abuse required strengthening.
- The practice had recruited to a number of posts to provide an increase in, and the types of, appointments available to meet patient's needs, but staffing levels remained below local and national averages in clinical workforce levels.
- There were appropriate standards of infection control measures and safety systems.
- The practice learned and made improvements when things went wrong.

We rated the practice **requires improvement** for **effective** services because:

- Patients did not always receive effective care and treatment that met their needs.
- Leaders and staff working at the practice had a commitment to improve.
- Patients could not always 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.
- Not all patients with long-term conditions had been offered a structured annual review.
- Uptake rates for the cervical screening programme remained below the national target.
- The practice had not met the recommended standards for all childhood immunisations.
- There were improvements in system and processes to monitor staff training. However, there were still gaps in the practice's mandatory training schedule.

We rated the practice **requires improvement** for **caring** services because:

- We observed staff dealt with patients with kindness and respect and involved them in decisions about their care.
- National GP patient survey results demonstrated a decline in patient satisfaction and were below national and local targets.

We rated the practice **requires improvement** for **responsive** services because:

- National GP patient survey results for accessing services had continued to remain below local and national targets.
- The practice adjusted how it delivered services to meet the needs of patients.
- Complaints were not always managed effectively.

We rated the practice **requires improvement** for **well-led** services because:

- Systems to manage feedback when people were affected by things that went wrong were not always effective.

# Overall summary

We found the following breach 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**:

- Continue to embed the practice medicine management plan to ensure safe prescribing and drug monitoring.
- Improve the system to implement actions and learning identified from significant events.
- Take steps to develop and implement actions identified through quality improvement initiatives.

We also found that:

- The practice had taken action following the previous inspection in May 2022 to make improvements in systems and processes to keep people safe.
- The practice had made improvements in the recruitment and upskilling of staff to increase its capacity to deal with patients.
- There was a programme of targeted quality improvement in place. Leaders had demonstrated improvements in the capacity and skills to deliver high quality sustainable care.
- Overall there had been improvements in governance processes and systems.

I am taking this service out of special measures. This recognises the overall improvements that have been made to the quality of care provided by this service.

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

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities 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 Lister Medical Centre

Lister Medical Centre is located in Harlow, Essex. The practice is situated within the Hertfordshire and West Essex Integrated Care Board and delivers General Medical Services (GMS) to a patient population of about 20,590. This is part of a contract held with NHS England.

The practice operates from one site. The premises are owned by Harlow Healthcare Trust and provide a two-storey purpose-built building shared with a dental practice and pharmacy. There is access to waiting areas on both floors, and patients with mobility issues had lift access to the first floor.

The practice clinical team is made up of six GP partners (male and female), six GPs in training, one associate physician, one urgent care practitioner, one advanced nurse practitioner, one practice nurse, three health care assistants, three clinical pharmacist, one practice manager, one assistant practice manager and other non-clinical staff. The practice is a training practice.

The practice's core hours are between 8.00am and 6.30pm Monday to Friday. Appointments are available between 8.10am to 11.50am and 1.30pm to 5.50pm. Extended hours appointments are available evenings and weekends. When the service is closed patients can call NHS 111 in an emergency or a local out of hours service.

The practice is registered with the Care Quality Commission to provide the regulated activities of; maternity and midwifery service, treatment of disease, disorder or injury, family planning, diagnostic and screening procedures and surgical procedures.

The practice is part of a wider network of GP practices within the Harlow South Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the fifth lowest decile (five out 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 89% White, 5% Black 3.8% Asian, 2.2% Mixed, and 0.5% Other.

The age distribution of the practice population closely mirrors the local and national averages.

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 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>Care and treatment must be provided in a safe way for service users</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>The practice did not always have effective systems and processes in place for the management of patients with long-term conditions. Not all patients with long term conditions had received the required monitoring.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met:</b></p>

This section is primarily information for the provider

## Requirement notices

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The provider was not ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. In particular, not all staff had received safeguarding of vulnerable children training at the level required for their specific role.
- Cervical cancer screening performance was below national targets.
- National GP Survey access results continued to be below local and national averages despite evidence of seeking feedback to assess patient experiences and action plans to monitor this risk.

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