

The Queens Road Partnership

Inspection report

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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 summary

CQC carried out an announced comprehensive inspection of The Queens Road Partnership on 21 February 2019 as part of our inspection programme under Section 60 of the Health and Social Care Act 2008. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice was rated as inadequate overall with ratings of inadequate for providing safe and well-led services, requires improvement for effective and responsive services and good for providing caring services. As a result of the findings on the day of the inspection, we issued the practice with warning notices for breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

This was an announced focused inspection on 25 June 2019 to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements as detailed in the warning notices. The inspection report from our inspection on 21 February 2019 is available on our website.

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.

At this inspection we found:

- The system for managing medicines had improved. The practice had systems in place for the safe management of medical emergencies. Equipment used by the service for providing care and treatment was safe.
- Risks associated with the premises had been assessed and had either been addressed or were in the process of being addressed.
- There were improvements in the use of the computer system to support the delivery of safe care and treatment. The provider had arranged staff training on the electronic patient record system to ensure it was used effectively.

- The provider had a system for managing written complaints; however, procedures for responding to patients did not always follow national guidance. There was no formal record kept of responses to verbal complaints. This concern was identified at our previous inspection.
- At the previous inspection arrangements for managing MHRA safety alerts were ineffective. At this inspection, we found the practice had a process for managing MHRA safety alerts; however, the provider still lacked oversight of how actions were identified and followed up.
- At the previous inspection there was no system to ensure staff appraisals were undertaken on a regular basis. At this inspection, staff files we reviewed showed staff had received an appraisal.
- There were processes in place for undertaking criminal record checks at the appropriate level for staff who require them.
- Governance arrangements had improved as the practice had reviewed and updated the policy framework covering most areas of operation; however, not all risk assessments had been translated into clear action. For example, actions identified from the fire risk assessment were not documented appropriately and there was no timeline of follow up recorded.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- 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.

(Please see the specific details on action required at the end of this report).

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

- Continue to support staff to implement searches on the patient record system.
- Monitor the improvements made and take action so that they are consistently embedded.
- Continue with work to upgrade the premises in light of the infection control audits.

Overall summary

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

Population group ratings

Our inspection team

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

Background to The Queens Road Partnership

The Queens Road Partnership is in the London Borough of Lewisham and services are commissioned by the NHS Lewisham Clinical Commissioning Group. Queens Road Partnership provides general practice services to approximately 9,900 patients and is based in a converted former residential property at 387 Queens Road, New Cross Gate, London SE14 5JN. Lewisham is a London borough in south-east London and forms part of Inner London.

In Lewisham deprivation levels are significantly worse than the England average. Demographic information for Lewisham shows the number of people between 20 and 39 and children under ten is significantly higher than the England average. Census data shows an increasing population and a higher than average proportion of Black

and Minority Ethnic residents in Lewisham. The practice has the highest number of registered patients between the ages of 15 and 64 and relatively low numbers of patients aged over 75 years old.

The practice has four GP partners and they are supported by a salaried GP, two nurses and two health care assistants and an administrative team led by the practice manager. The practice is a training practice for medical students and qualified doctors. The practice is registered to provide the following regulated activities; Treatment of disease, disorder or injury; surgical procedures; family planning; diagnostic and screening procedures; maternity and midwifery services. The practice has opted in to providing out-of-hours services for patients in the area with the Seldoc Co-operative. When the practice is closed patients can access the out of hours service, Seldoc by contacting NHS 111.

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>The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:</p> <ul style="list-style-type: none">The provider had not completed documented health and safety premises and security risk assessments. The practice could not assure themselves that all fire safety hazards had been identified and actioned. This concern was identified at our previous inspection. <p>This was in breach of Regulation 12 (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>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of health and safety in the practice environment. This was a concern identified at our previous inspection.The complaints procedure did not ensure patient needs were met and were not in line with national guidance. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>