

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 rating for this location

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at The Queens Road Partnership, also on 21 February 2019. The practice was previously inspected on 15 December 2015, where they were rated as good for providing effective, caring, responsive and well-led services and good overall. The full comprehensive report of the 15 December 2015 inspection can be found by selecting the 'all reports' link for The Queens Road Partnership on our website at .

This inspection was an announced comprehensive inspection carried out on 21 February 2019 as part of our inspection programme. This report covers our findings in relation to the actions we told the practice they should take to improve as well.

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 have rated this practice as inadequate overall.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- The practice had not undertaken criminal record checks for some staff who were performing chaperone duties.
- There were no fire safety checks documented since 2014 and it was unclear when the last fire drill was undertaken.
- Equipment had not been calibrated appropriately.
- The practice did not have appropriate medicines for the safe management of medical emergencies.
- The practice did not have adequate infection prevention control systems and processes in place.

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

- The practice was unable to show that staff had the skills, knowledge and training to carry out their roles. For example, in relation to lead roles for infection prevention control.
- Staff had not received appraisals since 2017.

These areas affected all population groups so we rated all population groups as **requires improvement**.

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

- The practice scored lower than local and national scores in the GP patient in relation to getting through to the practice by telephone and making appointments. Whilst the practice had taken some actions to respond and improve, feedback remained negative in these areas.
- There was limited documented evidence to demonstrate that complaints received by the practice were dealt with in a way that met patient needs and the handling of complaints received by the practice was not in line with national guidelines.

These areas affected all population groups so we rated all population groups as **requires improvement**.

We rated the practice as **inadequate** for providing well-led services because:

- Whilst the practice had a clear vision, there was no evidence to demonstrate that delivery against the strategy was being monitored.
- The overall governance arrangements were ineffective. Lack of oversight and assessment of the service provided a poor governance structure which meant that issues were not routinely identified and services improved as a result.
- Regular review and updating of policies and procedures was not being undertaken.
- The practice did not have clear and effective processes for managing risks, issues and performance. Issues that could threaten the delivery of safe and effective care were not identified and managed.
- Notifications had not been submitted as required.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs and worked with staff to develop information leaflets to better support patients.

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

Overall summary

- 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.

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

- Continue to monitor and improve patients experience when telephoning the practice.
- Implement actions to improve the uptake for childhood immunisation and for the cervical screening programme.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the

process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Professor Steve Field CBE FRCP FFPH FRCGP Chief
Inspector of General Practice

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a CQC Lead inspector. The team included a GP Specialist Advisor and a second CQC Inspector.

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 had 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.

Further information about the practice can be found obtained through their website at:

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

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>A section 29 Warning Notice has been served to the provider</p> <p>How the regulation was not being met</p> <ul style="list-style-type: none">• Systems and processes to ensure to ensure the safe delivery of care were not in place• Not all staff who were performing chaperone duties had had a DBS check and no risk assessment was in place• Equipment calibration had not been undertaken since 2017• Appropriate emergency medicines were not in place and no risk assessment had been undertaken.• Actions identified in the legionella risk assessment had not been carried out.• Systems to mitigate fire risks were not in place.• Risks associated with infection control had not been assessed and managed appropriately.
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>A section 29 Warning Notice has been served to the provider</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The overarching governance framework had not ensured that systems and processes were operating effectively.• Recruitment systems did not ensure staff were appropriately immunised.

This section is primarily information for the provider

Enforcement actions

- Not all staff who were prescribers or administered medicines were notified of medicine safety alerts and there was no system to ensure oversight of actions needing to be completed.
- There were no systems in place to ensure relevant staff remained on the appropriate professional register.
- There was no system to ensure staff had regular appraisals.
- Risk assessments, policies and procedures were not regularly reviewed and updated.
- Those accountable for submitting notifications were not clear on their responsibilities.
- The complaints procedure did not ensure patient needs were met and were not in line with national guidance.