

# Novum Health Partnership

## Inspection report

Primary Care  
Hawstead Road  
London  
SE6 4JH  
Tel: 02071387150  
[www.novumhealth.co.uk](http://www.novumhealth.co.uk)

Date of inspection visit: 11 October 2023  
Date of publication: 26/03/2024

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?

Inadequate



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 comprehensive inspection at Novum Health Partnership on 11 October 2023. As part of this inspection, we also visited the branch surgery site Baring Road Medical Centre.

Overall, the practice is rated as requires improvement

Safe - inadequate

Effective – requires improvement

Caring - good

Responsive – Requires improvement

Well-led – Requires improvement

Following our previous inspection in March 2016, the practice was rated good overall and requires improvement for providing safe services. We issued an RN for breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Novum Health Partnership on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up breaches of regulation from a previous inspection in line with our inspection priorities.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. As part of the inspection there was a remote review of clinical records on 10 October 2023, prior to the visit.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.
- Reviewing direct feedback from patients and staff.
- Reviewing recent patient survey data.
- Obtaining feedback from stakeholders.

## Our findings

# Overall summary

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:

- The practice did not have clear systems, practices and processes to keep people safe.
- Care and treatment did not always reflect prescribing standards and best practice. For example, records we reviewed showed some patients had not received monitoring in line with current guidance and recommendations.
- Recruitment checks were not always carried out according to Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There were gaps in systems to monitor and assess risks related to the health and safety of patients, staff and visitors.
- The provider could not evidence staff vaccination status. For example, the practice could not demonstrate that staff received the immunisations that are appropriate for their role.
- Safety alerts were not always managed effectively to keep patients safe.
- The system to monitor staff mandatory training was not effective. We found gaps in records of staff training.
- We found Do Not Resuscitate (DNR) decisions had not been documented effectively in patient records. For example, there was no record of decision about Mental Capacity recorded in five patient records we looked at.
- Patients could not always access care and treatment in a timely way. Improvements to the appointment system were not yet reflected in patient feedback and the practice's National GP Patient Survey results were below average in some areas.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The overall governance arrangements were ineffective. The practice did not have clear and effective processes for managing risks, issues and performance.

We found breaches of regulations. The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- Continue with work to improve the uptake rates for childhood immunisations and cervical cancer screening.
- Continue with action taken to improve patients' access to the 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 Health Care

## 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 second team inspector who visited the branch surgery site at Baring Road and 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 Novum Health Partnership

Novum Health Partnership provides care to 21,000 people living in Lewisham and is located in Catford, southeast London at:

The Primary Care Centre

Hawstead Road

London SE6 4JH

As part of this inspection activity, we visited the branch surgery at:

Baring Road Medical Centre

282 Baring Road

London SE12 0DS

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the South East London Integrated Care System (ICS) and delivers (Personal Medical Services (PMS) to a patient population of about 21,000. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, Sevenfields Primary Care Network.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the third lowest decile (three 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 67% White; 14% Asian; 10% Black, 6% Mixed, and 3% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of seven GPs who provide cover at both practices. The practice has a team of five nurses who provide nurse led clinics at both the main and the branch location. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and assistant practice manager are based at the main location to provide managerial oversight.

The practice is open between 8.00am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the GP Extended Access service, where late evening and weekend appointments are available. Out of hours services are provided by 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 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<br>Treatment of disease, disorder or injury<br>Family planning services<br>Surgical procedures<br>Maternity and midwifery services | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <p>The practice did not have evidence of training for all relevant staff in key subjects, including up-to-date basic life support, child safeguarding, adult safeguarding, infection control, information governance, fire safety training, chaperone, equality and diversity or Mental Capacity Act training.</p> <p>This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

| Regulated activity   | Regulation   |
|--|--|
| Diagnostic and screening procedures<br>Treatment of disease, disorder or injury<br>Surgical procedures<br>Family planning services<br>Maternity and midwifery services | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured that care and treatment is provided in a safe way. In particular:</p> <ul style="list-style-type: none"><li>• Patients' needs were not always assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance.</li><li>• The provider did not ensure there were effective arrangements in place for identifying, managing and mitigating risks.</li><li>• Safety alerts were not managed effectively and prescribing relating to these did not always keep patients safe.</li><li>• Leaders had not identified the need to have an effective process in place to ensure clinicians were viewing patients' monitoring information prior to prescribing. For example, not all patients on high risk medicines whose records we looked at had received appropriate monitoring.</li></ul> <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<br>Treatment of disease, disorder or injury  | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>  |

# Enforcement actions

Surgical procedures  
Family planning services  
Maternity and midwifery services

## How the regulation was not being met:

The overarching governance framework had not ensured that systems and processes were operating effectively. In particular:

- The provider did not have clear and effective processes for managing risks, issues and performance. There was a lack of oversight and assessment of the services. For example, medicines management processes.
- There was insufficient recording of recruitment. The provider could not demonstrate the effectiveness of the system to ensure all staff have received appropriate recruitment checks.
- The provider was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles. The system to monitor staff mandatory training was not effective.
- The provider was unable to demonstrate that staff received the immunisations that are appropriate for their role. There was no effective system of recording which staff were up to date with their routine immunisations.

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