

Nexus Health Group

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

Nexus Health Group is a provider registered with CQC. The provider has eight sites with one sites used at the CQC registered location. The sites were previously independent GP practices which merged to become Nexus Health Group in 2016. The individual sites have retained the names from the historic partnerships.

We carried out an inspection at the head office site, Princess Street Group Practice, on 1 November 2018 as part of our GP provider at scale pilot. This was to assess the centralised functions within Nexus Health Group. The individual sites were then to be individually inspected as part of our regularly scheduled inspection programme.

Due to concerns identified at the provider level inspection on 1 November 2018 we issued a letter of intent (informing the provider of our intention to take enforcement action) and allowed the provider to submit a response. The provider submitted an action plan in response to the letter of intent. We undertook an unannounced inspection of Manor Place Surgery on 7 November 2018 on the basis of concerns raised at the provider level inspection and information submitted by the provider before and after the inspection on 1 November 2018. After the inspection on 7 November 2018 we issued warning notices for breaches of regulation 12 (Safe Care and Treatment) and 17 (Good Governance) of the The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Details of the concerns raised and enforcement action taken can be found at the end of this report. We then proceeded to inspect the remaining sites as follows:

Princess Street Group Practice – 14 November 2018

Surrey Docks Health Centre – 15 November 2018

Aylesbury Medical Centre – 20 November 2018

The Dun Cow Surgery – 21 November 2018

Commercial way Surgery – 22 November 2018

Decima Street Surgery & Artesian Health Centre - 28 November 2018

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** and **requires improvement for all population groups**.

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

- The practice did not have appropriate systems in place for the safe management of medicines at all sites.
- Staff did not all have safeguarding, fire and infection control training.
- Necessary recruitment information had not been retained for all staff and the practice had not undertaken DBS checks for all staff who required them.
- Not all staff had evidence of their immunisation status on file.
- There were 1023 results dating back to 2 July 2018 which had either not been filed or not been viewed and filed. Four hundred and forty-two of these results were marked as being abnormal. Of the sample of 30 outstanding results we reviewed we found that five of these results had not had appropriate action taken. There were 4187 outstanding clinical tasks dating back to 13 February 2017 which had not been actioned. Of 40 unactioned tasks we reviewed four highlighted concerns related to the quality of clinical care being provided by the service. The provider put an action plan in place to review the outstanding tasks and results and put systems in place to prevent this from reoccurring.
- There was no global oversight of a separate electronic system for incoming results and correspondence.
- Necessary tasks were not being completed at some sites due to a multitude of reasons including staffing shortages and lack of effective governance
- Some sites did not have a system in place to monitor non-medicine safety alerts.
- We found some expired medical emergency equipment at some sites and the systems for checking equipment and vaccines was not consistent across all sites.
- Risks associated with the premises were not adequately mitigated at some sites including those risks associated with legionella and fire.
- The practice did learn and make improvements when things went wrong at site level but there was little evidence of cross site learning from significant events.

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

Overall summary

- There was a lack of effective centralised oversight and governance in respect of key areas of the organisation including the management of test result and other clinical correspondence.
- Leaders could not show that they had the capacity and skills to deliver safe and effective care as at this stage of the merger process they did not have adequate oversight of risks within the organisation and lines of responsibility were not always clear.
- While the provider had a clear vision, and was in the process of developing a strategy to implement this; transitional arrangements put in place during the development of the merger were not sufficient to ensure that high quality care was being consistently provided across all sites.
- The practice culture aimed to support the delivery of high quality sustainable care. However, deficiencies in governance limited the practice's ability to achieve this aim.
- The practice did not have clear and effective processes for managing risks, issues and performance. For example, in relation to risks associated with legionella, fire safety risks and medical emergencies.
- The provider had tried to institute a Nexus-wide patient participation group across all sites but this was not operating effectively.
- The practice did not always act on information appropriately. For example, the practice had previously identified the concerns related to clinical correspondence but had failed to put adequate systems in place to address this issue prior to our inspection. The provider took action following our provider level inspection to put systems in place to address this concern.
- We saw evidence of systems and processes for learning, continuous improvement and innovation.

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

- Due to concerns related to the lack of oversight of clinical correspondence we could not be assured that patients were receiving consistently high quality and effective care.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles as not all staff had received an appraisal or completed mandatory training.

However

- There was evidence that outcomes of care and treatment were being monitored.
- The practice demonstrated that staff obtained consent to care and treatment.
- Performance data was comparable to local and national averages in most areas with the exception of cervical screening and uptake of childhood immunisations.

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

- Although the practice organised and delivered services to meet patients' needs. Patient feedback from the national GP patient survey indicated that patients could not always access care and treatment in a timely way. Although the practice was taking steps to improve access; action had not been implemented. The practice had not undertaken their internal feedback exercise to see if access had improved.

These areas in effective and responsive services affected all population groups so we rated all population groups as **requires improvement**

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- There were a lack of formalised systems and processes in place to support carers and patients who had experienced bereavement at some sites.

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.

(Please see the specific details on action required at the end of this report). Note: Warning notices were issued to the provider following the inspection undertaken on 1 and 7 November. This was to ensure that the provider was aware of our concerns and that action was taken quickly to address these concerns and mitigate risks to patients. Requirement notices were issued for the additional

Overall summary

concerns which related to breaches identified at the end of the inspection cycle. The level of risk stemming from these concerns was not deemed to be sufficient to require additional enforcement action.

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

- Continue with work to improve the uptake of childhood immunisations and cervical screening rates.
- Review staffing levels across the organisation to ensure that there is sufficient capacity to complete all necessary tasks.
- Review systems for sharing learning from significant events across the organisation.
- Review systems in place to support patients with caring responsibilities and those who have suffered bereavement.
- Review systems related to the security of patient records.
- Continue with plans to address patient satisfaction around access and review the impact of these actions once implemented.
- Review and improve the systems in place to engage with patients and obtain feedback.
- Consider ways to provide information in different languages and in alternative formats for patients with learning disabilities.

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 and supported by a second inspector. The team included CQC national GP clinical advisors, CQC national nursing

advisor, GP specialist advisers and practice management specialist advisers. The composition of the team varied on each inspection depending on resource requirement and availability.

Background to Nexus Health Group

Nexus Health Group head office address is located at 2 Princess Street, Elephant and Castle, London, SE1 6JP. The eight sites are located at the following addresses:

Princess Street Group Practice - 2 Princess Street, Elephant and Castle, London, SE1 6JP

Manor Place Surgery - 1 Manor Place, London, SE17 3BD

Surrey Docks Health Centre –12-13 Blondin Way, London SE16 6AE

Aylesbury Medical Centre - Thurlow Street, London SE17 2XE

The Dun Cow Surgery – 279 Old Kent Road, London, SE1 5LU

Commercial way surgery – 109 Commercial Way, London SE15 6DB

Decima Street Surgery -

Artesian Health Centre -

We were told that the intention was to organise services in a way that enabled patients to be seen at multiple sites and to undertake joint working across sites. However, this was still in development and at present patients were linked to a particular practice or group of practices that worked together historically. For example, Aylesbury

Medical Centre, Dun Cow Surgery and Commercial Way Surgery had previously merged into the Aylesbury partnership and shared staff and back office functions across sites. Decima Street Surgery and Artesian Health Centre operated in the same way under Bermondsey and Lansdowne Medical Mission 2.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury. These are delivered from all eight sites.

Nexus Health Group's eight sites are situated within Southwark Clinical Commissioning Group (CCG) and provide services to approximately 74,000 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a partnership comprised of 15 partners including two non-clinical partners. Authority is delegated from the partnership which is comprised of a chair, the Chief Officer and board members; including clinical leads for each site. Authority is then delegated to locality managers who have responsibility for a number of sites and lead on a number of areas across Nexus. At

site level there are operations managers covering between one and two sites and each site has a team leader. There was a vacancy for a team leader and an operations manager at the time of our inspection.

The staffing at each site is:

Surrey Docks – 43 GP sessions including six locum sessions, 3-part time Health Care Assistants (HCA) and a part time nurse working 23 hours per week.

Princess Street – 44 GP sessions, 1 full time HCA, 1 full time Advanced Nurse Practitioner, 2 full time nurses and 2 part time nurses.

Manor Place surgery – 25 GP sessions, full time and part time nurse and two-part time HCAs

Aylesbury Medical Centre, Dun Cow Surgery and Commercial Way – 70 GP sessions plus 12 registrar sessions, three part time pharmacists, an advanced nurse practitioner who works 42 hours per week an elderly Care Nurse working 30 hours per week, one full time and one part time HCA and six full time nurses.

Decima Street Surgery and Artesian Health Centre – 79 GP sessions, two full time practice nurses, a part time nurse and a full-time nurse practitioner, part time HCA and full time clinical pharmacist

The practice is a member of Quay Health Solutions Federation.

There are a higher than average number of patients of working age registered with Nexus Health Group compared with the national average and lower numbers of patients over the age of 65. The age demographics were comparable to those of other practices within the CCG. The percentage of patients not in employment was over double the national average and the practice has a slightly lower proportion of patients with long standing health conditions. The National General Practice Profile states that 21% of the practice population is from a black ethnic background with a further 15% of the population originating from Asian minority groups, 10% of patients are from mixed or other non-white ethnic groups. This information is historic and likely only relates to Princess Street Group Practice location. Information published by Public Health England rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice is rated a three on this scale and has almost double the levels of deprivation affecting children and older people compared to the national average. Again, this information is historic and only relates to the Princess Street location. The provider told us that annual patient turnover across the eight sites ranged from 10 – 20%.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Certain recruitment and monitoring information was either not available or up to date for all staff; both in respect of those who joined the organisation and those who transitioned to different roles.• Stocks of vaccines were not being checked consistently across the organisation to ensure stock was in date.• Fire drills and alarm testing was not being undertaken at one site.• There was no evidence about some staff member's immunity to common communicable diseases. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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>Warning notice</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Not all risks to patients had been mitigated. For example, reviews of records showed that patients prescribed ACE inhibitors and asthma medicines were not having regular reviews. Reviews of the records of vulnerable and complex patients indicated deficiencies in care which had the potential to compromise the safety of these patients.• There were instances where clinical correspondence not be acted upon in a timely or appropriate manner placing patients at potential risk of harm.• Not all emergency equipment was being regularly checked to ensure that it was working properly.• Action had not been taken in response to water temperature testing which showed temperatures were at levels where legionella bacteria could grow.• We found some uncollected prescriptions that were over three months old which had not been reviewed by any member of staff and no action had been taken to contact the patients concerned.• The two week wait referral process was not failsafe and there was no mechanism to ensure that results from two week wait referrals had been received. <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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

Enforcement actions

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Warning notice

How the regulation was not being met:

- There was no effective system in place to oversee incoming clinical correspondence and clinical tasks on the patient record system to ensure that correspondence was reviewed and acted upon in a timely manner and that appropriate action was taken.
- Effective systems were not in place to ensure that patient who required medication reviews had these undertaken in accordance with guidelines and that vulnerable patients were consistently provided with the required support.
- Systems were not in place to ensure emergency equipment was being regularly checked to ensure that it was working properly.
- Systems were not in place to ensure that action was taken to prevent the development of legionella bacteria.
- The systems for reviewing uncollected prescriptions were inconsistent.
- The practice did not have effective oversight of training.
- The two week wait referral process was not failsafe.

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