Dr Mark Stevens

Quality Report

Mapperley Park Medical Centre
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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 service	Inadequate
Are services safe?	
Are services effective?	
Are services well-led?	

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out two comprehensive inspections of Dr Mark Stevens' practice in May 2015 and December 2015. At both inspections we found breaches of legal requirements (regulations) relating to the safe, effective and well led domains; and all population groups were rated as inadequate as a result.

The practice was placed in Special Measures in July 2015. The special measures process is designed to provide a clear timeframe (six months from the publication of the final report) within which providers must improve the quality of care they provide and a framework within which the Care Quality Commission can use enforcement powers to ensure improvements are made or to take further action. The overall rating from the December 2015 inspection was inadequate and the practice remained in special measures.

We carried out an unannounced focused inspection at Dr Mark Stevens on 2 June 2016, in response to information of concern and identified breaches of imposed conditions on the provider's registration. This inspection cannot change the ratings. There will be a full re-inspection within six months of the inspection report published on 3 March 2016.

Our key findings across all the areas we inspected were as follows:

- Some improvements had been made to the assessment of risks relating to the health and safety of patients. This included: operating effective recruitment procedures, carrying out disclosure and barring checks for all staff undertaking chaperone duties and students working with vulnerable adults, and suitable arrangements were in place for monitoring the premises and environment.
- However, patients were still at risk of harm because effective systems were not in place to ensure risks relating to medicines management were sufficiently mitigated and their management was embedded.
- Information of concern indicated there would be imminent workforce changes which would not ensure sufficient numbers of staff with the right skills and experience were in post, and consistency of care was maintained for patients. For example, all non-clinical staff employed at our December 2015 inspection had submitted their resignations with end dates varying between June and July 2016.

Summary of findings

- Some patients were at risk of not receiving effective care or treatment. For example, clinical staff did not always assess patients' needs and deliver effective care in line with current evidence based guidance.
- Information was not always acted upon in a timely manner to ensure coordinated care and treatment for patients.
- The delivery of high-quality care was not assured by the leadership, governance or culture in place. For example, there were low levels of staff satisfaction and staff felt supported and valued to a degree.
- The provider is in breach of two of the three urgent conditions imposed on their registration with effect from 7 December 2015. The conditions are:

1. New patient registration – Dr Mark Stevens must not register any further patients without the prior written agreement of the Care Quality Commission (CQC).
2. Completion of electronic patient records following consultation - Accurate contemporaneous notes of all patient consultations carried out at the practice must be recorded immediately on patients' electronic records going forward.

The areas where the provider must make improvements are:

- Ensure the conditions imposed on the provider's registration are complied with to protect any further patients from any risks to their health and welfare and to meet legal requirements.
- Ensure care and treatment is provided in a safe way (medicines management - recording, prescription handling and patient reviews).
- Ensure effective clinical governance arrangements are in operation to drive improvement in the quality of the services provided.

The areas where the provider should make improvements are:

- Ensure sufficient staff with the right skills are employed and retained to meet the needs of patients. This includes promoting a positive workplace environment for staff and ensuring they are well supported and valued in their roles.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

- We found robust systems were not in place to ensure the safe prescribing, recording and review of patients' medicines. This placed patients at risk of receiving unsafe and / or inappropriate care and treatment.
- Changes in the staffing structure meant the needs of patients were not always met by sufficient numbers of appropriate staff.
- We could not be assured of the practice's safe track record given the concerns relating to medicines management and staffing were repeated patterns from previous inspections; and this had significantly impacted on the delivery of safe care.
- In addition, sufficient improvements have not been embedded even though enforcement action ha been taken against the provider and the practice is remains in special measures.

We however, found some improvements had been made following our December 2015 inspection. This included: having a system in place for ensuring appropriate checks were undertaken in respect of: staff undertaking chaperone duties, students working with vulnerable adults, recruitment and selection of staff, fire safety and monitoring of water outlets.

Are services effective?

Our findings demonstrated that improvements had not been embedded to ensure effective care and treatment was delivered for all patients following our December 2015 inspection. Specifically,

- Care and treatment did not always reflect current evidence-based guidance and best practice in relation to the assessment and monitoring of patient outcomes.
- Contemporaneous records relating to the care and treatment of some patients were not maintained. This was in breach of the conditions placed on the provider's registration with effect from 7 December 2015.
- In addition, the incomplete records posed a significant risk to patients' welfare in that there would be no means by which to identify the ongoing medical care and treatment needs of individual patients in the GPs absence.
- The training needs for new staff had not been fully planned for to ensure they were competent and confident in their roles and could ensure continuity of care and service.

Summary of findings

- There were delays in sharing information about some people's care, and this included referrals to secondary care for further examinations.

Are services well-led?

The delivery of high-quality care was not fully assured by the leadership, governance or culture in place.

- Sufficient improvements had not been made to ensure the lead GP had effective arrangements in place to oversee that good clinical care and treatment was provided to patients.
- Data and notifications were not submitted to external organisations as required. For example new patients had been registered with the practice without the agreement of the Care Quality Commission and this was in breach of the provider's condition of registration.
- The repeated breaches in regulations demonstrated the lead GP did not have the necessary knowledge, capacity or capability to lead effectively and drive improvement. This also showed minimal evidence of learning and reflective practice.
- Although staff felt respected, valued and supported to a degree, there were low levels of staff satisfaction. This was in part a contributory factor to non-clinical staff submitting their resignations.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Ensure the conditions imposed on the provider's registration are complied with to protect any further patients from any risks to their health and welfare and to meet legal requirements.
- Ensure care and treatment is provided in a safe way (medicines management - recording, prescription handling and patient reviews).
- Ensure effective clinical governance arrangements are in operation to drive improvement in the quality of the services provided.

Action the service SHOULD take to improve

- Ensure sufficient staff with the right skills are employed and retained to meet the needs of patients. This includes promoting a positive workplace environment for staff and ensuring they are well supported and valued in their roles.

Dr Mark Stevens

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second Inspector and an Enforcement Inspector.

Background to Dr Mark Stevens

Dr Mark Stevens is a single handed GP providing primary medical services to approximately 2 320 patients in the Mapperley park and St Anns area. The practice's patient list is currently closed to new patients for a period of one year as agreed by the Nottingham City clinical commissioning group and as an imposed condition by the Care Quality Commission. This is to enable the provider to focus on improving the service.

The practice holds a General Medical Services (GMS) contract for the delivery of general medical services. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is located at Mapperley Park Medical Centre, Malvern House, 41 Mapperley Park Road, Nottingham, NG3 5AQ. Opening times are between 8.30am and 1pm every morning and 2pm to 6.30pm every afternoon with the exception of Thursday when the practice is closed. The practice operates an open access system for GP appointments where patients are guaranteed a same day appointment if requested before 11.15am.

The GP (male) is supported by a full-time female practice nurse. Locum GPs are used to cover the primary GP in their absence. The non-clinical team includes a co-proprietor (psychologist), full-time practice manager and four part-time reception / administrative staff.

Dr Mark Stevens is a teaching practice for undergraduate medical students. There were no students on placement at the time of our inspection.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: diagnostic and screening procedures; maternity and midwifery services; and treatment of disease, disorder or injury. The practice has been inspected on the following dates:

- 14 January 2014, 14 August 2014 and 10 November 2014 based on the former inspection methodology which focused on specific outcomes.
- 13 and 14 March 2015 under the new comprehensive inspection programme for general practice. The practice was rated Inadequate overall and placed in special measures for a period of six months.
- 1 December 2015 under the new comprehensive inspection programme. The practice was rated Inadequate overall and remained in special measures as it had not made the required improvements.

The practice has opted out of providing out-of-hours care to patients. Out-of-hours care is provided by Nottingham Emergency Medical Service (NEMS) and is accessed through the 111 number.

Why we carried out this inspection

Following our 1 December 2015 comprehensive inspection, we took urgent enforcement action and served an Urgent

Detailed findings

Notice of Decision imposing additional conditions on Dr Mark Stevens' registration. The conditions took effect from 7 December 2015 and will remain in force until removed by the Care Quality Commission (CQC). The conditions were:

1. New patient registration – Dr Mark Stevens must not register any further patients without the prior written agreement of the CQC.
2. Completion of electronic patient records following consultation - Accurate contemporaneous notes of all patient consultations carried out at the practice must be recorded immediately on patients' electronic records going forward.
3. Dr Mark Stevens must send to the CQC each month, an independent report providing assurance that condition 2 has been met.

We undertook an unannounced focused inspection of Dr Mark Stevens on 2 June 2016. This inspection was planned in response to information of concern indicating the provider was not meeting the conditions of its registration and to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

We carried out an unannounced visit on 2 June 2016. During our visit we:

- Spoke with the GP, co-proprietor (psychologist), two reception staff and two patients who used the service.
- We observed how people were being cared for and reviewed 40 patient records to check if improvements had been made.
- We also spoke with the practice manager after our inspection.

Are services safe?

Our findings

The safe domain was rated inadequate following our inspection on 1 December 2015. At the December 2015 inspection, we found patients were at risk of harm because systems and processes were not fully implemented and / or operated in a way to keep them safe. Specifically: prescribing, recording and review of patients' medicines; assessment and monitoring of risks; and the carrying out of suitable checks for staff and students working with vulnerable adults and children.

Overview of safety systems and processes

At this inspection we found action had been taken to mitigate and monitor some of the identified risks to reduce risk of harm to patients.

- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. A DBS check identifies whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice nurse and some reception staff acted as chaperones when needed.
- The provider had received written assurances to confirm university students, providing one to one psychotherapy sessions to patients, were suitable to work with vulnerable adults. This included records relating to DBS checks undertaken.
- Appropriate pre-employment checks had been completed for new staff and this included references, qualifications and DBS checks. Additional information had been requested from existing employees to ensure the provider had records to confirm staff identity and to demonstrate that staff were of good character and had the qualifications, skills and experience necessary for the work performed.
- A Legionella risk assessment had been completed in January 2016 by an external company and a very low risk was determined. We saw evidence of regular monitoring of water outlets and supporting guidance to enable staff to assess, review and ensure control measures were implemented in a timely and effective manner.
- Risk assessments relating to fire safety and control of substances hazardous to health had been completed. We saw evidence of action taken to address improvements identified as a result. For example, regular fire safety checks were made in respect of the fire alarm, emergency lighting and means of escape. In addition, information on chemical products used by staff was now available to ensure they were aware of the hazards, and arrangements for handling, storage and emergency measures to take in the case of an accident.

Medicines management

At our December 2015 inspection, we found robust systems were not in place to record and / or undertake appropriate medicine reviews for patients. Due to these concerns, we reviewed 40 patient records to check if improvements had been made to protect patients against the risks of unsafe or inappropriate care and treatment.

Most of the records we looked at showed where prescriptions were issued they matched the clinical diagnosis recorded in the patient's medical records and prescriptions were reviewed when altering or adding medicines.

However, we also found some concerns which did not assure us there were robust arrangements in place for the safe prescribing, recording and review of patients' medicines. For example:

- One repeat prescription contained a medicine a patient was allergic to and this had not been identified when the patient was seen by the GP in May 2016. This was addressed by the GP during the inspection when we highlighted the seriousness of risk to the patient.
- Although an adequate assessment had been recorded in the records for two patients, there was no record of medicines prescribed to treat the suspected and / or identified infection.
- We also found on specific dates that consultation notes had not been documented for four patients. As a result, we could not determine if the GP had reviewed their medicines if needed.

Following our inspection, the GP submitted additional evidence which showed 85% of patients on four or more medicines had received a review in the last 12 months and 67% of patients on repeat medicines had received a review in the last 12 months

Are services safe?

Staffing

At this inspection we found three staff members including the practice manager had submitted their resignations and were due to leave by 30 June 2016. Interviews with most staff showed the main areas of concern were the practice's inspection track record, sustainability, governance arrangements and the capacity to manage the practice safely.

A new receptionist had been recruited to post in May 2016 following the resignation of another receptionist in March 2016. Staff told us there were arrangements in place to cover the staff absence as some of them worked part-time hours.

Following our inspection, Dr Mark Stevens confirmed the following members of staff had been recruited to post and were due to commence work on specified dates in June and / or July 2016. For example:

- A new practice manager was scheduled to commence work on 20 June 2016 and their working days were Mondays and Thursdays until 3.30pm; in the interim of a full-time practice manager being recruited to post.
- A female GP was due to start working on a part time basis in July 2016 and
- An administrator / receptionist was due to start work on 13 June 2016.

Our overall findings demonstrated that the regular change in staff did not ensure sufficient and experienced staff were employed at all times, continuity of care for patients and the delivery of good quality care.

Are services effective?

(for example, treatment is effective)

Our findings

The effective domain was rated inadequate following our inspection on 1 December 2015. We found the provider did not always maintain appropriate medical records in respect of the care, treatment and / or support given to some patients. This was a repeated breach of regulations identified at four previous inspections and as a result enforcement action was taken. This included imposing urgent conditions on the provider's registration with effect from 7 December 2015. Two of the conditions stated:

- Completion of accurate contemporaneous notes of all patient consultations carried out at the practice must be recorded immediately on patients' electronic records going forward.
- Dr Mark Stevens must send to the Care Quality Commission (CQC) each month, an independent report providing assurance that the above condition has been met.

Following the inspection the practice sent us an action plan detailing how they would improve on the areas of concern.

Effective needs assessment

At this inspection (2 June 2016), we found that not all patient records were being adequately and appropriately recorded. For example, we reviewed a random sample of 40 GP consultations undertaken in May 2016 and found 26 patient records (65%) were documented contemporaneously. Fourteen out of 40 medical records reviewed showed the care and treatment for these patients did not reflect current evidence-based guidance including guidelines from the National Institute for Health and Care Excellence (NICE). For example:

- The GPs had not maintained any form of records in respect of consultations held with four patients they had seen. We were concerned because the incomplete records posed a significant risk to patients' welfare in that there would be no means by which to identify the ongoing medical care and treatment needs of individual patients in the GPs absence.
- A holistic assessment based upon history, clinical signs, medicines taken and / or appropriate examination where necessary, had not been recorded in the medical records for ten patients. This did not enable us to determine if effective care had been delivered.

At the time of this inspection, we had received five independent reports completed by NHS England for the five month period from January 2016 to May 2016. The evidence contained within four of the five reports demonstrated most patient records were completed contemporaneously. However, the provider was in breach of the imposed registration conditions due to some records not being completed contemporaneously. For example:

- The May 2016 report showed 12 out of the 44 patient records reviewed were not entered contemporaneously and two referrals to secondary care had not been undertaken.
- The February 2016 report showed 47% of home visits had been recorded after 24 hours and a further 24% were neither recorded contemporaneously nor supported by a written record. The recording of these entries were delayed by between one and 12 days. Two patient records did not contain information relating to consultations held a week and five weeks before the independent review was undertaken.

The above evidence did not assure the CQC that the provider had effective systems in place to ensure the care and treatment of all patients was effectively managed and monitored with improvements to health outcomes. As a result of this, the practice will be kept under review in liaison with other agencies such as the Nottingham City clinical commissioning group and NHS England.

Coordinating patient care and information sharing

Some staff we spoke with, and records reviewed, showed that referrals to secondary care were not always undertaken in a timely way. As a result, some patients would contact the practice to follow-up the referral and request this was made as a priority.

Practice staff used tasks within the clinical system and a message book to communicate information with the GP. We noted that some of the messages relating to patient care were not always acted upon in a timely manner. The

Are services effective?

(for example, treatment is effective)

above findings did not ensure information needed to plan and deliver care and treatment for patients was available to relevant staff in a timely and accessible way through the practice's patient record system.

Effective staffing

Improvements had been made to ensure that existing staff had the skills, knowledge and experience to deliver effective care and treatment. This included a clear and defined programme for staff induction, supervision and training.

We inspected the practice at a time when new staff had been recruited including a receptionist/administrator who had commenced working at the practice in May 2016. They told us their induction included orientation to practice policies and procedures, shadowing opportunities and receiving on the job training from colleagues and support from the practice manager. We were however concerned that the new staff member had not completed essential training such as safeguarding vulnerable adults and children and basic life support at the time of our inspection; and plans had not been agreed as to when this would be completed.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

The well-led domain was rated inadequate following our inspection on 1 December 2015. We found limited improvements had been secured at the December 2015 inspection. For example:

- The clinical governance lead had not ensured that effective assurance and auditing systems were in place to drive improvements.
- Succession planning arrangements were limited and this impacted on the leadership's ability to effectively assess and review the service provision.
- The practice had a number of policies and procedures to govern activity but not all procedures were in line with best practice guidance and up to date.
- Arrangements for identifying, recording and managing risks were not sufficiently robust to mitigate risks to patients.

Vision and strategy

The provider had a vision to improve the quality of care received by patients by addressing risks and concerns identified at our previous inspections. However, we found the vision and action plans in place were not well developed and aligned to ensure good governance as well as safe care and treatment for patients. For example:

- Following our December 2015 inspection, an action plan had been put in place to ensure all GPs would carry out appropriate assessments of patient's health needs and the outcome of the clinical consultation was to be recorded. In addition, non-clinical staff were tasked to check the GPs had made these records. However, we found contemporaneous records relating to the care and treatment of some patients were not maintained and the monitoring system in place was not always effective in ensuring up to date records were kept.
- Three conditions were imposed on the provider's registration with effect from 7 December 2015. Our inspection findings and independent reports reviewed showed the provider had failed to comply with these conditions. We found 21 new patients had been registered without the agreement of the CQC. Of the 21 new patients, 17 patients were either new born babies or family members from the same household of patients already registered with the practice before the imposed conditions took effect. Whilst this ensured consistency of care for these patients the CQC had not been informed as required.
- The other four patients were newly registered patients and the GP was not aware this had happened when we shared our inspection findings.

Governance arrangements

The governance framework relating to the administration of the service had been improved on with clear leadership from the practice manager. For example:

- A clear staffing structure was in place. Staff were aware of their own roles and responsibilities and understood the areas they were accountable for; with the exception of the new member of staff who was undertaking induction at the time of the inspection.
- We found the practice policies and procedures had been reviewed, updated, discussed and shared with staff. Staff also signed to confirm they had read and understood the policies.

However, we were concerned that the practice manager's resignation and the limited time to handover to the interim part-time practice manager meant improvements made would not be sustained. In addition, all non-clinical staff employed at the time of our December 2015 inspection had resigned and were due to leave in June or July 2016. This has been a repeated pattern from previous inspections and our findings showed a correlation with poor care being delivered as a result of staff shortage and / or inexperienced staff being recruited.

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; with the exception of risks related to clinical areas which were not robustly managed.
- There was little innovation or service development.
- There was minimal evidence of learning and reflective practice.

Leadership and culture

- The practice manager was visible in the practice and staff told us they were approachable and took the time to listen and support them when needed.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Non clinical staff told us they worked well as a team and there was an open culture with the opportunity to raise any issues at team meetings.

Staff also gave positive feedback about the GP's caring nature for patients and his engagement in using information technology a bit more. However, some staff and the inspection team had concerns about the GPs capability to run the practice as well as their overall wellbeing. This concern was informed by the following evidence:

- The inspection history of "Dr Mark Stevens" (the provider) shows evidence of multiple andpersistent failings to comply with the regulations set out in the Health and Social Care Act 2008 (including a failure to act on and or meet previous CQC requirements or enforcement actions). This did not ensure patients were protected from the risks of receiving unsafe care or treatment.
- Limited improvements have been made during the special measures period ending 3 September 2016. Our inspection findings meant we could not be confident that the GP had appropriate knowledge of the legal requirements of the Health and Social Care Act 2008, and understood the consequences of failing to take effective action to meet previously set requirements.
- The provider is a single handed GP, working long hours with limited time devoted to ensuring a comprehensive understanding of the clinical performance of the practice is maintained and robust arrangements for assessing and monitoring clinical aspects of the service provision are effective.
- The GP acknowledged they would benefit from additional capacity to run the practice effectively and ensure robust clinical leadership. A part time female GP was due to commence in July 2016 and the GP hoped this will would allow them to balance the clinical care they delivered and to maintain the managerial oversight.
- The risks and issues described by staff did not correspond to those understood by GP. For example risks to patients due to inadequate staffing levels, lack of support for new reception staff from the end of June 2016 onwards and the financial stability of the practice.

Seeking and acting on feedback from patients and staff

- Staff felt involved and engaged to improve how the practice was run following our December 2015 inspection. However, some staff we spoke with reported the slow pace in the GP adapting to change and improved working patterns was a hindrance to making progress in bringing about improvements.
- Staff also reported they did not always feel supported and valued to bring about the changes and as a result morale was low. The working environment did not give them confidence that positive changes could be sustained hence a contributory factor to their resignation.

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 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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found the prescribing, recording and management of medicine reviews for patients were not managed effectively in line with best practice guidelines. This was in breach of regulation 12 (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The governance arrangements in place were not effectively managed to drive improvement in the quality and safety of services provided. The provider had not ensured that accurate and contemporaneous patient records were routinely completed following each consultation to evidence the treatment and care provided. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.