

Lister Medical Centre

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?	Inadequate	
Are services caring?	Good	
Are services responsive to people's needs?	Inadequate	
Are services well-led?	Inadequate	

Overall summary

We carried out an announced inspection at Lister Medical Centre on 6 May 2022. Overall, the practice is rated as Inadequate.

We rated each key question as follows:

Safe - Inadequate

Effective – Inadequate

Caring – Good

Responsive – Inadequate

Well-led – Inadequate

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Lister Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection and the first inspection under the new provider registration.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit.

Our findings

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.

Overall summary

We have rated this practice as Inadequate overall

We found that:

- The practice systems and processes to keep people safe were not effective.
- Not all staff were trained to the appropriate level of safeguarding training.
- Some staff did not have appropriate recruitment checks to ensure their suitability for the role.
- A fire risk assessment was overdue.
- Health and safety risk assessments had not been completed when risk had been identified.
- An Infection Prevention and Control (IPC) lead was not in place and staff had not acted on identified significant IPC issues.
- Staff were not equipped to respond to medical emergencies.
- There were not enough staff to provide the number and types of appointments needed and prevent staff from working excessive hours.
- There were delays in the management of referrals and test results.
- Medicines were not stored safely and securely.
- The process for the management of high-risk medicines was not safe.
- Medicines reviews were not always completed.
- The system to receive, review and take appropriate action on Medicines and Healthcare products Regulatory Authority (MHRA) was not effective.
- Learning from incidents was not routinely shared with all staff.
- Patients' treatment was not always regularly reviewed and updated.
- There were delays in the management of referrals and tasks.
- There were no effective systems for identifying and monitoring vulnerable patients and long-term conditions patients had not been proactively monitored throughout the pandemic;
- Childhood immunisations and cervical cancer screening indicators were below national averages.
- There was no programme of targeted quality improvement in place.
- The practice had failed to use data and information on its clinical record system to drive improvements or monitor care.
- Competency checks had not been completed for all staff.
- The practice did not organise and deliver services to meet patients' needs.
- Patients were not able to access appointments and treatment in a timely way.
- Complaints were not managed effectively.
- Leaders did not demonstrate they had capacity and skills to deliver high quality sustainable care.
- There was poor governance of the entire service and little or no assurance of processes or systems that were embedded in the organisation.

We found breaches of regulations. The provider **must**:

- 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.
- 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 their duties.

Overall summary

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 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.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated 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 GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Lister Medical Centre

Lister Medical Centre is located in Harlow, Essex. The practice is situated within the West Essex Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 20,360. This is part of a contract held with NHS England.

The practice operates from one site. The premises are owned by Harlow Healthcare Trust and provide a two-storey purpose-built building shared with a dental practice and pharmacy. There is access to the ground floor waiting area, reception desk and consulting rooms however at the time of the inspection the ground floor was closed and was being used to support the local COVID-19 vaccinations services. Services were provided from the first floor and patients with mobility issues had lift access to the first floor.

The practice clinical team is made up of six GP partners (male and female), six GPs in training, one associate physician, one urgent care practitioner, one advanced nurse practitioner, one practice nurse, three health care assistants, nine pharmacist, one practice manager, one assistant practice manager and other non-clinical staff. The practice is a training practice.

The practice's core hours are between 8.00am and 6.30pm Monday to Friday. Appointments are available between 8:10am to 11.50am and 1.30 to 5.50pm. Extended hours are available evenings and weekends. When the service is closed patients can call NHS 111 in an emergency or a local out of hours service.

The practice is registered with the Care Quality Commission to provide the regulated activities of; maternity and midwifery service, treatment of disease, disorder or injury, family planning, diagnostic and screening procedures and surgical procedures.

The practice is part of a wider network of GP practices within the Harlow South Primary Care Network (PCN)

Information published by Public Health England shows that deprivation within the practice population group is in the fifth lowest decile (five out 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 89% White, 5% Black 3.8% Asian, 2.2% Mixed, and 0.5% Other.

The age distribution of the practice population closely mirrors the local and national averages.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment.

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.

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>Care and treatment must be provided in a safe way for service users</p> <p>The practice did not demonstrate the system and processes in place to support the safe use of medicines were effective.</p> <p>The practice did not demonstrate that all patients prescribed high risk medicines had been monitored appropriately.</p> <p>The practice did not have an effective system to manage patient safety alerts.</p> <p>Patients with long term conditions had not been monitored effectively.</p> <p>The practice was not equipped to deal with medical emergencies.</p> <p>The practice did not have systems in place to manage fire safety risks.</p> <p>The practice had not undertaken comprehensive health and safety risk assessment of the practice.</p> <p>Appropriate standards of cleanliness and hygiene had not been met.</p> <p>The practice did not evidence clear oversight to ensure all staff had received appropriate training.</p> <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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

How the regulation was not being met:

The management of information needed to deliver safe and effective care and treatment was ineffective. There were delays in the management of referrals and test results.

The practice could not demonstrate that learning from incidents and complaints was regularly shared with all staff.

The practice did not have a programme of quality improvement in place.

The practice failed to demonstrate patients were able to access care and treatment in a timely way.

The practice failed to demonstrate leaders had capacity and skills to deliver high quality sustainable care.

The practice failed to demonstrate that governance and risk management systems were effective.

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

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The practice failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to ensure that you could meet the needs of patients.

The practice failed to support, training, professional development and supervision to enable staff to carry out the duties they were employed to perform.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.