

Dr Mark Stevens

Inspection report

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2019

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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?

Good



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Mapperley Park Medical Centre on 20 and 21 March and an unannounced visit on 10 April 2019. The provider knew we were coming on 20 March but they were not available to speak with us, so we returned the next day to complete the inspection. Following our visit on 20 and 21 March, we received information of concern from the CCG, therefore we returned and undertook an unannounced visit on 10 April 2019.

At this inspection, we followed up on breaches of regulations identified at a previous inspection on 27 July 2018 which was rated as requires improvement overall. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We previously inspected Dr Mark Stevens (the provider) on the following dates as part of the comprehensive inspection programme:

- 13 and 14 March 2015 – The practice was rated inadequate overall and placed into special measures for a period of six months.
- 1 December 2015 – The practice was inadequate overall and remained in special measures as it had not achieved compliance with the regulations.
- 2 June 2016 – A focussed inspection was undertaken in response to information of concern indicating the provider was not meeting the conditions of its registration. The rating of inadequate still applied.
- 1 September 2016 – The practice was rated inadequate overall and urgent action was taken to suspend the provider's registration for a period of three months. This was to allow the provider sufficient time to make improvements.
- We visited the practice on 1 December 2016 and found no reason to extend the suspension. Therefore, the suspension ceased on 7 December 2016.
- 25 April 2017 – The practice was rated inadequate overall and remained in special measures as it had not made sufficient improvement to achieve compliance with the regulations.
- 3, 7 and 22 November 2017 – The practice was still rated inadequate overall and remained in special measures. The CQC acted to prevent the provider from operating

the service in line with enforcement policy. The provider appealed against this action to the Health and Social Care first tier tribunal and a hearing was scheduled for 7 to 9 August 2018.

- 27 July 2018 – The practice was rated requires improvement and one key question remained inadequate, therefore the practice continued to be in special measures.
- Following the inspection on 27 July 2018 and prior to the tribunal hearing listed for 7 to 9 August 2018, a consent order was made. This agreed that the provider's appeal was allowed, and that the scheduled hearing was to be vacated and that the following conditions would be added to their registration with the CQC. These are the conditions that the provider must:
- Ensure that the regulated activities are managed by an individual who is a registered manager inspection of each activity at or from all location.
- Ensure that the practice has suitably qualified, competent, skilled and experienced person to manage the day to day operations to ensure delivery of the service and that suitable arrangements are made in their absence in relation to their duties.
- Ensure that an application for a suitable individual to be registered as a Registered Manager is submitted to the CQC by 31 August 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 rated the practice as **inadequate** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- Receptionists had not been given formal guidance on identifying deteriorating or acutely unwell patients.
- The practice did not always learn and make improvements when things went wrong.

Overall summary

- Alerts to identify patients who were a safeguarding concern were not always correctly added to their records.
- It was not clear from the minutes of safeguarding meetings what had been discussed and what action had been taken.
- Recruitment and induction processes were not always followed, therefore opportunities to minimise unsuitable staff from working with patients was missed.
- There was no oversight or governance checks to ensure new patient records had been correctly summarised and that coding added to patients' records were accurate.
- The practice was not signed up to receive all alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), therefore these were not always acted upon.

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

- We saw that the GP had access to NICE and local guidelines and attended a GP update annually. However, care and treatment were not always provided in line with those guidelines and the rationale for this was not clear.
- Patient consultation notes did not always adequately record the patient's symptoms and examination to enable a clear understanding of why a particular treatment was or was not offered.
- Patients at risk of pre-diabetes and diabetes were not adequately followed up or diagnosed with the condition, which meant they were not referred for specialist screening in order to minimise the risk of developing complications associated with the condition.

These areas affected all population groups, so we rated all population groups as **inadequate**.

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

- While the practice had made some improvements since our inspection on 15 January 2018, it had not appropriately addressed the Requirement Notices and further concerns were found.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a clear vision, however that vision was not supported by a credible strategy.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

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

This service has been in special measures since March 2015. The practice is now rated inadequate therefore, the practice will remain in special measures.

Since this inspection took place, the provider has applied to cancel their registration and as they will retire on 30 June 2019. Until this time, the service will be kept under review and if needed could be escalated to further urgent enforcement action.

Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to cancel the provider's registration.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. One the first day of the inspection visit, the team included

a GP specialist advisor, a practice nurse specialist advisor and a second CQC inspector. On the second and third days, the team included the CQC lead inspector and GP specialist advisor.

Background to Dr Mark Stevens

Dr Mark Stevens is a single-handed GP providing primary medical services to approximately 2600 patients in the Mapperley Park and St Ann's area. The practice is also known as Mapperley Park Medical Centre and is located at Malvern House, 41 Mapperley Park Road, Nottingham, NG3 5AQ.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice has a contract with the Nottingham City Clinical Commissioning Group (CCG). The practice provides General Medical Services (GMS). The GMS contract is the contract agreed between general practices and NHS England for the delivery of primary care services to local communities.

The practice is open between 8:30am and 1pm each weekday and 2pm to 6:30pm each afternoon except for Thursday afternoon when the practice is closed. The practice operates an open access appointment system each morning and patients are guaranteed a same day appointment if requested before 11:15am. Pre-bookable

advanced appointments are available only in the afternoon surgery which runs from 4pm to 6:30pm, Monday to Friday except for Tuesday and Thursday afternoons.

The level of deprivation within the practice population is above the national average with the practice population falling into the third most deprived area. The national scale is 1 to 10 with 0 being the most deprived and 10 being the least. Income deprivation affecting children and older people is above the national average but below the CCG average.

People living in more deprived areas tend to have greater need for health services.

National General Practice Profile describes the practice ethnicity as being 73% white British, 11.3% Asian, 7.6% black, and 6.9% mixed and 1.2% other non-white ethnicities.

The practice had one male GP, a part-time female advanced nurse practitioner, a part-time female healthcare assistant, a part-time practice manager, two part time receptionists and a medical secretary.

The provider opted out of providing out of hours services and instead patients are directed to call NHS 111.