

Voyager Family Health

Inspection report

Farnborough Centre for Health
Apollo Rise
Farnborough
GU14 0NP
Tel: 01252545078
voyagerfamilyhealth.co.uk

Date of inspection visit: 21 October 2022
Date of publication: 06/12/2022

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?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Voyager Family Health on 21 October 2022. Overall, the practice is rated as Requires improvement.

We rated the key questions as follows:

Safe – Requires improvement

Effective – Requires improvement

Caring – Good

Responsive – Good

Well-led – Requires improvement

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

Why we carried out this inspection

Voyager Family Health is a new provider which registered with the Care Quality Commission (CQC) on 10 March 2021 and is the result of a merger between two practices, Milestone Surgery and Southwood Practice. We carried out this inspection because the new provider has moved to a new location and has been operating for over 12 months and has never been inspected.

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.

This included:

- Conducting staff interviews using video conferencing facilities.
- 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 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 Requires Improvement overall. We rated the key questions of caring and responsive as Good. However, we rated the practice as Requires Improvement for providing safe, effective and well-led services because we found:

- A historic medicines safety alert from the Medicines and Healthcare products Regulatory Agency that had not been acted upon for 48 patients.
- An emergency medicine recommended in national guidance was not stocked and although the decision had been risk assessed, the control measures were insufficient to ensure safe care and treatment for patients.
- Patients taking high risk medicines were overdue routine monitoring tests to ensure prescribing was safe to continue.
- Patients with long term conditions were not receiving care and treatment in line with current best practice guidance.
- Patients records did not always contain up to date and accurate information to assist clinical decision making.
- A recall system existed but was not operating as effectively as intended because patients with the potential diagnosis of serious illnesses had not been recalled for further investigation.

We also found that:

- All staff had completed training in safeguarding children and adults to the level appropriate for their role and could speak confidently about what they would do if they had a concern.
- Recruitment systems and processes operated in accordance with the regulations.
- Infection prevention and control systems and processes ensured care and treatment given to patients was safe.
- Staff learnt from significant incidents when things went wrong.
- The practice had met the World Health Organisation targets for all childhood immunisations in the recommended schedule.
- The practice worked effectively with partners to ensure patients received care in a timely manner.
- The practice listened to feedback and responded to make improvements to the quality of care and access for patients.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- Data and information was used to drive improvement in the quality of care.
- Leadership and management were approachable, compassionate and inclusive.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We found two 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.

In addition, the provider **should**:

- Continue the action plan to update all registrations with statutory organisations including CQC.
- Continue the action plan to obtain all relevant documentation from external contractors regarding the management of the premises.
- Continue the action plan to improve uptake of cervical screening appointments.

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

Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

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 Voyager Family Health

Voyager Family Health is located at:

Farnborough Centre for Health

Apollo Rise

Farnborough

Hampshire

GU14 0NP

The provider is registered with CQC to deliver the Regulated Activities: diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice is situated within the Frimley Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 18,000 patients. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called a primary care network (PCN). They are part of the Farnborough PCN.

The practice provides medical services to the local community including residents at two care homes. The practice is located in a part of Farnborough with a small ethnic minority population (11%). Most of the patients are from a white background (89%) with 8% of the patient list from an Asian background, 2% from a mixed ethnic background and 1% from a black background. This area of Farnborough has low levels of income deprivation.

The practice team consists of 5 GP partners and 7 salaried GPs, 4 nurse practitioners and 3 practice nurses, 2 healthcare assistants, a trainee nurse associate and a phlebotomist. The practice also had a paramedic practitioner, 3 physician's associates, a clinical pharmacist and a pharmacy technician who are employed by the GP Federation and work across the PCN at times, however they work from the practice's premises. The practice is registered as a training practice for doctors training to become GPs. At the time of the inspection, there were 2 GP registrars attached to the practice (a GP registrar is a fully qualified doctor undertaking training to practice as a GP). The clinical team are supported by 2 medical secretaries and a secretarial apprentice and a management team of 5 members of staff who are responsible for business management, training and quality, finance and public relations, patient services and facilities management. The patient services team (reception) is made up of 20 members of staff, equivalent to 13 full time staff.

The practice is open between 8:30 am and 6:30pm Monday to Friday. Appointments are offered during all opening hours. The practice has opted out of provided out of hours service to their patients and these services are provided by North Hampshire Urgent Care service. The out of hours service is accessed by calling 111.

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 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> <p>The registered person had failed to ensure there were effective systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Specifically:</p> <ul style="list-style-type: none">• The management of patients taking high-risk medicines, including potassium sparing diuretics, did not follow national guidance. The clinical system had alerted staff that patients were overdue routine monitoring tests. Prescriptions had been issued even though it may not have been safe to continue prescribing to the patients.• Treatment for patients with long-term conditions did not always follow national guidance. For example, patients with acute exacerbations of asthma were not always followed up in a timely manner or issued emergency steroid cards.• Patient records did not always contain up-to-date and accurate information to base clinical decisions on. For example, we found annual reviews for some patients with long-term conditions and medicines had either not taken place or had been coded incorrectly.• The service had a recall system for patient with long-term conditions, however, it was not operating effectively. We found patients with a potential missed diagnosis of diabetes had not been followed up for further diagnostic testing and management of the condition. <p>This was in breach of regulation 17 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury
Surgical procedures
Family planning services
Maternity and midwifery services

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- An emergency medicine recommended in national guidance was not stocked and although the decision had been risk assessed, the control measures were insufficient to ensure safe care and treatment for patients.
- A historic Medicines and Healthcare products Regulatory Agency safety alert had not been appropriately actioned to ensure safe care and treatment was maintained.

This was in breach of regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.