

Hampton Health

Inspection report

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Date of inspection visit: 09 May 2019
Date of publication: 05/06/2019

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?

Good



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Good



Overall summary

This practice is rated as requires improvement overall.

The practice was previously inspected in April 2016, where the practice was rated as Good overall. In October 2018, the practice was inspected and rated as requires improvement overall, requires improvement for providing safe, effective caring and responsive services, inadequate for providing well-led services. As a result of these findings enforcement action was taken and a warning notice in relation to Regulation 17 was issued and a requirement notice in relation to Regulation 12.

We carried out an announced comprehensive inspection at Hampton Health on 9 May 2019.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 16 October 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 requires improvement overall and for all population groups.

We found that:

- Since our last inspection the practice had made improvements and strengthen leadership and management. Some of these actions had been newly implemented, and some needed further improvement and embedding to be able to demonstrate they had been sustained and were effective. In addition, we identified some new areas of concern.
- The practice had improved access to their services but had not undertaken full patients' surveys to fully evaluate the improvement in patient satisfaction. Comments on NHS choices and patients we spoke with gave positive feedback on the changes made to accessing services.
- The practice was in a position of change and were merging with other practices. The benefits of this change such as a wider skill mix of staff offering more services had not had enough time to be monitored fully and evaluated to demonstrate improvements in the data that is available.

- Patients received effective care and treatment that met their needs. We had seen improvements in patient care for example care plans for patients experiencing poor mental health.
- We saw staff deal with patients with kindness and respect and patients we spoke with told us they were involved in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Access to care and treatment had improved.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We rated the practice as requires improvement for providing safe services because;

- We found risk assessments had been undertaken but some of these needed to further improve such as those relating to fire safety.
- We found the practice had not undertaken a risk assessment to be assured that all emergency medicines were available to keep patient safe where appropriate.
- We found some patient group directions (PGDs) for nurses to administer medicines were out of date and the system in place was not effective to ensure all medicines were dispensed to patients safely.
- Prescription stationary was stored securely but the practice did not have a system to monitor it's use.
- The practice had improved the reporting and recording of significant events however this had not been fully embedded as not all events were reported formally.

We have rated the practice and all the population groups except for people with long term conditions as good for providing effective services. We have rated the population group of people with long term conditions as requires improvement because;

Published and verified Quality and Outcomes Framework data used in this report showed high levels of exception reporting for people with long term conditions. The practice shared with us their unverified data and exception reporting for the Quality and Outcome Framework for 2018/2019. From this data we saw that in generally the practice had improved their performance and reduced their exception reporting. However, we noted that outcomes for the performance for managing people with diabetes were lower than those that the performance in 2017/2018.

Overall summary

We rated the practice as requires improvement for providing caring services because;

- This report contains GP Patient Survey data published in July 2018 and the practice had not undertaken their own surveys to gain patient feedback to see if the changes they have been making have been effective.

We rated the practice and all the population groups as good for providing responsive services and for providing well-led services.

The areas where the provider **must** make improvements as they are in breach of regulations are;

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should make improvements;**

- Continue to improve the identification of carers to enable this group of patients to access the care and support they need.
- Further embed and monitor the effective of reporting and learning from significant events however minor.
- Continue to develop systems and processes to gain patient feedback such as patient participation and surveys. Monitor changes made to evidence they have been effective and result in improved patient satisfaction.
- Review and implement systems and processes to evidence that all staff are competent to undertake their role.

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a second CQC inspector.

Background to Hampton Health

Hampton Health is a practice situated inside Serpentine Green Shopping Centre, Peterborough. The practice provides services for approximately 9,401 patients. It holds a Personal Medical Services contract with Cambridgeshire and Peterborough CCG.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged 0–14 and 25–34 years. It has a lower than average number of patients aged 49 and over in comparison to the practice average across England. The practice is situated in a developing township with a low level of deprivation.

The practice team consists of four GP partners who hold overall financial and managerial responsibility for the practice, a practice manager, an advanced nurse practitioner, two practice nurses and two health care assistants. It also has teams of reception, administration and secretarial staff.

The practice is open from Monday to Friday with flexible appointment times including telephone consultations. Extended hours clinics are also available between 7am and 8am on Tuesdays and Wednesdays. In addition to this, patients registered at the surgery can access evening and weekend appointments at another local surgery as part of a network of local GP practices. Out of hours care is provided by Herts Urgent Care via the 111 service.

At the time of the inspection, the practice was in the process of merging with a group of other local practices. The practice had completed a merge of non-clinical aspects, such as recruitments and policies and procedures. A full clinical merge was expected to occur in 2019.

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 Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice was unable to demonstrate that risks associated with fire safety had been assessed and addressed.</p> <p>The practice had not undertaken a risk assessment to ensure that all emergency medicines were available to keep patients safe where appropriate. We found that not all recommended medicines were available.</p> <p>We found some patient group directions (PGDs) for nurses to administer medicines were out of date and the system used to ensure these were in place was not effective.</p> <p>Prescription stationary was stored securely but the practice did not have a system to monitor it's use.</p>