Care Quality Commission

Southern Hampshire Primary Care Alliance Limited

Community Specialist Services, Southern Hampshire Primary Care Alliance Headquarters (HQ)

Inspection report

35 Pure Offices
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Portsmouth
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Website: www. shpca.net

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Ratings

Overall rating for this service	**Good**
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Good**

Overall summary

This service is rated as Good overall. This was the first inspection of this service.

The key questions are rated as:

Are services safe? – Requires improvement

Summary of findings

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Community Specialist services, as part of our inspection programme. This was the first time we had inspected this service.

The service provides a phlebotomy service across the Gosport and Hayling Island areas and delivers a cardiology outpatient contract via Portsmouth Cardiac Associates. Services are offered at various times and locations across the Fareham and Gosport Clinical Commissioning Group and South East Hampshire Clinical Commissioning Group (CCG) areas.

There was no registered manager in post at the time of the inspection. The service had appointed one and they were in the process of being registered with the Care Quality Commission. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection we collected 13 comment cards. Feedback from patients was mostly positive. Patients found the service to be convenient although there was sometimes a wait for an appointment.

Our key findings were:

- Staff had the information they needed to deliver safe care and treatment to patients.
- The service learned and made improvements when things went wrong.
- Patients received coordinated and person-centred care.
- Staff treated patients with kindness, respect and compassion.
- The service organised and delivered services to meet patients' needs.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

The areas where the provider **must** make improvements are:

- Assess, monitor and improve the quality and safety of services.
- Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users
- Ensure that the persons providing care and treatment have the qualifications, competence, skills and experience to do so safely.

The areas where the provider **should** make improvements are:

- Implement systems to check the validity and risk assess the availability of emergency medicines and equipment
- Continue with processes to register the registered manager with CQC
- Improve frequency of staff meetings and ways of communicating with staff to ensure staff feel part of a team.

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**.** The team included a CQC Inspection Manager, a CQC team inspector, a GP specialist adviser and a practice manager specialist adviser.

Community Specialist Services, Southern Hampshire Primary Care Alliance Headquarters (HQ)

Detailed findings

Background to this inspection

Southern Hampshire Primary Care Alliance (SHPCA) is a federation of GP Practices reaching from Bordon in Hampshire, down the A3 corridor to Fareham and Gosport, and across to Hayling Island. All but three practices in the Fareham and Gosport Clinical Commissioning Group and South East Hampshire Clinical Commissioning Group (CCG) areas are members. Patients from all practices, whether members or not, can access the services.

SHPCA provides an extended hours GP service (known as the Integrated Primary Primary Care Services IPCAS) and also delivers phlebotomy and cardiology outpatient services. The community specialist services part of the alliance, which was inspected at this inspection, employs health care assistants, a phlebotomy supervisor and a service manager to deliver a phlebotomy service across the Gosport and Hayling Island areas. There is also a clinical lead who is a Director and GP from one of the member practices. The service is available is available through six local hubs and patients access the service by booking in with their own GP practice.

Portsmouth Cardiac Associates provide consultant cardiologists and cardiac technicians staff to the alliance to deliver the cardiology outpatients service. The alliance employs a service manager and healthcare assistant to administer and oversee the service. The cardiology service is intended as a non-urgent service. It can investigate palpitations, dizzy spells, suspected heart murmurs, breathlessness with unidentified cause, atrial fibrillation and pre-existing known cardiac conditions which are deteriorating. Access to the service is via GP referral.

Staff supporting the IPCAS service are not directly employed by the alliance but are employed by member practices. They are paid by their own practice for shifts worked delivering the service.

The phlebotomy service is provided at:

Gosport Medical Centre, Bury Road, Gosport, PO12 3AQ.

Tuesday, Wednesday and Friday 8am to 1pm

Monday 8am to 2.30pm

Thursday 1.30pm to 4.30pm

Solent View Medical Practice, Manor Way, Lee-on-Solent, PO13 9JG

Monday to Thursday 8am to 12pm

Friday 8am to 10am

Forton Medical Centre, Whites Place, Gosport, PO12 3JP

Monday, Tuesday, Wednesday and Friday 8am to 5pm

Thursday 8am to 6pm

Detailed findings

The Elms Practice and Waterside Medical Practice, Hayling Island Health Centre, Elm Grove, Hayling Island, PO11 9AP

Monday to Thursday 8.15am to 2.15pm

Friday 8.15am to 12.15pm

Brune Medical Centre, 10 Rowner Road, Gosport, PO13 0EW

Monday, Wednesday, Thursday and Friday 8am to 2.30pm

Tuesday 8am to 5pm

During the inspection we visited Gosport Medical Centre and Forton Medical Centre.

The cardiology service is provided at:

Westlands Medical Centre, 20B Westland Grove, Fareham, PO16 9AD

Three times per month on a Friday 2.30pm to 5.30pm

Rowner Health Centre, 143 Rowner Lane, Gosport, PO13 9SP

Three times per month on a Wednesday 2.30pm to 5.30pm.

During the inspection we visited Rowner Health Centre

Information about this provider can be found at www.shpca.net.

The inspection of the phlebotomy and cardiac services took place on 16 and 17 July.

Prior to the inspection we reviewed information we held about the service, publicly available information and information provided as part of the pre-inspection request. This helped us plan the inspection.

We used various methods to carry out our inspection of the various services. These included talking to people using the service, interviewing staff, observations and review of documents. We also reviewed patient records pertinent to the inspection and collected patient comment cards.

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

Requires improvement

Are services safe?

Our findings

We rated safe as Requires improvement because:

- The service was not able to demonstrate that all staff had completed safeguarding training
- Access to emergency medicines at Rowner Health Centre had not been risk assessed.
- Assurances were not in place in relation to health and safety at host sites.
- The provider did not follow policy and undertake environmental risk assessments at its head office.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse, with the exception of gaps in staff safeguarding training.

- The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff including locums. They outlined clearly who to go to for further guidance. Although neither the phlebotomy or cardiology service provided care and treatment to patients under the age of 18 years, the services had access to a child safeguarding policy to safeguard any child that might attend the premises.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify 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). We reviewed recruitment records for three staff employed by the alliance.
- Due to gaps in staff training records the alliance was unable to demonstrate that all phlebotomists had received up to date safeguarding training. Records showed that five out of nine phlebotomists had not completed level one safeguarding training. We were told this was because not all staff had given access to SHPCA to access their training records. Staff we spoke with demonstrated appropriate safeguarding knowledge.
- The alliance received assurance from property managers of their head office premises that safety checks had been carried out for example in relation to legionella, fire log and risk assessment and gas and electricity checks.
- A group health and safety policy was in place for the whole of the office suites at Pure Offices. The policy stated that individual environmental risk assessments would be undertaken. Property management stated this was the responsibility of individual clients. The alliance had not undertaken any environmental risk assessments for the part of the building they rented.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety, however there was a lack of assurance in relation to the systems and processes in place at host sites and in relation to external staff.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. The phlebotomy and cardiology service did not see severely unwell patients. Patients attending for a cardiology appointment had baseline observations recorded to support their assessment.
- The phlebotomy had access to emergency equipment via their host sites. They relied on the practices as host sites to ensure the emergency equipment was appropriate and valid.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The alliance held a group professional indemnity policy to cover care and treatment provided by health care assistants and nursing staff.
- Cardiology staff were sourced from Portsmouth Cardiac Associates (PCA), and not employed by SHPCA, who were responsible for ensuring clinicians had adequate professional indemnity insurance. The alliance did not regularly assure themselves this was in place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Requires improvement

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The cardiology service had its own secure records system, called Blueteq, referrals, test results and consultation notes were uploaded to the system which generated an outcome letter to be sent to the patient's own GP.
- The phlebotomy service had access to the GP patient record system. Blood tests were booked in via patients' own GP practice and patients brought their referral forms with them. Once the test had been taken there was no further access to the system and test results were sent directly back to individual GP practices.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with DHSC guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service was not a prescribing service. The service had not sought appropriate assurances and did not have reliable systems for access to emergency medicines.

- Neither phlebotomy or cardiology were prescribing services. Cardiologists made recommendations to patients' GPs as appropriate.
- The cardiology service was provided in two upstairs rooms at Rowner Health Centre. Emergency medicines and equipment were kept downstairs in the main health centre. The risk to patients of not having immediate access to emergency medicines and equipment, in an emergency situation, had not been assessed and appropriately mitigated.
- The phlebotomy service had access to emergency medicines provided by host sites however there were not arrangements in place to ensure these were being regularly checked.

Track record on safety

There was limited evidence in relation to the service's safety record, due to the way the service was set up.

- The service had a limited ability to monitor and review activity, because it used the premises of some member practices.
- The alliance had had an agreement with host sites to ensure safety of premises although it had not sought regular formal assurances, for example, compliance with fire safety and legionella risk.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, and shared lessons identified themes and took action to improve safety in the service.
- The provider had prepared an annual review of complaints and incidents. None of the incidents recorded were in relation to the cardiology of phlebotomy services.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. There had been no notifiable safety incidents.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

We found the service was providing effective care in accordance with relevant standards and regulations.

Effective needs assessment, care and treatment

We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Clinicians had enough information to make or confirm a diagnosis in relation to cardiology services.
- We saw no evidence of discrimination when making care and treatment decisions.
- The cardiology service used 24-hour heart monitoring devices, echocardiograms and electrocardiograms to support assessment of patients.

Monitoring care and treatment

There was some monitoring of the service.

- The service manager maintained a spreadsheet of patients referred to the service, their treatment, outcome and discharge. This information was shared with the CCG.
- Patient feedback was collated and responded where appropriate.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, however, the provider did not have assurance that staff were up to date with required training modules.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff to the phlebotomy service.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff. A spreadsheet was maintained to record training for directors and directly employed staff such as finance managers, delivery manager and service managers and phlebotomists. There were significant gaps in training demonstrated however this was thought to be because some staff had yet to give consent for managers to access and record their completed training. We were assured during the inspection that staff were being chased to complete their training needs. No training was recorded in relation to staff supplied by Portsmouth Cardiac Associates.
- A skills assessment of management staff working for the alliance had been completed to establish if there were gaps in required skills and what skills development was required.
- Some staff employed directly by the alliance had received an annual appraisal. We reviewed two appraisal documents which included training and development plans for staff.
- Portsmouth Cardiac Associates (PCA) supplied cardiologists and cardiology technicians to the alliance to provide the cardiology service. They were supported by a service manager and health care assistant employed by the alliance. The contract between the alliance and PCA stated that PCA was responsible for ensuring that staff were suitably qualified and skilled and were compliant in all statutory and mandatory training. Although this was a requirement of the contract, the alliance had not assured themselves that this was the case.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate, for example, patients' own GP.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment.
- All patients were asked for consent to share details of their consultation with their registered GP on each occasion they used the service.

Good

Are services effective?

(for example, treatment is effective)

- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, there was evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, especially in relation to the cardiology service, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, dietary and exercise advice.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

Our findings

We rated caring as Good because:

We found the service was caring in accordance with relevant standards and regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We collected 13 feedback cards in relation to the phlebotomy service, eight were positive, four were mixed and one was negative. Feedback about how staff treated patients was generally positive. Patients said phlebotomy staff were caring and polite.
- We did not receive any feedback cards in relation to the cardiology service. The cardiology service had carried regular patient surveys. A sample we reviewed showed overwhelmingly positive feedback. Patients said they felt listened to and clinicians understood what was important to them.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Patients self-identified communication needs at the time of booking an appointment. Referral letters could be in larger print if required.
- Through our comment cards patients generally felt involved with their care. One patient in the phlebotomy service said they wanted to be more involved in their care. Feedback gathered by the cardiology service did not include questions in relation to patient involvement.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

We found the service was providing responsive care in accordance with relevant regulations.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The alliance was set up to help meet ever-increasing demands on the health service and to use working at scale to ensure the continuity of Primary Care Services for the future. Working collaboratively with stakeholders, the alliance planned to meet and continue to meet the changing needs of the population.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Staff had access to language line if required.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment, one patient reported a long wait to get a phlebotomy appointment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.
- Patients were referred to the cardiology service by their own GP. Referrals were triaged by a cardiology consultant and appointment letters were sent to patients by the service manager.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and also from analysis of trends. It acted as a result to improve the quality of care.
- The alliance had prepared an annual review of complaints and incidents. This demonstrated that complaints had been dealt with appropriately, actions had been taken where necessary and learning had been disseminated to staff involved, including reflective practice.

Are services well-led?

Good

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

Our findings

We rated well-led as Good because:

We found the service was well led in accordance with relevant regulations.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Service leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership, however awareness of board level leadership was limited.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The provider had recently employed a Chief Operating Officer who demonstrated a high level of skill and understanding to lead the service and was supported by an external mentor. The executive leadership understood the needs of the population and had plans to develop a financially sustainable plan for the service to meet patient need.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The vision and values were displayed on the provider's website.
- The provider acknowledged that due to the unique way the service was set up, it was sometimes difficult to support staff to live the values. Further work was required to ensure staff felt part of the alliance team.
- The service developed its vision, values and strategy jointly with external partners. The alliance vision and detailed plan had been co-produced with Fareham and Gosport and South Eastern Hampshire CCGs. There was a quality strategy backed by a detailed plan for delivery.
- The vision was created by the alliance before phlebotomy staff were recruited, they were on board with the vision and values.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, patients complained they were bruised following a blood test. Staff involved reflected on their practice. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. Staff employed in the cardiology service had received an annual appraisal. Staff employed in the phlebotomy service had not had an annual appraisal because it was not yet due. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. We were told staff had received equality and diversity training, but evidence was not provided to support this. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

Good

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

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- There was a clear system of supporting meetings such as the quality operational group and the information governance oversight committee reporting directly into a monthly board meeting.
- Staff were clear on their roles and accountabilities. Each director was responsible for a key area for example infection control, safeguarding, mental capacity and deprivation of liberty, information governance and patient safety. Role descriptions were being developed for each director.
- Directors were voted onto the board by member practices. Each member practice had one vote per thousand list size rounded up.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- There was a risk management strategy in place supported by a risk management staff protocol and a risk assessment tool kit. This gave staff clear guidance in the identification, assessment and management of risk.
- Service leaders had oversight of safety alerts, incidents, and complaints.
- At the time of the inspection clinical audit in respect of the phlebotomy and cardiology services had not been carried out due to the nature of the set-up of the services.
- The provider had plans in place and had trained staff for major incidents.
- There was a provider level risk register in place which appropriately reflected the risks of the current culture and environment and supported our inspection findings.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Operational information was collected in relation to the cardiology service and patient feedback was sought, however there was limited use of this data to improve the service.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The alliance had developed a joint engagement plan with the CCGs to engage local people in understanding the services available to them and providing feedback about the type of services they would like access to.
- The alliance presented monthly at the CCG clinical assembly to ensure local practices were kept up to date with alliance developments such as feedback from patients, changes to services and the impact on the care system.
- Patient feedback was collected, in relation to the cardiology service, through feedback forms and collated. The most recent responses showed that 27 of the patients who completed feedback forms rated the service as either eight or nine for overall satisfaction with the service, with nine being the highest score possible.
- Phlebotomy staff were supported by a supervisor who visited each hub daily. Staff were able to feedback any

Are services well-led?

Good

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

issues via the supervisor. We were told phlebotomy staff attended meetings although there was difficulty in getting all staff together as most were part time. Although requested, we were not provided with evidence of meetings. The phlebotomy service used their own wellbeing mobile communication app to exchange informal messages. We were informed no patient information was ever exchanged via this method.

- The cardiology service was the result of a co-production project with Portsmouth Hospitals Trust.
- Feedback to and from cardiology staff was through Portsmouth Cardiac Associates.
- The service was transparent, collaborative and open with stakeholders about performance.
- Due to the way the alliance was set up with staff from member practices and the logistical problems in getting staff together for regular meetings, there had been difficulty in ensuring staff felt they were part of the alliance team. The provider wanted to develop a workforce 'brand' to support staff in identifying as part of a well-supported team.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The alliance had recently updated and modernised their website. The website clearly described the services provided, the locations, the opening hours and explained what a patient could expect from the service. The website included sections describing the phlebotomy and cardiology services provided to patients. There was a plan to develop the website further to enable patients to book appointments directly through the website reducing administration time.
- A staff portal had been developed and was due to go live the week following the inspection, to help overcome the difficulties of staff communication and teamwork and to support staff wellbeing. The portal included a general noticeboard, documents library, details of late-night pharmacy opening, staff and patient feedback 'You said, we did' and a social media platform.
- A quality strategy delivery action plan was in place ensuring the agreed strategy was monitored and improvements made. The plan was measured against CQC methodology to support the alliance in achieving CQC compliance. For example, one of the strategy improvements was to develop a mock CQC programme over a year.
- The alliance played a key role in shaping the future the local care system. The clinical chair sat on the Unified Executives Committee for the integrated care system.

The future plan was to provide more effective services at scale through partnership working Portsmouth City Primary Care Alliance, acute and community providers and local CCGs.

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 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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must enable the registered person to assess, monitor and improve the quality and safety of services and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. How the regulation was not being met: 1. There was no clinical audit to monitor and improve the quality of care provided by phlebotomists and cardiologists. 2. Apart from patient feedback there was a lack of quality monitoring of the service. 3. There was a lack of assurance in relation to staff training, records did not demonstrate that staff had completed necessary training, although the provider told us this was due to a lack of consent from individual staff to access their training records. 6. There was no assurance that staff provided by PCA had appropriate professional indemnity insurance in place, although this was stated in the contract, the provider did not check.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment How the regulation was not being met: Care and treatment must be provided in a safe way to service users. The registered person must assess the risks to the health and safety of service users, do all that

This section is primarily information for the provider

Requirement notices

is reasonably practicable to mitigate those risks and ensure that the persons providing care and treatment have the qualifications, competence, skills and experience to do so safely.

1. The service had not carried out risk assessments at individual host sites to determine safety for their patients and staff to access the service.

2. There was no assurance over the quality of staff provided by PCA apart from as set out in the contract - this was not monitored by the provider.

3. There was no risk assessment in place in relation to the location of emergency medicines at Rowner Health Centre.

4. The provider could not be assured, because records did not demonstrate that all phlebotomists had completed appropriate levels of safeguarding training.