St Clements Partnership

Inspection report

St Clements Surgery
Tanner Street
Winchester
Hampshire
SO23 8AD
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Date of inspection visit: 24 January 2019
Date of publication: 06/03/2019

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	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

We carried out an announced comprehensive inspection at St Clements Partnership on 24 January 2019 as part of our inspection programme.

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 Good overall. However we rated Safe as Requires Improvement.

We rated the practice as **Requires Improvement** for providing safe services because:

- Staff training was not fully established. We saw this was being addressed but the practice had not assured themselves that staff were using appropriate systems and processes until training had been embedded.
- Governance systems and processes were under review due to a change in practice management and not had the opportunity to be fully embedded. For example, the monitoring of professional registrations.
- Actions identified in previous risk assessments to ensure the safety of patients and staff had not been actioned, for example, identified actions from the previous legionella risk assessment.
- Learning from significant events had not been consistently documented and disseminated to relevant staff since November 2018

We have rated the population group for people whose circumstances make them vulnerable as **Outstanding** because:

- The practice carried out bespoke health clinic sessions at the local homeless centre. We saw evidence of the practice supporting patients in improving their housing and financial situations, as well promoting and improving their health and emotional well-being.

We have rated the population group for working-aged people (including those recently retired and students) as **Requires Improvement** because:

- The practice was below the 80% national target for the uptake by eligible patients for cervical screening, as well as the local and national averages.

We found that:

- The practice was in transition due to the introduction of a new management structure and systems and processes needed more time to be fully embedded.
- Areas for improvement had been identified by the practice and we saw evidence of actions plans in place to drive these improvements.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- We saw evidence of comprehensive clinical audits which demonstrated improvements in clinical care.
- The training of staff was encouraged but the documentation of completed staff training was not fully embedded due to changes in the training provider and a new recording system.
- Staff at the practice felt supported and listened to by managers.

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

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

(Please see the specific details on action required at the end of this report).

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

- Improve the identification of carers to enable this group of patients to access the care and support they need.
- Review how the practice monitors all patients receiving high-risk medicines.
- Continue to improve the uptake for cervical screening to achieve the national target of 80%.
- Continue to improve the uptake of childhood immunisations to achieve the national target of 90% in the two remaining indicators.
- Continue to review patient feedback in relation to accessing appointments and practice waiting times.

Overall summary

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

Older people	Good
People with long-term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Requires improvement
People whose circumstances may make them vulnerable	Outstanding
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 manager specialist advisor and a shadowing practice manager specialist advisor.

Background to St Clements Partnership

St Clements Partnership is located at St Clements Surgery, Tanner Street, Winchester, Hampshire, SO23 8AD. The practice shared its premises building with a sexual health clinic that was located on the top floor.

The provider is registered with CQC to deliver the following Regulated Activities:

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

St Clements Partnership is situated within the West Hampshire Clinical Commissioning Group (CCG) and provides services to approximately 17,500 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a partnership of GPs which registered with the CQC in 2013. The practice consists of 10 GP partners, three salaried GPs, two nurse practitioners, three practice nurses, two healthcare assistants and a clinical pharmacist. Alongside the clinical team, a practice manager partner is supported by a deputy practice manager and reception manager who lead a team of receptionist, administrators, secretaries and personal assistants. The practice is a GP training practice and at the time of inspection, had two GP Registrars attached to the practice. The practice is part of a GP Federation for the provision of extended access for primary healthcare services.

The National General Practice Profile states that 94% of the practice population is from a White background with an approximate further 4% of the population originating from an Asian background. Information published by Public Health England, rates the level of deprivation within the practice population group as nine, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 81 years compared to the national average of 79 years. Female life expectancy is 85 years compared to the national average of 83 years. There are a higher than national average number of patients over the age of 65, and fewer patients aged under 18 than the national average.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met.There was a lack of systems and processes fully embedded and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found:The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the completion of actions identified in previous risk assessments.Full oversight of staff training and appraisals was not in place and the practice could not give assurances that staff were using appropriately safe practices as a result.Oversight for the renewal of professional registration was not fully embedded.The process for sharing and disseminating learning from significant events had not been consistently implemented.This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.