

# Dr R G Crispin & Partners

## Quality Report

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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 service

Good



Are services safe?

Good



Are services effective?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr R G Crispin & Partners also known as The Clanfield Practice, on 15 August 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Dr R G Crispin & Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 14 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good. Our key findings for this inspection were as follows:

- The practice had now ensured all staff received appropriate training to carry out their role. Including for infection control, basic life support and chaperone training in accordance with practice policy.

- The practice had completed clinical audits to demonstrate clinical learning and development.
- All staff had received training on safeguarding adults and children to ensure they were aware of their responsibilities and were competent to identify and act on situations where service users may be at risk of harm.
- The practice had reviewed the appointments system.
- The practice had made arrangements improve upon patients' conversations being over heard in the reception area. The practice had put up information signs asking for patients to give more privacy to patient's queueing in front of them and to stand back from the reception counter. Patients could also speak with staff in private if they wished.

The areas where the provider should make improvement are:

- The practice needs to improve on identifying patients who were carers for support to be offered as needed.
- Review arrangements to make sure appropriate sink taps are provided for hand washing.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is now rated good for providing safe services.

Good



- Risks to patients who used services were assessed; the systems and processes to address these were now implemented well enough to ensure patients were kept safe, for example safeguarding, basic life support and infection control.
- All staff had received training on safeguarding adults and children to ensure they were aware of their responsibilities and were competent to identify and act on situations where service users may be at risk of harm.
- The practice now ensured that staff who acted as chaperones were trained to undertake the role.

### Are services effective?

The practice is now rated as good for providing effective services.

Good



- There was evidence that clinical audit was driving improvement in patient outcomes.
- A GP had been appointed to take responsibility for QOF and the practice could demonstrate improvement in the QOF outcomes.
- At the inspection in August 2016 we used the most available data to us which was QOF data from the 2014-2015 year. At this inspection the practice was able to provide data for 2015-2016. Total QOF points 96% and 2016-2017 unverified total QOF points 98%.

### Are services well-led?

The practice is now rated as good for being well led.

Good



- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. These meetings now routinely involved all relevant staff.
- The practice had a governance framework which now supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Patients who were carers were identified for support to be offered as needed.
- The practice had reviewed the booking of appointments in advance.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Dr R G Crispin & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was conducted by a Care Quality Commission Inspector a GP specialist advisor. There was another GP specialist advisor observing.

## Background to Dr R G Crispin & Partners

Dr R G Crispin & Partners, also known as The Clanfield Practice, is located in a purpose built building in Clanfield, Hampshire. The practice has approximately 7,900 patients registered. The practice provides services under a NHS General Medical Services contract and is part of NHS South Eastern Hampshire Clinical Commissioning Group (CCG). The practice is situated in one of the least deprived areas of England. The practice has a lower than national average number of patients aged 20 to 45 years old. A total of 19% of patients at the practice are over 65 years of age, which is similar to the national average of 17%. A total of 49% of patients at the practice have a long-standing health condition, which is lower than the national average of 54%. Approximately 2% of the practice population describe themselves as being from an ethnic minority group; the majority of the population are White British.

The practice has four GP partners, three are female and one is male. The practice also has one female salaried GP. Together the GPs provide care equivalent to approximately 29 sessions per week. The GPs are supported by a full time advanced nurse practitioner and two part time practice

nurses. The clinical team are supported by a practice manager and assistant practice manager with administrative and clerical staff. The practice is a training practice for doctors training to be GPs.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are available every Wednesday and Thursday mornings from 7am to 8am and on one Saturday per month from 9am to 12pm. The GPs also offer home visits to patients who need them.

The practice has opted out of providing out-of-hours services to their own patients and refers them to Hampshire Doctors on Call who are run by Partnering Health who provide an out of hour's service via the NHS 111 service.

The practice offers online facilities for booking of appointments and for requesting prescriptions. The practice was also part of the East Hants Multi-Specialty Community Provider Vanguard. (The vanguard is made up of providers and commissioners of health and social care which focus on the development of an integrated health, social care and wellbeing systems for patients to support them in the community).

We inspected the only location:

2 White Dirt Lane  
Clanfield, Waterlooville  
Hampshire  
PO8 0QL

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr R G Crispin & Partners in August 2016 under Section 60 of the Health

# Detailed findings

and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall with requires improvement for safe services, effective services and well led. The full comprehensive report following the inspection in August 2016 can be found by selecting the 'all reports' link for Dr R G Crispin & Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr R G Crispin & Partners on 14 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with a GP Partner, nurses and the practice manager.
- We received feedback from staff members.
- Visited the practice location
- Looked at information the practice used to deliver care.
- Observed how patients were being spoken with in the reception areas.

# Are services safe?

## Our findings

At our inspection in August 2016 we found that:

Staff demonstrated they understood their responsibilities, but not all staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses should be trained to safeguarding level three however not all the nursing staff had received safeguarding training.

At our visit on 14 June 2017, the practice was able to provide evidence to show that the requirements we had asked to be carried out had been completed.

### **Overview of safety systems and processes.**

Since our last visit the practice had purchased a bespoke training package which all staff had access to. A training record had been prepared which showed that all staff had been trained in basic life support, infection control, and information governance and we saw in date certificates to support this.

All staff had been trained to the relevant safeguarding level for their roles. There was a safeguarding lead GP and all

clinical staff had been trained to level three children primary care safeguarding and received vulnerable adult safeguarding training. All administration and reception staff had received child safeguarding and vulnerable adult safeguarding training. The practice manager and assistant manager had also received level three child safeguarding training. There was oversight by the practice to ensure this training would be repeated as necessary.

At the inspection in August 2016, we also suggested to the practice areas where they should make improvement:

### **• Ensure that staff who act as chaperones are trained to undertake the role.**

A notice in the waiting room advised patients that chaperones were available if required. The practice had updated the chaperone policy for the practice and only clinical staff with the correct chaperone training carried out these duties.

All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).

# Are services effective?

(for example, treatment is effective)

## Our findings

At our inspection in August 2016 we found that:

Data from 2014/15 showed performance for patients Quality and Outcomes Framework (QOF) indicators was worse than the national average at 76% of the total points available. This was explained by the practice as due to a change of staff. QOF is a system intended to improve the quality of general practice and reward good practice.

The practice had not ensured that clinical audits were undertaken regularly to demonstrate clinical learning and development.

At our visit on 14 June 2017 the practice was able to provide evidence to show that the requirements we had asked to be carried out had been completed.

### **Management, monitoring and improving outcomes for people.**

A GP had been appointed to take responsibility for QOF and the practice could demonstrate improvement in the QOF

outcomes. At the inspection in August 2016 we had QOF data from the 2014-2015 year. At this inspection the practice was able to provide data for 2015-2016. Total QOF points 96% and 2016-2017 unverified total QOF points 98%.

At this inspection we were given details of six audits that had taken place since our last visit, four of these were two cycle audits where the improvements had been implemented and monitored.

Findings were used by the practice to improve services. For example, an audit was completed to ensure that children prescribed inhaled corticosteroids, a medicine to control asthma, were having a completed annual review. The audit recommended that if a GP was issuing a prescription for an inhaled corticosteroid the height, weight and body mass index should always be recorded and to use an asthma management plan, which was available on the practice computer system. We saw evidence that this audit had been discussed at a clinical meeting and a meeting was arranged with the practice nurses to discuss the findings and arrange for a re audit to be conducted to ensure improvements to the quality of care were monitored.

# Are services well-led?

Good 

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

## Our findings

At our inspection in August 2016 we found that:

The practice had an overarching governance framework however this did not always support the delivery of the strategy and good quality care. For example: There was a limited programme of clinical audit. Not all staff received training appropriate to carry out their role in accordance with practice policy.

Staff told us the partners and practice managers met weekly, non-clinical staff meetings were bi monthly. The nurses did not have regular meetings or formal meeting with the GPs. However nursing staff told us that they were able to meet with GPs and the practice manager if they needed to. The practice did not routinely hold whole staff meetings.

At our visit on 14 June 2017, the practice was able to provide evidence to show that the practice had made improvements to governance and systems.

### **Governance arrangements.**

There was now a system to ensure training was completed. Training was up to date and monitored to ensure completion.

There was a system to monitor improvements to the quality of care. The practice had a programme of clinical audit and monitored patient outcomes closely.

Staff told us the practice held monthly meetings or more frequently when changes or information was needed to be exchanged. Nurses had attended GP and practice managers meetings and areas of discussion included significant events, clinical audits, training and roles within the practice.

Meetings were fully minuted and actions set which were followed up at the next meeting.

At our inspection in August 2016, we also suggested to the practice areas where they should make improvement:

### **• Review the booking of appointments in advance.**

The practice had reviewed this area and after patient feedback and on 5 June 2017 the practice changed its appointment system and advertised the fact with a newsletter, banners in the practice and information on the website.

There were now four ways to see a GP.

- Pre-bookable appointments available to book 2 weeks in advance through reception or online (GPs will still have the ability to arrange "review appointments" for up to 6 weeks in advance).
- On the day morning appointments available to book through reception from 8.00am to 11.30am.
- On the day afternoon appointments available to book through reception from 1.30pm to 5.30pm.
- Next day appointments will be available online from 5.30pm the day before.

### **•Ensure that patients who are also carers are identified for support to be offered as needed.**

The practice had updated its Carers Identification Protocol in November 2016 had put up Carer support posters in the reception area. The practice tried to identify and encourage patients to register as a carer by sending letters and questionnaires out and identifying carers through health professionals and new patient registration forms. This had increased the numbers of carers registered from 36 at our last visit to 55 at this visit. This is less than 1% of the practice population and the practice was continuing work to increase the number of carers registered at the practice.