

# North Harbour Medical Group

## 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 well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a focused follow up inspection of North Harbour Medical Group on 8 November 2016. This inspection was performed to check on the progress of actions taken following an inspection we made on 1 March 2016. These included;

- A lack of governance arrangements in the practice for the administration of vaccines under patient group directions (PGD) to ensure staff were competently trained and that the PGD was completed in a timely manner to ensure nurses did not practice outside of the legal framework.
- A lack of systems to ensure the practice was able to respond to medical emergencies. Specifically, improving the processes for managing emergency medicines, defibrillator, oxygen cylinders and labelling of the anaphylaxis medicines kit to minimise risks.
- A need to improve governance arrangements for prescription tracking and monitoring.
- The provider should raise awareness of the number of carers on the practice carer's register.

Following the inspection in March 2016 the provider sent us an action plan which detailed the steps they would

take to meet their breaches of regulation. During our latest inspection on 8 November 2016 we found the provider had made the necessary improvements in delivering safe, well led services.

This report covers our findings in relation to the requirements and should be read in conjunction with the comprehensive inspection report published in May 2016. This can be done by selecting the 'all reports' link for North Harbour Medical Group on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Our key findings across the areas we inspected in this focused follow up inspection were as follows:

- There were now well organised governance arrangements in place for the administration of vaccines under patient group directions (PGD) to ensure staff were competently trained and that the PGDs had been completed in a timely manner.
- Systems were now in place to ensure the practice was able to respond to medical emergencies.
- Improved governance arrangements for prescription tracking and monitoring were in place in line with guidance from NHS Protect.
- The provider had raised awareness of the number of carers on the practice carer's register and their numbers had increased accordingly.

# Summary of findings

**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?

At our inspection in March 2016 we found that the provider needed to make improvements. For example;

- The system for managing vaccines did not ensure that staff were competent to give vaccines within the Patient Group Direction (PGD). Additionally, the system for managing medical emergencies failed to identify expired defibrillator pads and expired emergency medicines.
- A lack of systems to ensure the practice was able to respond to medical emergencies.

Significant improvements had been made since the previous inspection. The practice is now rated as good for providing safe services. For example;

- There were now well organised governance arrangements in place for the administration of vaccines under patient group directions (PGD) to ensure staff are competently trained and that the PGDs had been completed in a timely manner.
- Systems were now in place to ensure the practice was able to respond to medical emergencies.

Good



### Are services well-led?

At our inspection in March 2016 we found that the provider needed to make improvements. For example;

- Staff were not always clear about the vision and values and not completely aware of their responsibilities in relation to these.
- There was a limited overarching governance framework which affected the delivery of the strategy and good quality care. This included arrangements to monitor emergency equipment and medicines.
- The provider should raise awareness of the number of carers on the practice carer's register.

Significant improvements had been made since the previous inspection. The practice is rated as good for being well-led. For example;

- The practice had discussed the importance of their vision and values at team meetings, and during staff one to ones. Staff we spoke with were aware of the vision and values and their responsibilities with regard to these.

Good



# Summary of findings

- The practice had fully updated their overarching governance framework.
- The provider had raised awareness of the number of carers on the practice carer's register and their numbers had increased accordingly.

# 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

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well-led domains mean the rating for this population group is now Good.

Good



### People with long term conditions

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well-led domains mean the rating for this population group is now Good.

Good



### Families, children and young people

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well-led domains mean the rating for this population group is now Good.

Good



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

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well-led domains mean the rating for this population group is now Good.

Good



### People whose circumstances may make them vulnerable

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well-led domains mean the rating for this population group is now Good.

Good



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

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well-led domains mean the rating for this population group is now Good.

Good



# North Harbour Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

## Background to North Harbour Medical Group

North Harbour Medical Group is based within Cosham Health Centre, Vectis way, Cosham, Portsmouth, Hampshire. PO6 3AW. The building is owned by NHS property services and is shared by other community services such as podiatry and health visiting. The building is built over a car park, which provides disabled parking. There is a large long ramp into the building and a lift from the car park for wheelchair access. There are electronic opening doors into the practice and all administration and clinical rooms are situated on one level. Cosham Health Centre is close to a bus stop and a rail station providing good public transport links.

The practice serves a registered population of approximately 8,959 patients. The practice is located in an area of the country with more deprivation and higher demand for health services. The majority of the population identify as white British, with some Asian and Caribbean residents.

The practice comprises five GP partners, and four practice nurses. The practice team consists of a practice manager, assistant practice manager and nine administration and reception staff. There are five GP partners who all work full time; two of the partners are female.

The practice operates a personal list system which has been established over many years. On the practice website

this is described as the ethos of traditional medical practice. It is a system where patients, are looked after by a named GP. This allows the GP to continue care efficiently, handle results and information and deal with enquiries from other health professionals.

The practice is open between 7.30am and 6.30pm Monday to Friday. Appointments are from 8am to 12.30pm every morning and from 1.30pm to 6.30pm daily. Extended opening hours are offered in the evening from Monday to Thursday 7.30am to 8am and on Monday mornings 6.30pm to 7pm.

When the practice is closed, patients are encouraged to use the NHS 111 service and an NHS Walk-in centre a few miles away. However, the practice told us that due to the proximity to the local accident and emergency (A&E) department patients often chose to go there.

This practice provides services under a General Medical Services (GMS) contract including maternity, long-term condition monitoring and minor surgery.

The services provides is regulated activities from a single location at North Harbour Medical Group, Cosham Health Centre, Vectis Way, Cosham, Portsmouth, Hampshire. PO6 3AW.

## Why we carried out this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at the overall quality of the service, and to

# Detailed findings

provide a rating for the service under the Care Act 2014. We visited the practice and reviewed documentation and checked on the progress of actions taken following the comprehensive inspection we completed in March 2016.

We inspected the practice, in part, against two of the five questions we ask about services; is the service safe and well led? This is because the service had previously not met some regulatory requirements. At our previous inspection in March 2016 the effective, caring and responsive domains were rated as good. Therefore, these domains were not re-inspected at this focused follow up inspection.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 November 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.



# Are services safe?

## Our findings

At our inspection in March 2016 we found that the provider needed to make improvements. For example;

- The system for managing vaccines did not ensure that staff were competent to give vaccines within the Patient Group Direction (PGD). Additionally, the system for managing medical emergencies failed to identify expired defibrillator pads and expired emergency medicines.
- A lack of systems to ensure the practice was able to respond to medical emergencies.

Significant improvements had been made since the previous inspection. The practice is now rated as good for providing safe services. For example;

- There were now well organised governance arrangements in place for the administration of vaccines under patient group directions (PGD) to ensure staff were competently trained and that the PGDs had been completed in a timely manner.
- Systems were now in place to ensure the practice was able to respond to medical emergencies. For example, the labelling of the “anaphylaxis kit” and all other emergency equipment had been updated since the previous inspection. We saw that the required emergency equipment was in place and that regular checks had been undertaken and confirmed in writing, signed and dated by staff.

The practice had introduced a new protocol for all of its PGDs. We saw evidence that all PGDs were in date and had been signed by staff and GPs.

The practice had created a new form which was signed and dated by staff each time the monthly emergency equipment checks were made, together with completing a spreadsheet which covered all emergency equipment checks. The practice manager carried out monthly spot checks to ensure these checks were being done. We saw evidence that these were being completed. Specifically, regular checks were carried out on the emergency medicines, defibrillator, oxygen cylinders and anaphylaxis medicine kit.

The practice had improved its governance arrangements for prescription tracking and monitoring by logging the numbers of all prescription pads and tracking these through the practice. Prescription forms were stored securely in accordance with guidance from NHS Protect.

The practice had also made improvements in other areas. For example, the practice was clean and nurses were involved in audits involving safety at the practice. Nurses had completed an infection control audit in October 2016 with a score of 94%, an improvement on the previous score in October 2015 of 76%. Improvements included the removal of surplus equipment, files and folders from treatments rooms to reduce clutter, the lamination of posters, repairs by NHS property services on walls and ceilings, and transparent plastic covers on keyboards.

# 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 March 2016 we found that the provider needed to make improvements. For example;

- Staff were not always clear about the vision and values and not completely aware of their responsibilities in relation to this.
- There was a limited overarching governance framework which affected the delivery of the strategy and good quality care. This included arrangements to monitor emergency equipment and medicines. This had therefore reduced the practice's ability to improve quality and identify risk.
- The provider should raise awareness of the number of carers on the practice carer's register.

Significant improvements had been made since the previous inspection. The practice is rated as good for being well-led. For example;

The practice had raised awareness of their vision and values through team meetings, and one to one discussions with staff. Staff we spoke with were aware of the vision and values and their responsibilities with regard to these. The practice had also displayed their vision and values on their website; "We believe in the ethos of traditional medical practice. We are keen to maintain a system where you, the patient, are looked after by your named Doctor. It allows the Doctor to continue your care efficiently, handle results and information about you, and deal with enquiries from other health professionals on your behalf. Over the last 20 years we have proved that this system works well for patients and practice alike."

The practice website also set out the rights and responsibilities of the patient.

The practice had fully updated their overarching governance framework since the previous inspection, including relevant policies on prescription security, patient group directions (PGD) policy and monitoring emergency equipment and medicines. All of these policies were available on a shared computer system for all staff, and in paper format if required. We saw written evidence that these policies had been implemented and that regular checks were conducted on emergency equipment and medicines.

Since the previous inspection the practice had held regular GP partner meetings, and GPs and nurses had been allocated lead roles in key areas of the practice, such as information governance and children and vulnerable adults safeguarding.

Regular audits were undertaken to monitor and manage risks, including audits by nurses as well as GPs. Nurses had carried out cytology audits, minor surgery audits, and respiratory audits. There had been an osteoporosis audit in September 2016. This had examined 267 patients, looking at various areas such as therapy interventions, whether medicines were being taken as prescribed, use of vitamin supplements. Findings of the audit included medication dosage changes to reduce side effects and more patient information on self-care and management was provided.

The provider had raised awareness of the number of carers on the practice carer's register and their numbers had increased accordingly, from 1.4% in March 2016 to 2.2% in November 2016. The practice had arranged a visit for staff from a local carers centre. This had involved setting up displays at the practice, speaking with patients, offering information for carers and encouraging carers to step forward and identify themselves in order for support to be offered. Future visits had been arranged by the practice with the local carer's centre to continue this initiative.

During our previous inspection staff told us that there were no formal nurses meetings. This had led to a lack of clarity regarding nursing lead roles and ineffective governance of some aspects of their roles. At our inspection on 8 November 2016 we found that there were now bi-monthly nurses' meetings and that nurses were now included in clinical meetings. Topics discussed included lead roles for diabetes, respiratory care, infection control and the responsibilities of the members of staff undertaking these roles. There were also written job descriptions for nurses and staff had been provided with copies of these. The practice provided all staff training sessions such as emergency first aid which included nurses, GPs and administrative staff.

Nurses had carried out cytology audits, minor surgery audits, and respiratory audits. There had been an osteoporosis audit in September 2016. This examined 267 patients, looking at various areas such as therapy interventions, whether medicines were being taken as

# Are services well-led?

Good 

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prescribed, use of vitamin supplements. Findings of the audit included medication dosage changes to reduce side effects and more patient information on self-care and management was provided.

Between August to September 2016 the practice had piloted optimised prescribing to support GPs with the most up to date prescribing methods. The findings had been submitted to the CCG and were currently being analysed.

The practice was about to introduce a new text messaging service which could be used to keep patients up to date with appointment reminders, friends and family survey and for general health promotion purposes.