

# Shirley Health Partnership

## Inspection report

Shirley Health Centre  
Grove Road  
Southampton  
Hampshire  
SO15 3UA  
Tel: 02380783611  
[www.ShirleyHealthPartnership.nhs.uk](http://www.ShirleyHealthPartnership.nhs.uk)

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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

## **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

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 Shirley Health Partnership on 6 November 2019 as part of our inspection programme.

This service is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The chief executive officer is the registered manager. 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.

## **Our key findings were:**

- Staff had the information they needed to deliver safe, effective and holistic support to patients.

- Patients received coordinated and person centred care.
- Patients had timely access to appointments through the enhanced access to services system.
- Staff treated patients with kindness, respect and compassion.
- We received 10 comment cards specific to Shirley Health Partnership and spoke with one patient using the service that evening. All comments were positive about the care they received and access to the service for treatment.
- The service organised and delivered services to meet patients' needs.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- Staff told us they felt valued and encouraged to progress in their professional development and career aspirations.
- There were clear systems and processes in place to keep people safe and safeguarded from abuse.
- Staff had the information they required in order to deliver safe holistic care to patients even when the clinician had not seen the patient previously.
- There were clear documented processes in place to record significant events and share learning from these.
- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

## **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 GP Specialist Advisor.

## Background to Shirley Health Partnership

Shirley Health Partnership is one of eight registered locations of the provider Southampton Primary Care Limited (SPCL). SPCL is a GP federation delivering primary healthcare services to approximately 283,000 patients across the city of Southampton. Of the 26 GP practices in Southampton, 24 are member practices and are shareholders in the federation. The member practices are:

- Aldermoor Surgery
- Alma Medical Centre
- Atherley House Surgery
- Bath Lodge Surgery
- Brook House Surgery
- Cheviot Road Surgery
- Highfield Health
- Hill Lane Surgery
- Living Well Partnership
- Lordshill Health Centre
- Mulberry Surgery
- Old Fire Station Surgery
- Raymond Road Surgery
- Shirley Health Partnership
- St Mary's Surgery
- St Peters Surgery
- Stoneham Lane Surgery
- Townhill Surgery
- University Health Service
- Victor Street Surgery
- Walnut Tree Surgery
- West End Road Surgery
- Woolston Lodge Surgery

SPCL has eight registered locations which act as hub sites for patients to access the services it delivers.

The registered hub sites are:

- Aldermoor Surgery
- Chessel Branch Surgery
- Lordshill Health Centre
- Nicholstown Surgery
- Shirley Health Partnership
- Southampton Primary Care Ltd
- St Mary's Surgery
- Woolston Lodge.

Locations have been chosen to provide the best spread of access for patients across the city. There are three hub sites open across the city at any one time.

Southampton Primary Care Limited provides the following services to the public:

## **Enhanced access**

If a patient cannot get an appointment with their own GP patients can have access to the enhanced access service offered by SPCL. There are a range of clinicians available including Health care assistants, nurse practitioners and GPs. Patients can access this service by contacting their main GP practice and requesting a hub appointment. Appointments are run city wide from any of the hub locations. Hub locations opening days and times alternate to provide the best possible spread of services and access across the city.

## **Physiotherapy**

Patients can refer directly into this service to see a physiotherapist for a see and treat appointment for musculoskeletal issues. At the time of this inspection, CQC did not regulate physiotherapy and as such this element was not inspected.

## **Long Acting Reversible Contraception**

Patients GP practices can refer a patient in for a contraceptive appointment. SPCL will receive the referral and arrange with patient a convenient time for appointment.

## **Acute visiting service**

This service is available for all patients registered with GPs in Southampton and covers those who are unable to attend GP practices for appointments. The acute visiting service operates in addition to the home visits undertaken by GP practices. Home visits through this service are booked in the same way as through the enhanced access route. GPs attending home visits use the location Southampton Primary Care Ltd as a base for when undertaking visits.

## **Enhanced health in care homes**

This service is a multi-disciplinary team approach to providing enhanced care in care homes across Southampton City. The team work closely with the residents usual GP to provide additional support and services.

We only inspected some services provided to the public as not all services offered were in scope for CQC registration for regulated activities. We did not inspect the Physiotherapy services as currently this is out of scope. We did not inspect the acute visiting service or enhanced health in care homes as the base location for these was the head office location (Southampton Primary Care Ltd) which had a separate CQC inspection and report.

The registered location Shirley Health Partnership operates from the following address:

Shirley Health Partnership

Grove Road

Southampton

SO15 3UA

The service is registered to provide the following regulated activities:

Diagnostic and screening services

Family Planning

Surgical Procedures

Treatment of disease disorder and injury

This inspection focused on the registered location Shirley Health Partnership. This location acted as one of the hub sites which delivered extended and enhanced services to the registered population of Southampton. Patients across Southampton could access appointments at this hub location if they were unable to get an appointment at their own practice during core GP hours or extended access provisions through their GP. The SPCL hub service is staffed by a spread of clinicians working across the hubs open on anyone day in order to provide the best spread of treatment options for patients across the city. Therefore, staffing of Shirley Health Partnership by SPCL varies on a daily basis. On the evening of our inspection a nurse practitioner was the only clinician working for SPCL at this location supported by two receptionists.

Shirley Health Partnership as a hub site for SPCL is located in the GP practice Shirley Health Partnership. This GP practice holds its own registration with CQC for providing core GP services and has been rated separately by CQC.

On the day of our inspection the extended access hub was open from 18.15 to 21.00.

### **How we inspected this service**

During our visit we:

- Reviewed information held about this service.
- Spoke with the registered manager, board level directors, service level managers and a range of employees of the provider.
- Reviewed provider documents and policies
- Reviewed feedback from staff and patients as obtained from survey results and public data.

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.

# Are services safe?

## We rated safe as Good because:

There were clear systems and processes in place to keep patients safe and safeguarded from abuse. Risks were assessed and safety was monitored and managed so people were supported to stay safe. Lessons were learned and improvements made when things went wrong.

## Safety systems and processes

### The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. 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 on an ongoing basis 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. All staff spoken with on this inspection were aware of who the safeguarding lead was within the organisation and ways to contact both the lead and other organisations as required. Staff spoken with had a good understanding of what a safeguarding concern might be and the procedure for escalating concerns.
- There was an effective system to manage infection prevention and control. Risk assessments for premises specific infection control including water testing for legionella risk were undertaken by the GP practice which hosted the extended access service. There was a clear service level agreement in place outlining these

responsibilities. SPCL had their own systems and processes for monitoring infection control in the equipment they used. For example, this hub site had their own equipment trolley and clinicians completed a cleaning schedule for the equipment that was used such as couch and blood pressure cuffs. Staff told us they completed a visual check of cleanliness of the room they were utilising before they started and then again at the end which was reported back to head office.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## Risks to patients

### There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. SPCL maintained 100% rota fill across all their services through embedded governance review systems and by adopting a flexible approach to staffing across all registered locations including the head office location. Staff were employed on a sessional basis by SPCL. Staff were employed directly through SPCLs recruitment procedures. Some staff worked both for member practices and SPCL and others worked just for SPCL.
- There was an effective induction system in place.
- 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 provider, SPCL, had a service level agreement (SLA) in place with Shirley Health Partnership for the use of buildings and facilities. The SLA allowed for SPCL to utilise the emergency equipment and medicines that belonged to the host practice which included the defibrillator. Maintenance and checks of the medicines box belonged to the host GP practice and not SPCL. On the evening of the inspection it was found that staff were unsure of the location of the non-emergency medicines which belonged to the host site (those that

## Are services safe?

were not deemed as emergency medicines but may still be required if immediate medical attention was needed). We raised this with the provider who had ensured that all staff were aware of the locations of medicines within 48 hours of the inspection.

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

### Information to deliver safe care and treatment

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

- 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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Staff had access to both types of electronic clinical records systems in use by GP practices across the city as well as access to some elements of hospital systems (for example x-ray and blood test notes). This meant clinicians at the service were able to see a full patient history when treating a patient regardless of what practice they were registered with. As such, staff had a thorough understanding of the patient in order to make an informed judgement. It also meant that discharge summary information and consultation notes were readily available to all clinicians working with the patient.
- 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 had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use. Medicines and equipment for use in at the service were ordered in and stored centrally at the provider's head office. These were then distributed out to the hub sites as and when stock was required. During this inspection we observed the stock control process of

the SPCL hub trolley. Reception staff working at the hub were responsible for upkeep of the trolley on each shift. At the end of each shift, reception staff would count each stock item and input this onto a central spreadsheet which was monitored at head office. The trolley was locked away when not in use. Expiry date monitoring of the trolley was undertaken once a month by a dedicated member of staff who had oversight of all stock control processes centrally. The provider SPCL had their own prescription stationery storage processes. Clinician working for SPCL at Shirley Health Partnership as part of the extended access service completed the signing in and out of the stationery. Stationery was removed and locked away in SPCLs hub box when not in use.

- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety. On the evening of our inspection the nurse was the only clinician working at the service and was not a nurse prescriber. If patients required a prescription the nurse had access to an on-call clinician who was able to complete an electronic prescription as appropriate.

### Track record on safety and incidents

#### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements

### 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.

## Are services safe?

- 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. Incidents were recorded and analysed centrally by head office and the executive leadership team. Staff working at the service told us that any learning relevant to their role was communicated to them via email and also through regular meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.



# Are services effective?

## We rated effective as Good because:

People had good outcomes because they received effective care and treatment that met their needs. Staff received regular supervision to ensure their training needs were met in order to deliver high quality care.

### Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence based practice. 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, patients who required frequent dressing changes were able to get an appointment at the service and then have follow up appointments booked at once to ensure that there was continuity of care and no delay getting the care and treatment required.
- Staff assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. Audits were typically undertaken at head office location and spanned all hub sites. Staff working at the hubs told us they had opportunities to engage in activities to improve quality and patient outcomes.

- All clinicians working for the provider Southampton Primary Care Limited had a clinical notes review meeting every six months whereby five of their clinical notes were reviewed as an audit to ensure these were in line with best practice and for ongoing learning and development. There was a standardised records review template in place. Any identified learning from these was discussed with the individual clinicians as part of ongoing supervision.

### Effective staffing

**Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- 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 and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Staff told us that they had access to a staff dashboard which showed them when their training needs were due for renewal. Staff had opportunities to engage in online training or face to face. We spoke with staff across a range of disciplines (both clinical and non-clinical) who worked across the hub sites. All staff told us that they had access to extensive training and felt their needs were met. One staff member told us that in comparison to other roles they had held in other organisations, this was the most supported they have felt by the executive leadership team in terms of engaging in further training and support to undertake their role. We were told by staff and witnessed examples of when the executive leadership team had moved reception staff around the hub sites to ensure sufficient skills mix was met. For example, moving shifts around to ensure a junior member of staff was placed with a more experienced member in order to support learning and development.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

### Coordinating patient care and information sharing

# Are services effective?

## **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. All clinicians had access to a variety of operational systems used by organisations across the city (such as elements of hospital data and the two GP clinical notes systems used) this meant that clinicians had access to a full patient history in order to provide joined up care with all services involved in that patient's care. Discharge summary documents were then able to be sent directly to the patient's registered GP. SPCL staff had strong working relationships with all local organisations including care homes and secondary care services.
- 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 where this information was not available to ensure safe care and treatment. Both nursing staff and reception staff told us examples of when patients may need re-booking to another hub site if the care or treatment required was not possible at this hub site – for example during this inspection the nurse was the only clinician working for the SPCL at this hub location. If a GP was required reception staff told us that the patient would be rebooked into a different hub location in order to see the most appropriate clinician. Staff told us on the occasion that this was required it was often because a patient presented with different needs to what was described briefly when requesting the appointment.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.

## **Supporting patients to live healthier lives**

### **Staff were consistent and proactive in empowering patients, 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, if clinicians working at the hubs had the initial patient contact and a follow up was required, patients were referred back to their regular GP to undertake the rest of the care and treatment.
- 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.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## We rated caring as Good because:

People were supported, treated with dignity and respect and were involved in partners in their care.

### Kindness, respect and compassion

#### Staff treated/ treat patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Southampton Primary Care Limited, as the provider organisation, collected feedback via the friends and family test and analysed this data centrally. Feedback from this was published on their website showing that over 96% of patients in September 2019 responded they would be extremely likely or likely to recommend this service (181 respondents). The leadership team at the provider were able to extract data to look at location specific information. At each hub site, patients were asked if they would be happy to complete a friends and family test feedback form post consultation. Reception staff collected the written forms and extracted data to input into a centralised system for the leadership team to review. Feedback was collated organisationally. Staff working at the hub site were able to review the feedback when entering the data to make some instant changes if required or feedback to head office but also received feedback via email on performance.
- Feedback from patients was positive about the way staff treat people. CQC comments cards collected represented patient feedback from using Shirley Health Partnership hub site only. We received 10 comment cards specific to this hub. All 10 cards were detailing patients' positive experiences of the service. There were no negative or neutral comments. Comments included being impressed with the speedy service, providing good care and friendly and helpful staff.
- 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care. Information about booking an appointment through the extended access service was available in a variety of languages through the SPCL website. As SPCL utilised existing GP practices as premises for their hub sites, patients could access health promotion information from those practices' notice boards in the waiting rooms. We saw an example in Shirley Health Partnership of a banner with QR codes for various health promotion information that patients were able to scan with their mobile phone to receive further information and support about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

## 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.

# Are services responsive to people's needs?

## We rated responsive as Good because:

Peoples needs were met through the way services were organised and delivered.

## 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 provider understood the needs of their patients and improved services in response to those needs. The provider, Southampton Primary Care Limited, had been commissioned to provide additional primary care services to take place within the local community. Southampton Primary Care Limited had identified seven hub sites across the city to operate their services from, to best support patient accessibility. Hubs were located in the east, west and central parts of the city. This inspection was of Shirley Health Partnership which was a hub location from the West of the city. Rotas for all commissioned services were organised centrally by the leadership team of SPCL. Reception staff spoken with on the evening of our inspection told us that they had a preference for which hub sites they wished to work from but noted that they can be rotated across the hubs to meet the needs of the service being delivered to patients.
- Hub sites provided extended access to primary care services and on the evening of our inspection the hub Shirley Health Partnership was open from 6.15pm to 9pm. Although based in the west of the city, patients from any member site across Southampton could access an appointment from this hub site. Patients could access an appointment by contacting their normal registered GP to request an extended access appointment. Their GP practice would then book this in with the call handlers working for SPCL from their head office location. As staff worked flexibly across all registered locations the provider had designed a clear workflow process so that admin staff working in head office were able to identify what clinicians were working in which hub sites in order to best place patients' appointments. Hub sites operated on a rotational basis to allow best possible access for patients minimising travel from their home to access care and treatment. All rotas and operational monitoring were completed from the head office location.

- Shirley Health Partnership is a registered GP practice providing core GP services and is registered separately with the CQC. Southampton Primary Care Limited have an agreement in place with Shirley Health Partnership to operate out of their premises as a hub site. As such, oversight of ensuring the facilities and premises were appropriate for the services delivered was to the responsibility of the GP practice. Staff working at the hub reported at the start and end of their shift on the facilities and premises and fed back any concerns. We saw that the premises were clean and suitable to meet patient needs.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

## 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. All patients registered at the 24 member practices had access to the extended access service operating out of the hub sites of which Shirley Health Partnership was one. If patients were unable to get a timely appointment with their GP practice they could request an extended access appointment at one of the hubs. Patients could access any one hub across the city but also had the flexibility to ask for a hub nearer to home if the options offered in the first instance were too far to travel. We spoke to staff who told us that the extended access services were particularly beneficial for patients who required frequent dressing changes, as these could all be booked in advance through the hub in order to ensure there was no delays to getting an appointment and to prevent the patient having to constantly rebook an appointment for a dressing change.
- Patients spoken to on the day of the inspection and views obtained through the comment cards were positive about how speedy the service was in getting an appointment and positive about the treatment they received.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. Admin staff who were working as

## Are services responsive to people's needs?

call handlers at head office to book in appointments had a clear navigation system in place to ensure that patients were booked into the most appropriate clinician.

- Patients could book an appointment through SPCL by contacting their GP or the NHS 111 service and requesting a 'hub appointment'.
- Referrals and transfers to other services were undertaken in a timely way.

### 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. Complaints were handled centrally by the executive leadership team based at the head office location. During that inspection we saw a completed example of the complaints procedure and summary of complaints received across the whole of the provider. Staff told us that any learning from complaints would be discussed with them at meetings or filtered down via email.

- 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 from analysis of trends. It acted as a result to improve the quality of care.
- There had been 13 complaints recorded since the beginning of 2019 across the organisation. Complaint themes included staff attitude and communication issues between SPCL and other services and the impact this had had on patients (for example, withdrawal of medicine but not communicated to all organisations working with the patient). We reviewed a completed complaint process and saw that this was clearly documented. We also reviewed sample meeting minutes and saw that complaints were a standing item on the agenda. From the minutes we reviewed, complaints had been discussed and learning identified, for example, strengthening working relationships with the older persons mental health team to ensure all patient clinical notes were available to clinicians at SPCL for when reviews were being undertaken.

# Are services well-led?

## We rated well-led as Good because:

The leadership, governance and culture were effective and supported the delivery of high quality person centred care.

**The provider Southampton Primary Care Limited (SPCL) has eight registered locations. This inspection was of one of the hub sites which delivered extended access services: Shirley Health Partnership. The organisational structure of SPCL was that there was a single overarching governance and leadership structure spanning across the organisation. This covered policies and procedures; recruitment; training and development and infection control amongst others.**

## 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. The leadership team at board level had a strong understanding of local challenges faced by practices and the differences in geographical area across the city. The directors created a newsletter as a way of communicating information easily to member practices.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. All staff spoken with on this inspection were positive about their immediate managers and the overarching leadership team which included executive and board members of staff.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## 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 aims of the provider, SPCL, included to strengthen the capacity of practices, tender for new services and to

strengthen clinical governance across member practices in order to enhance quality improvements. The vision was to offer centralised training and development to all member practices in order to share the vision and deliver high quality care across the city to benefit the 350,000 patient population of residents in Southampton. All staff from member practices had access to a suite of training resources beyond those typically utilised by GP practices and SPCL had recently purchased a new training package to further enhance the training opportunities available

- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Staff had an understanding of the overarching vision, values and strategy delivered by SPCL as an organisation. They had an understanding of their role in achieving the vision and were able to describe the journey that the organisation had gone on from inception to present day. Staff knew where to access the full vision and mission statement if they wanted to view this.
- The service monitored progress against delivery of the strategy.

## Culture

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

- All staff spoken to during the inspection stated they felt respected, supported and valued. They commented that they were proud to work for the service. The executive leadership team at SPCL had undertaken a staff survey in February 2019 of all staff working across the organisation and included staff working at Shirley Health Partnership hub site. Results (completed by 33 out of 42 employees, therefore a response rate of 79%) showed that 85% of colleagues felt they received the respect they deserved from colleagues at work. The results also highlighted, 88% were satisfied with the quality of care they gave to patients with the remainder answering 'not applicable'.
- 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. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

## Are services well-led?

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff told us that they felt they were taken seriously when raising a concern and that they also received feedback around this. Data collected from the SPCL 2019 staff survey, indicated that 94% of respondents agreed they were encouraged to report errors, near misses and incidents with 70% feeling that SPCL took action to ensure that incidents were not repeated. 85% reported feeling secure in reporting concerns about unsafe clinical practice.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. 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. Clinicians working at the service could be the only clinician in the building for a period of time during the evening. Staff told us that each evening there was an on-call senior clinician available with a direct dial to access for support. There was also always two members of reception or administration teams present who told us that they regularly checked in on the clinician in between patients. Staff told us that if they needed additional support they had contact numbers for their immediate managers and also an instant messaging system via their intranet to liaise with staff working at other hub sites to have general conversations or ask questions. Staff told us that there was always someone working at whatever time to answer any questions they may have.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- 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.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was a dedicated infection control lead in place to oversee the systems and processes across all the hub sites. Documentation was stored centrally at this location and also available to staff via the intranet. During this inspection we saw the computerised system for counting in and out stock on the hub trolley at the end of each shift. This was submitted electronically to head office for Realtime monitoring.
- There were service level agreements in place between SPCL and this service.

### 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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. For example, when one hub premises was out of action due to a water leak another hub opened up to ensure the provider could deliver the number of planned appointments and patients could continue to access care and treatment. The IT system designed for the provider allowed staff to easily move from premises to premises and remote working in the event of adverse incidents. Operational monitoring of systems and processes were undertaken from the head office location which forms this inspection report.

### Governance arrangements

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

## Are services well-led?

- The provider had a provider level business continuity plan and service level agreements with each hub site which covered potential risks.
- There was an embedded IT system in place which was under constant development. The system was multi-faceted with access levels depending upon managerial or staffing role. All staff could access performance data required for their role including access to training records.

### Appropriate and accurate information

#### The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust 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 service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, the leadership team created an action plan following the staff survey results to address feedback raised by staff. This included establishing more routine meetings and regular 1:1s for administrative staff. Staff spoken with during this inspection told us they all had access to regular meetings. Staff told us about the weekly nurse meeting whereby they have an

opportunity to present a subject to colleagues across the organisation. Reception staff told us that time was blocked out for all reception staff to attend learning and development sessions and routine meetings and during this time period the admin team would take over their receptionist responsibilities to ensure maximum attendance.

- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings. Internal staff survey results from February 2019, showed that 48% agreed that communication with senior management and staff was effective and that feedback was acted on by managers. This is contrary to the feedback received from staff spoken to at the this service which were all positive about having input. We heard of an example whereby a member of the nursing team raised concerns about the Doppler machine they had was not giving a full reading and assessment. The staff member requested new handheld equipment that would allow for this to be completed and the executive leadership team ensured this was provided and also ensured additional training was delivered to all staff on offering this assessment.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement both for clinical and non-clinical matters. Staff spoke about the staff dashboard and how they have oversight of their own training and development needs and the staff intranet. Staff working at this service spoke positively about the instant messaging system in place for staff to use in order to link in with staff working at other hub sites and how valuable this was when working an evening shift at one of the hub locations.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared from head office across all hub sites and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.



## Are services well-led?

- There were systems to support improvement and innovation work.