

Watercress Medical, Mansfield Park Surgery

Inspection report

Lymington Bottom Road
Medstead
Alton
Hampshire
GU34 5EW
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We decided to undertake an inspection of Watercress Medical, Mansfield Park Surgery following our annual review of the information available to us. This inspection looked at the following key questions of:

- Are the services at this location effective?
- Are the services at this location responsive?
- Are the services at this location well-led?

The practice's annual regulatory review did not indicate that the quality of care had potentially changed in relation to Safe and Caring. However, during the inspection, based on what we found on inspection, we decided to also inspect the key question of:

- Are the services at this location safe?

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 requires improvement overall. Due to the issues identified in the Effective domain, all population groups have been rated requires improvement as well.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm but evidence of nine patient group directions (PGDs) not being authorised was found on inspection.
- The practice's response was quick and appropriately managed to identify the root cause of this oversight.
- We found evidence of two lapses in the security arrangements on the day of inspection. These were in relation to prescription stationery security and immunisation fridge security and were raised with the practice on the day.
- Since inspection, the practice had arranged a visit from an external security contractor on 10 January 2020. The practice reported it was in the process of revising its security arrangements throughout the premises.
- Patients received effective care and treatment that met their needs.

- The practice had an effective system to ensure its exception reporting rates were regularly below local and national averages.
- The practice's non-medical prescribing practitioner acted within their scope of competency and attended clinical meetings.
- We saw evidence demonstrating staff were not fully compliant with the practice's own training requirements and appraisals had not been completed in with the practice's own policy.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The practice was looking into sourcing a hearing loop and information leaflets in alternative formats such as braille to support those patients with a hearing or visual impairment.
- Patients said the care they received at the practice was what they needed, and it was provided when they needed it.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- Improve the accessibility to information for patients with impaired vision or hearing loss.
- Consider alternative ways of involving the patient participation group to gain patients' perspective.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist advisor.

Background to Watercress Medical, Mansfield Park Surgery

Watercress Medical, Mansfield Park Surgery is located at Lymington Bottom Road, Medstead, Alton, Hampshire GU34 5EW.

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.

Watercress Medical, Mansfield Park Surgery is situated within the West Hampshire City Clinical Commissioning Group and provides services to approximately 7,200 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 six partners, five GPs and one cardiologist, who registered with the CQC in 2013. Of the five GPs, three are female, and two are male. The practice employs a female advanced nurse practitioner,

two female practice nurses, two female practice nurse assistants. The clinical team is supported by a practice manager, a deputy practice manager and a team of receptionists, administrators and medical secretaries. The dispensary was staffed by a team of dispensers and dispensary technicians. The practice is part of primary care network with other local GP practices and is a member of a local GP federation.

There are higher than average number of patients above the age of 65 years, and fewer patients aged under 18 years, than the national average. The National General Practice Profile states that approximately 98% of the practice population is from a White background. Information published by Public Health England, rates the level of deprivation within the practice population group as ten, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is approximately 84 years compared to the national average of 79 years. Female life expectancy is approximately 86 years compared to the national average of 83 years.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• At the time of inspection, no formal process was in place to ensure the correct authorisation of patient group directions (PGDs) was undertaken. For example, we found nine PGDs in use for immunising patients but had not been appropriately unauthorised.• Consultation and treatment room doors that were intended to be locked when not in use were found to be unlocked. Evidence of unlocked fridges and prescription stationery were found in these unlocked rooms on the day of inspection. <p>This was in breach of Regulation 12(2)(b) and 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Staff were not fully compliant with the practice's own training expectations, including infection prevention and control, fire safety and basic life support.• Not all staff had received an annual appraisal in line with the practice's own policy. <p>This was in breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>