

# The Andover Health Centre Medical Practice

## Inspection report

Charlton Road  
Andover  
Hampshire  
SP10 3LD

Date of inspection visit: 7 Feb 2019  
Date of publication: 11/04/2019

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



# Overall summary

We carried out an announced comprehensive inspection at The Andover Health Centre Medical practice on 7 February 2019.

At this inspection we also followed up on breaches of regulations identified at a previous inspection on 11 April 2018, where the practice was rated requires improvement overall.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

**We have rated this practice as good overall but we have rated the practice as requires improvement for providing safe services.**

We rated the practice as **requires improvement** for providing safe services because:

- The practice's safeguarding policies did not reflect the risks of patients accessing online services.
- Staff recruitment or induction policies were not fully embedded.
- A Patient Group Directive (PGD) had not been authorised and immunisations were found to have been given under this PGD without the appropriate authorisation. This oversight had been highlighted as an issue at the practice's previous inspection in April 2018.
- The practice had not formalised its repeat prescribing process to assure itself that the processes that staff were following were appropriate and safe.

We rated the practice as **good** for providing effective services because:

- We saw evidence of clinical audits which demonstrated improvements in clinical care.
- The practice organised and delivered services to meet patients' needs.
- Unverified data provided by the practice demonstrated improvements to its Quality and Outcomes Framework results in all but one population group.

We rated the practice as **good** for providing caring, responsive and well-led services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs.
- The practice had a clear and credible strategy for providing sustainable care.
- Areas for improvement had been identified by the practice following its previous inspection and we saw evidence of actions plans in place to drive these improvements.

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

- Ensure that care and treatment is provided in a safe way.

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

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

- Continue to improve the identification of carers to enable this group of patients to access the care and support they need.
- Continue to improve QOF indicator outcomes and exception reporting to allow patients to access effective care.
- Continue to improve the uptake for cervical screening to achieve the national target of 80%.
- Continue to encourage and review patient feedback to monitor patient satisfaction.
- Review how the practice maintains full oversight of staff training and records of completion.
- Review how policies and procedures are consistently implemented regarding staff recruitment and induction.
- Review how actions from safety alerts are recorded and shared with temporary clinicians.

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

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

## Population group ratings

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

## Our inspection team

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

## Background to The Andover Health Centre Medical Practice

The Andover Health Centre Medical Practice is located at Charlton Road, Andover, Hampshire, SP10 3LD. The practice shared its premises building with a sexual health clinic. The premises is located within the grounds of the Andover War Memorial Hospital.

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.

The Andover Health Centre Medical Practice is situated within the West Hampshire Clinical Commissioning Group and provides services to approximately 13,900 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a partnership of GPs which registered with the CQC in 2013. The practice consists of eight GP

partners, one salaried GP, four practice nurses, two health care assistants. Alongside the clinical team, a practice manager is supported by a deputy practice manager who lead a team of receptionist, administrators, and secretaries. The practice is a GP and nurse training practice and at the time of inspection, had one GP Registrar and one student nurse attached to the practice. The practice is part of a GP Federation for the provision of extended access for primary healthcare services.

The National General Practice Profile states that 96% of the practice population is from a White background with an approximate further 2% of the population originating from an Asian background. Information published by Public Health England, rates the level of deprivation within the practice population group as nine, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 80 years compared to the national average of 79 years. Female life expectancy is 85 years compared to the national average of 83 years. There are a higher than national average number of patients aged between 5 and 14 years, and over the age of 65 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><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>A Patient Group Directive (PGD) was found to be unsigned and unauthorised. On review, 87 immunisations had been administered under this unauthorised PGD.</li></ul> <p><b>This was in breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>