

Harbourside Family Practice

Quality Report

Marina Healthcare Centre
2 Haven View
Portishead BS20 7QA
Tel: 0300 300 0029
Website:

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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



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Harbourside Family Practice	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

Harbourside Family Practice is situated in the urban area of Portishead, North Somerset. It has approximately 9300 patients registered with a majority ethnicity of White British.

We undertook a comprehensive announced inspection on 24th February 2015. The overall rating for the practice was good. Specifically, we found the practice to be good for providing well-led, effective, caring and responsive services. It was also good for providing services for older patients, those with long term conditions and families, children and young patients. In addition it was good for providing services for working age patients, those whose circumstances made them vulnerable and people experiencing poor mental health including those living with dementia. However, the safe domain required improvement in relation to the recruitment procedures to ensure patients are safe and their health and welfare needs are met by staff who have the qualifications, skills and experience necessary for the work to be performed. We made a requirement notice for the practice to implement the necessary changes to ensure the recruitment process was safe. We received an action plan

which identified all the actions required would be in place by 30th June 2015. We visited on the 29 July 2015 to undertake a focussed inspection and to review the actions taken.

At this focussed inspection we reviewed the information contained in the staff recruitment folders and we found the practice had responded appropriately to the areas they needed to address and improvements had been made. As a result of this services were now safer for patients, staff and visitors to the practice.

Our key findings were as follows:

The practice had reviewed the recruitment files for staff and had taken remedial action to ensure they could demonstrate that staff employed for the purposes of carrying on the regulated activity were suitably qualified, skilled and experienced for their role. We found they had responded appropriately to the areas they should address and improvements had been made so services were now safer for patients, staff and visitors to the practice.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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?

We found the provider had taken actions to provide a safe service following our comprehensive inspection of the practice in February 2015.

Good



Harbourside Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was a CQC Lead Inspector.

Background to Harbourside Family Practice

Harbourside Family Practice is situated in the urban area of Portishead, North Somerset. It has approximately 9300 patients registered with a majority ethnicity of White British.

The practice operates from one location:

Harbourside Family Practice

Marina Healthcare Centre 2 Haven View Portishead

The practice is made up of two GP partners and four salaried GP working alongside a nurse practitioner, four qualified nurses and two health care assistants (all female). The practice has a Personal Medical Service contract and also has some additional enhanced services such as unplanned admission avoidance. The practice is open on Monday to Friday 8am – 6.30pm for on the day urgent and pre-booked appointments. The practice had extended hours on Monday and Thursday between 6.30pm - 7.30pm and on Wednesday from 7am - 8am with extended hours for smoking cessation clinic appointments on Monday 6.30pm – 7.30pm.

The practice does not provide out of hour's services to its patients, this is provided by Bris Doc. Contact information for this service is available in the practice and on the website.

Patient Age Distribution

0-4 years old: 8%

5-14 years old: 13.8%

15-44 years 40%

45-64 years old: 24.45%

65-74 years old: 7.45%

75-84 years old: 4.27%

85+ years old: 2%

With 0.34% of patients in a residential or nursing home; the practice holds regular clinics at a local nursing home. Practice population ethnicity indicates a population of black and ethnic minorities to be 4.3%.

Information from NHS England indicates the practice is in an area of low deprivation with a lower than national average number of patients with long standing health conditions and caring responsibilities, and the practice population has high levels of employment. The patient gender distribution was male 49.46% and female 50.54 %; only female clinicians work at the practice.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

We carried out a comprehensive inspection of the practice in February 2015 when we made a requirement notice for the provider that they must make improvements in order to ensure services were safe for patients. The requirement

notice was for the practice to implement the necessary changes to ensure their recruitment process was safe. We received an action plan which identified all the actions required would be in place by 30th June 2015. This focussed inspection considered the actions taken by the provider to establish whether they had made the required improvements they needed to in order to provide safe services.

Are services safe?

Our findings

Staffing and recruitment

At the comprehensive inspection in February 2015 we found the practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We looked at six employee files for the most recent recruitments. We noted some files were incomplete and the practice could not evidence that the recruitment process had been followed in full for each member of staff. For example, some files did not contain any evidence that references had been sought. The evidence that all new staff had undergone a criminal record check now known as the Disclosure and Barring Service (DBS) was incomplete and the practice had not risk assessed staff to ensure they underwent the appropriate level of check. Staff confirmed to us that they received a comprehensive induction when commencing work in the practice. The practice had recruited a number of staff on a 'zero hour' contract but had not recruited or inducted them according to practice policy.

The practice immediately stopped using staff who had not undergone the appropriate level of recruitment checks. We issued a requirement notice for the practice to implement the necessary changes to ensure the recruitment process was safe. We received an action plan which identified all the actions required would be in place by 30th June 2015. We visited on the 29 July 2015 to review the actions taken.

On this visit we found the practice had reviewed the recruitment files for staff and had taken remedial action to ensure they could demonstrate that staff employed for the purposes of carrying on the regulated activity were suitably qualified, skilled and experienced for their role. We saw evidence such as photographic identification, criminal record checks and records of professional qualifications and competence which met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Schedule 3 Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity. This demonstrated they had responded appropriately and improvements had been made so services were now safe for patients, staff and visitors to the practice.