

# Woolston Lodge Surgery

## Inspection report

66 Portsmouth Road  
Woolston  
Southampton  
Hampshire  
SO19 9AL

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<https://southamptonprimarycare.org.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 Woolston Lodge on 27 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 four comment cards specific to Woolston Lodge. All comments were positive about the care they received and access to the service for treatment.
- The provider organised and delivered services to meet patients' needs.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- Staff felt supported to engage in further training as required in order to successfully undertake their role.
- 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.

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

- Consider including all staff in quality improvement activities.

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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 Woolston Lodge Surgery

Woolston Lodge 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 350,000 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

Patients from any of these member practices can access the services provided by SPCL.

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 (not all services are operational from hub sites):

### 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 for a contraceptive appointment. SPCL will receive the referral and arrange directly with the patient a convenient time for an appointment.

### Acute visiting service

This service is available for all patients registered with GPs in Southampton and provides a service for 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 these 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 GPs 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 Woolston Lodge operates from the following address:

66 Portsmouth Road

Woolston

Southampton

Hampshire

SO19 9AL

The service is registered to provide the following regulated activities:

Diagnostic and screening services

Family Planning

Surgical Procedures

Treatment of disease disorder and injury

For this inspection, we visited the registered location Woolston Lodge. This location acts as one of the hub sites which delivers extended and enhanced services to the population of Southampton. Patients across Southampton access appointments at this hub location if they are 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 clinicians who work across the hub locations. Types of clinicians working at the hubs and opening days

of the hubs varied in order to provide the best spread of treatment options for patients across the city. Therefore, staffing at Woolston Lodge by SPCL varies on a daily basis. On the evening of our inspection a nurse and a physiotherapist were supported by two members of reception staff.

Woolston Lodge as a hub site for SPCL is located in the GP practice Woolston Lodge. 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 a range of staff working on shift. We also spoke with a physiotherapist working for the registered provider.
- Reviewed provider documents and policies.
- Reviewed feedback from staff and patients as obtained from survey results and public data.

Both before and after the evening of our inspection we spoke with an additional range of staff including a range of different clinicians, receptionists, managers and members of the board that worked across locations in order to establish a wider understanding of the organisation and hub level working. We also reviewed all recruitment and training documents as part of our head office inspection undertaken on a different day.

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 clearly outlined 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 were undertaken by the GP practice which hosted the extended access service. There was a service level agreement in place outlining these responsibilities. For example, the host GP practice provided evidence of

water tests for legionella risks. SPCL had their own systems and processes for monitoring infection control for 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 couches 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 directly through SPCLs recruitment procedures and deployed on a sessional basis. Some staff worked both for member practices and SPCL and others worked just for SPCL.
- On this inspection there was a nurse and a physiotherapist working at this hub site. The service told us there were always two members of reception or administration staff present and they regularly checked on the clinicians in between patients. Staff told us that if they needed additional clinical 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. This was active at any time there was a member of staff working on shift including out of hours. The provider had processes in place to review competencies of clinicians which included HCAs on a regular basis and call handlers had a clear workflow process to ensure appointments were

# Are services safe?

booked in line with staff competencies. There was always a range of different clinicians working across the three open hub sites each evening, these included, GPs, nurse practitioners and HCAs.

- Treatment of patients was always in association with a patient's main GP practice. The nurse told us that they very rarely worked as a sole clinician at this location as there was nearly always a GP or physiotherapist working as well. On the occasion, they were the sole clinician, they utilised the support system as described above. The doors to the practice were locked during hub opening hours with clear signage for patients to use the intercom system if they had a hub appointment. Patients could not directly book appointments for this hub or present at reception as appointments had to be booked by their own GP practice to attend the hub service. The two receptionists told us they felt Woolston Lodge was the most secure hub location as it had an additional intercom system and secure doors to prevent unauthorised access. .
- 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 Woolston Lodge 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.
- 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 at the service were ordered and stored centrally at the provider's head office. This was then distributed to Woolston Lodge when stock was required. Stock control processes were standardised across the organisation. We had observed a full stock control of the hub trolleys at another hub location inspection. During this inspection we did not observe the stock control check as this was completed by reception staff at the end of each shift and the trolley was stored in the room that was being utilised by clinicians seeing patients. We asked reception staff to show us the form and they described the process which accurately reflected what we had learned from our other inspections. The process outlined was that at the end of each shift, reception staff counted 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 contents was undertaken once a month by a dedicated member of staff who had oversight of all stock control processes centrally. Southampton Primary Care Limited as a provider had their own prescription stationery and

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security processes in order to monitor use. Prescription stationery was delivered to Woolston Lodge via the hub box in a sealed envelope. Clinicians signed in/out the stationery during each shift. When not in use the stationery was placed back in the hub box with the recording sheets which was then locked away with the hub trolley.

- The service did 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.

## 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.
- 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. There was mixed feedback about the audit programme. Some staff told us that they were not involved in audits beyond their clinical notes reviews.
- Other staff told us that staff members were allocated certain lead responsibilities and would undertake reviews of quality in regards to these across all services. For example, the HCA we spoke to told us that they were responsible for oversight of stock control and ordering processes across the whole of the organisation.

### 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) or the 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 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 both clinical and non-clinical staff who worked across the hub sites. They told us that they had access to extensive training and felt their needs were met.
- 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 as well as patient experience.



# Are services effective?

- 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**

### **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 different GP clinical notes systems. 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. Clinicians sent discharge summary documents 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, administration staff, who booked appointments used the details they had been given to determine the most appropriate clinician. For example, we were told on the rare occasion, the presenting problem may be more complex than initially described and a patient might require a GP not a nurse. In this instance, the patient would be re-booked for an appointment with a GP on the same day at a different hub location.
- 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. If a patient required further treatment or a referral to another service, this was often done through the patients registered GP rather than SPCL. One staff member gave us an example of when they had seen a vascular patient whose leg was compromised and as such referred straight to the specialist service rather than back to the GP in order for the patient to quickly receive the medical attention required. This information was then passed back to the patient's registered GP for appropriate follow up.

## **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 .**

## Are services effective?

- 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 as 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 provider's leadership team 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. This focused predominantly on customer satisfaction over quality of clinical care received with questions around how likely they were to recommend to others but also included questions about how well they felt the clinician understood a patient concerns and whether a patient felt they were involved in their care. Reception staff collected the written forms and extracted data to input into a centralised system for the leadership team to review. 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. At the time of this inspection a member of the leadership team told us that analytical data was only captured at a provider level and they did not undertake a further sub analysis of each location beyond the original feedback submissions in order to look at themes and trends at specific locations over time. Post inspection we received information to demonstrate that data was captured at location level.
- Feedback from patients was positive about the way staff treat people. We received 4 comment cards which were all positive about the care received and how responsive the service was. Reception staff working at this location

told us that in comparison to other hub locations it could be difficult to capture patient feedback post consultation due to the layout of the reception area and waiting room.

- 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.
- 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 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 Woolston Lodge which was a hub location in 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 flexibility to work across any of the locations.
- Hub sites provided extended access to primary care services and on the evening of our inspection the hub Woolston Lodge was open from 6.15pm to 9pm. Although based in the west of the city, patients from any member practice across Southampton could have appointments from this hub site. Patients could book an appointment by contacting their normal registered GP to request an extended access appointment. Their GP practice would then book this 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 administration staff working in the 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 different options for patients and to minimising travel from their home to access care and treatment. All rotas and operational monitoring were completed from the head office location.
- Woolston Lodge 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 Woolston Lodge 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 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.

- The building which this location operated out of was purpose built and adaptations had been made to fit patient needs, for example, a split-level reception desk for patients in wheelchairs.
- 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 Woolston Lodge 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 hub site 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 ensuring that there were no delays to treatment in the event that an appointment could not be made through their own GP practice.
- Patient views obtained through the comment cards showed they were happy they received an appointment quickly and were 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. Call handlers at head office, who booked appointments, had a clear navigation system in place to ensure that patients were booked into the most appropriate clinician.

# Are services responsive to people's needs?

- Patients could individually 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.
- The friends and family test was offered to every hub patient post consultation as a way of collecting feedback about the service. We saw an example of a blank copy which included a question 'where would you have gone if this clinic had not been open – minor injuries unit, wait for a GP appointment at usual surgery, accident and emergency or other?'. We did not obtain details of how the provider used data obtained from this question in order to make service enhancements.

## 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 which was not communicated to all organisations working with the patient.
- We reviewed a completed complaint and saw the review and response was clearly documented.
- We also reviewed sample meeting minutes and saw that complaints were a standing item on the agenda were 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: Woolston Lodge. 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.

- 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 spoken to were able to briefly summarise what the organisation's overarching objectives and vision was such as providing patient access if needed and ensuring patients have a smooth experience.
- 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 Woolston Lodge hub site. Results (completed by 33 out of 42 employees, therefore a response rate of 79%) showed that 85% of staff 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' to this question.
- 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.
- 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



## Are services well-led?

were taken seriously when raising a concern and they also received feedback. Data collected from the SPCL 2019 staff survey indicated that 94% of respondents agreed they were encouraged to report errors, near misses and incidents. In addition, 70% of staff felt that SPCL took action to ensure that incidents were not repeated and 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 might be the only clinician in the building for a period of time during the evening but was always supported by two members of the administration or reception team. There were governance systems in place to ensure staff had the support they required during their shift which included an instant messaging system active for all staff working at any time period and contact numbers of the leadership team and on-call members of staff.
- 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.

### Governance arrangements

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

- 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 checking stock on the hub trolley at the start and end of each shift. This was submitted electronically to head office for real-time 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 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.

## Are services well-led?

- 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 there were 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 this service which were all positive about having input.
- 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 had 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 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.
- There were systems to support improvement and innovation work.