

# The Alma Partnership

## Inspection report

Alma Medical Centre  
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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?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



# Overall summary

**This practice is rated as requires improvement overall.** (Previous rating July 2018- requires improvement)

The key questions were rated in July 2018 as:

Are services safe? – requires improvement

Are services effective? – requires improvement

Are services caring? – requires improvement

Are services responsive? – requires improvement

Are services well-led? - inadequate

We carried out a comprehensive inspection at The Alma Partnership on 25 July 2018 and served a warning notice in relation to regulation 17 Good governance, with a compliance date of 5 October 2018. We found shortfalls in systems or processes in place:

- To assess, monitor and improve the quality and safety of the services being provided.
- To assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.
- To seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

We carried out an announced focused inspection at The Alma Partnership on 9 October 2018 to check whether the requirements of the warning notice had been met. As this was to check compliance with the warning notice, the ratings from the previous inspection in July 2018 have not been changed.

At this inspection we found:

Systems and processes had been reviewed and re-implemented where needed to improve care, but there were still some actions remaining.

- Actions from the fire risk assessment undertaken in August 2016 had been actioned.
- The fixed electrical wiring check had been carried out and the practice were waiting for minor remedial actions to be completed, in order that a certificate could be issued.

- The gas boiler had been serviced.
- There was some oversight of monitoring systems.
- The practice informed us that they were using two regular locums and one salaried GP to provide improved consistency of care.
- A range of meetings had been implemented for staff to discuss performance and roles and responsibilities. One meeting had taken place prior to the inspection for different staff groups.
- A Quality and Outcomes Framework monitoring plan had been implemented, along with actions to promote patient engagement in health reviews. However, limited actions had been taken since the inspection in July 2018.
- The practice was liaising with health visitors to promote uptake of childhood immunisations.
- Limited progress had been made on acting on patient feedback.
- Systems and processes for handling complaints and significant events showed that the process was being followed. There were still some shortfalls in identifying themes and trends and using this information to drive improvement.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups, it will be re-inspected no longer than six months after the report is published. In the case of this practice this will be no later than March 2019. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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

## Population group ratings

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a CQC assistant inspector.

## Background to The Alma Partnership

The Alma Partnership consists of two GP partners and is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury
- There are just over 8000 patients registered with the practice, which is situated in an area of low deprivation. The practice has higher numbers of patients in the 15 to 44 year old age group.
- The premises are open between 8am and 6.30pm, appointments are available between 8.30am and 11.40am; and 2.30pm and 5.30pm.
- Extended hours appointments are only offered for contraception services on Mondays until 7.30pm.
- Between 5.30pm and 6.30pm daily, telephone calls are diverted to the NHS 111 Service.
- Out of hours care is provided by South West Ambulance Service which can be accessed using the NHS 111 service telephone number.
- The practice employs two salaried GPs to undertake clinical sessions, the two GP partners do not undertake clinical sessions at the practice. In addition, there is a practice manager who covers a total of three GP practices, a deputy practice manager, two practice nurses and a team of reception and administration staff.
- The practice operates from one location, 31 Alma Road, Winton, Bournemouth, Dorset, BH9 1BP.

# Are services safe?

**The rating of requires improvement has not been changed as this was an inspection to check progress against the warning notice. However, some improvements had been made.**

At our inspection in July 2018 there were shortfalls in good governance in relation to:

- The systems and processes in place for health and safety including fire safety; maintenance of electrical installations and gas safety. There was also a reliance on GP locums to provide the service and the practice maintained staffing levels at what they considered to be the minimum levels needed. There was not an effective induction system in place for temporary staff tailored to their role.

## Risks to patients

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Since our previous inspection in July 2018 the practice used two regular locums and one salaried GP to provide the service and promote continuity of care. The practice had also employed a pharmacist prescriber on a short term contract to carry out medicine reviews and monitoring of repeat prescriptions, to see if they were relevant or still required. Rotas showed that there were two GPs on duty Monday to Friday; a practice nurse on four days a week; and the pharmacist on four days a week.

- The practice had reviewed its induction processes and introduced a check list of areas that new employees needed to cover when they started work at the practice, such as health and safety. There had been no new employees since our previous inspection, so we were unable to see a completed record.

## Track record on safety

- Since our previous inspection the practice had had the gas boiler serviced and a maintenance plan put into place for future checks and repairs if needed.
- The fixed electrical wiring check was due to take place in September 2018, but due to illness of the contractor it did not occur. After the inspection the practice informed us that the electrical wiring check had been carried out on 27 and 28 October 2018, there were some remedial actions required and the practice will send the electrical wiring certificate once these have been completed.
- The practice had carried out a fire drill since the previous inspection and had implemented a plan for further fire drills for the next year. In addition, a full fire risk assessment review had been booked for 19 October 2018. An interim review of the current fire risk assessment was carried out on 17 July 2018.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

**The rating of requires improvement has not been changed as this was an inspection to check progress against the warning notice. However, some improvements had been made.**

At our inspection in July 2018 there were shortfalls in good governance in relation to:

- Systems and processes in place to monitor performance. The practice had recall systems in place for Quality and Outcome Framework indicators and immunisations, which were in line with relevant guidance and contractual obligations. However, there was limited oversight and benchmarking to determine how the practice was performing throughout the year.
- There was no oversight of what training staff had received and when refresher training was due.
- The lead GP for safeguarding had not received appropriate training to the recommended level for children.

## Effective needs assessment, care and treatment

- At this inspection we found that a training matrix had been devised and provided information on what training had occurred and when refresher training was due. There were still some shortfalls in relation to oversight of training provision. We were told that the system to ensure all necessary training was up to date, relied on staff having personal responsibility to complete the training required. In addition, the deputy practice manager would send out email reminders to all staff and review the training matrix monthly. However, there were no prompts in place for individual members of staff to ensure they had undertaken the required training.
- The practice was able to demonstrate that the GP who had not had safeguarding training to the appropriate level had received this.

- The practice had developed links with the local health visiting team to discuss childhood immunisations and ways in which to achieve the target. A meeting with health visitors and clinicians from the practice had been scheduled for December 2018 to provide information for new or expectant parents on immunisations. Figures received from the practice (July 2018) showed that the target of 90% uptake of immunisations had been achieved.

## Monitoring care and treatment

- Quality and outcomes framework indicators (QOF) showed limited improvement in some indicators and improvement in others, such as diabetes. Since our previous inspection the practice had discussed QOF figures and planned to implement a monthly programme to improve results. This included having a topic of the month, such as dementia; learning disabilities; and chronic obstructive pulmonary disease (a breathing condition); to promote recalls in that month. The practice told us there was a high non-attendance rate and patients who chose not to engage with recalls. The practice would contact patients three times prior to exception reporting them from a QOF indicator. They planned to work on this aspect and promote engagement.
- The practice provided unverified data for 2017/18, which showed that they had achieved 385.6 points out of 559 available (approximately 69%). This was a decline from the time period 2016/17 where the practice had achieved 89%.

**Please refer to the evidence tables for further information.**

## Are services caring?

**The rating of requires improvement has not been changed as this was an inspection to check progress against the warning notice. However, some improvements had been made.** At our inspection in July 2018 there were shortfalls in good governance in relation to:

- Patients were not consistently treated with kindness and respected by staff. We witnessed an incident where a patient was distressed, but the member of staff continued to discuss the patient's concern in the waiting area.

### Privacy and dignity

The practice manager said that action had been taken after our previous inspection with the individual staff member. All staff were reminded of the need to respond to patients requests and concerns appropriately. Staff were seen to listen to patients requests and acted accordingly.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**The rating of requires improvement has not been changed as this was an inspection to check progress against the warning notice. However, some improvements had been made.**

At our inspection in July 2018 there were shortfalls in good governance in relation to:

- Due to the manner in which the practice was staffed and the reliance on locum GPs, patients were not able to consistently see the same GP, which some patients commented on negatively.
- Complaints were acknowledged and acted upon, however there were shortfalls in the system to ensure this was achieved in a timely manner. Themes and trends from complaints were not used to drive improvement.

## **Responding to and meeting people's needs**

- The practice had employed two long term locum GPs and there was one salaried GP who worked on a fixed rota, that was planned three months in advance, to promote continuity of care. The practice had not sought feedback from patients on the rota changes to see if they were effective.

## **Listening and learning from concerns and complaints**

- The system to manage complaints and concerns showed that since our previous inspection in July 2018, all complaints received by the practice had been logged, investigated and responded to. However, the practice had identified trends and themes from concerns they received, but had not taken action to drive improvement.

**Please refer to the evidence tables for further information.**

# Are services well-led?

**The rating of inadequate has not been changed as this was an inspection to check progress against the warning notice. However, some improvements had been made.**

At our inspection in July 2018 there were shortfalls in good governance in relation to:

- There was limited involvement from the GP partners in the running of the practice. Not all staff felt supported by leadership to perform their role effectively.
- Systems and processes in place to support good governance were not fully embedded, to demonstrate business resilience and ongoing improvement. Quality and sustainability were not routinely discussed with all relevant staff.
- Staff were not fully involved in the running of the practice. Patient feedback had limited impact on the quality of care provided.
- The information used to monitor performance and the delivery of quality care was not consistently accurate and useful. There were limited plans to address any identified weaknesses; action taken to address issues was reactive rather than proactive.

## Leadership capacity and capability

- Leadership responsibilities still lacked clarity, for example there were plans on how QOF will be improved, but a lead person had not been nominated to have effective oversight of QOF achievements.
- The practice manager continued to work across three sites and the deputy practice manager across two sites. There were arrangements in place for them to be contacted when needed.
- The nominated clinical lead GP was not available on the day of inspection. They worked at another site, as well as The Alma Partnership.
- Management meetings had been re-introduced and at the time of inspection a senior management meeting, a nurses' meeting and a safeguarding meeting had occurred. There were plans in place for future meetings.

## Culture

- Staff considered they were more involved in how the practice was run and welcomed the reintroduction of regular meetings which allowed them to share concerns and learning.

- Concerns from the previous inspection regarding how staff did not focus on patient need had been addressed and staff were seen to respond appropriately to patient enquiries.

## Governance arrangements

The practice had made some improvements to governance systems since our previous inspection. However, there continued to be shortfalls in assessing performance and managing risk:

- There were plans in place to promote positive engagement with patients to encourage them to attend for reviews to improve QOF achievements.
- Risk assessments in respect of fire safety and health and safety had been acted upon and measures put into place to reduce risk.
- Themes and trends from significant events and complaints were identified and shared in meetings, but actions taken had not been monitored, as these meetings had only recently occurred.

## Engagement with patients, the public, staff and external partners

- At our previous inspection in July 2018 we found that comments made on NHS Choices had not been responded to or used to drive improvement. This was still the situation when we carried out this inspection. The practice said that they did not have access to the site. We were told that the deputy practice manager was in the process of gaining access to respond. At the time of writing this report, no responses have been submitted to NHS Choices comments.
- There was a process in place for complaints and significant events, but no oversight of trends or themes and action or learning that the practice needed to put into place.
- The practice had carried out a patient survey, but had not developed an action plan in response to the survey.
- There were plans to re-launch the patient participation group (PPG) with the assistance of a member of a PPG from a sister practice.

## Continuous improvement and innovation

- There were continuing shortfalls with broader oversight of how the practice was performing and whether steps



## Are services well-led?

were taken to ensure organisational learning. A limited number of meetings had been held since the previous inspection to disseminate learning. There was a plan in place for further meetings to be held.

**Please refer to the evidence tables for further information.**

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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided:</p> <ul style="list-style-type: none"><li>• There were continuing shortfalls with broader oversight of how the practice was performing and whether steps were taken to ensure organisational learning.</li><li>• A limited number of meetings had been held since the previous inspection to disseminate learning. There was a process in place for complaints and significant events, but no oversight of trends or themes and action/learning that the practice needs to put into place.</li><li>• There were limited improvements in the oversight of the Quality and Outcomes framework achievements.</li></ul> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <ul style="list-style-type: none"><li>• No progress had been made on acting on patient feedback.</li><li>• Comments made on NHS choices had not been responded to.</li></ul> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |