

Dr Christopher Cole and Partners

Inspection report

Waterside Health Centre
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Hythe
Southampton
Hampshire
SO45 5WX

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Date of inspection visit: 28 Jan 2020

Date of publication: 20/04/2020

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 Dr Christopher Cole and Partners on 28 January 2020 as part of our inspection programme to follow up on concerns and breaches of regulations following our previous inspections in December 2018 and November 2017.

At the last inspection, on 20 December 2018, we rated the practice as Requires Improvement overall. Specifically, we rated the practice as Requires Improvement for providing safe and well-led services. We issued a Requirement Notice for Regulation 17: Good Governance.

At this inspection, on 28 January 2020 we found that the provider had adequately addressed our previous concerns but new concerns were identified.

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 continued to rate the practice as Requires Improvement for providing safe services. We have rated this practice as good for all population groups.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm. However, that did not include the mitigation of risk relating to the completion of Disclosure and Barring Service checks, staff name changes, nor prescription stationery security when in use.
- The practice had improved its processes around the clinical supervision and monitoring of prescribing practices of its staff employed in advanced clinical roles.
- Patients received effective care and treatment that met their needs.
- The practice had revised its annual recall and exception reporting systems to the extent that an increase in patient uptake and a lowering of exception reporting figures had been demonstrated.
- The practice had a dedicated training officer to support staff in accessing and completing the expected training requirements set by the practice.

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had increased its number of patients who also identified as carers and offered appropriate support according to their needs.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The practice had supported and facilitated new incentives to support its patients. For example, the creation of a garden in the practice grounds, which patients could visit, as well as get involved with, to support their physical and mental well-being, and a bereavement support group.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- Governance arrangements had not ensured appropriate oversight was in place in relation to adequate vaccine stock control, monitoring of blank prescription stationery, appropriate staff recruitment checks, and the completion of Disclosure and Barring Service checks.

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

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

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

- Continue to improve patient satisfaction in relation to continuity of care.
- Continue to lower exception reporting rates.
- Seek assurances that staff are following correct procedures relating to infection control and prevention, for example, hand hygiene.
- Revise how stock control measures are carried out to mitigate the risk of vaccines not being unpacked in a timely manner.

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

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 second CQC inspector.

Background to Dr Christopher Cole and Partners

Dr Christopher Cole and Partners, also known as The Red and Green Practice is located at Waterside Health Centre, Beaulieu Road, Hythe, Southampton, Hampshire SO45 5WX. There is a pharmacy attached to, but not operated by, the practice. There is a branch site located at Blackfield Health Centre, Hampton Lane, Blackfield, Hampshire SO45 1XA. We visited both sites for this inspection.

The provider is registered with CQC to deliver the following Regulated Activities from both sites:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury.

Dr Christopher Cole and Partners is situated within the West Hampshire Clinical Commissioning Group (CCG) and provides services to approximately 23,400 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 12 GP partners who registered with the CQC in February 2013. The practice also employs two salaried GPs, three advanced nurse

practitioners, nine practice nurses, two health care assistants, and a dedicated phlebotomy team. The management team comprises of a business practice manager, an operations manager, a nurse manager, and an information management and technology manager who support and oversee a team of receptionists, administrators, medical secretaries and personal assistants.

The practice is part of a Primary Care Network with two other local practices.

There are higher than the local and national average number of patients over the age of 65 years, and fewer patients under the age of 18 years than the national average. The National General Practice Profile states that approximately 98% of the practice population is from a White background with the remaining 2% of the population originating from black, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as seven, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 81 years compared to the national average of 79 years. Female life expectancy is 85 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in relation to the monitoring of blank prescription stationery scripts when in use.• The practice had not adequately assured itself of changes to staff member names in line with schedule 3 of the Health and Social Care Act 2014.• Applications for Disclosure and Barring Service checks were documented but the practice could not demonstrate applications had been completed nor risk assessments conducted to support those employees at work whilst the checks were carried out. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>