

The Alma Partnership

Inspection report

Alma Medical Centre
31 Alma Road, Winton
Bournemouth
Dorset
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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?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at the Alma Partnership on 5 February 2019.

We carried out a comprehensive inspection at The Alma Partnership on 25 July 2018. At that time we served a warning notice in relation to regulation 17 Good governance, with a compliance date of 5 October 2018. The practice was rated as **requires improvement** overall.

We carried out an announced focused inspection at The Alma Partnership on 9 October 2018 and found that 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 that time, we served a requirement notice in relation to regulation 17 Good governance.

At this inspection, we followed up on breaches of regulations identified at the previous inspection on 9 October 2018.

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 requires improvement overall.

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

- The practice had not documented staff immunisation status.
- Fire alarm, emergency lights and firefighting equipment were not properly tested and maintained.
- Infection prevention and control audits had not identified all potential risks.
- There was a shortfall in the timely management of test results.

We rated the practice as **Requires Improvement** for providing responsive services because:

- Continuity of care was not reflected in the services provided.
- People were not able to access care and treatment in a timely way.

These areas affected all population groups so we rated all population groups as **requires improvement**.

We rated the practice as **inadequate** for providing well-led services because:

- While the practice had made improvements since our inspection on 10 October 2018, to address the Requirement Notice in relation to good governance, at this inspection we identified additional concerns that put patients at risk.
- Leaders could not show that they had the capacity to deliver high quality, sustainable care.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.

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

- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

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
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment

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

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

- Record staff immunisation status.
- Review systems to inform relevant practice staff, including the practice manager of all action taken, following significant events.
- Review systems to promote uptake of cervical screening to improve positive outcomes for patients.
- Review systems to identify patients who are also carers.

Overall summary

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where

necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

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

Population group ratings

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

Our inspection team

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

Background to The Alma Partnership

The Alma Partnership is located at 31 Alma Road, Winton, Bournemouth, Dorset, BH9 1BP. The registered provider is The Alma Partnership. The practice provides NHS services through a Personal Medical Services (PMS) contract to approximately 7,500 patients.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice 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 practice employs one salaried GP 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, two practice nurses, a pharmacist and a team of reception and administration staff. On the day of inspection, the salaried GP had ceased employment at the practice. The practice told us the registered manager GP would cover the clinical sessions.

The premises and telephone lines 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. Out of hours care is provided by South West Ambulance Service which can be accessed using the NHS 111 service telephone number.

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 were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Fire alarm checks had not been regularly undertaken since October 2018, despite this being identified by an external risk assessment in October 2018. The practice had not identified that the fire alarm system was not working correctly.• Systems for infection prevention and control audit were not effective.• The practice had not ensured that all administration tasks had been completed which had resulted in delays in treatment for patients following the review of test results. <p>There were no systems or processes that enabled 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. In particular:</p> <ul style="list-style-type: none">• The practice had not responded to patient's comments made on NHS choices website since April 2018.• Actions following a patient survey had not been implemented or sustained.• Patient feedback indicated satisfaction with telephone access was lower than local and national averages, the practice did not have a system to ensure they were responding to the volume of telephone calls appropriately. <p>This was in breach of Regulation 17(1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:</p> <ul style="list-style-type: none">• Managers did not have the capacity to undertake all required tasks or respond to concerns.• Administrative tasks had not been completed due to capacity of staffing which had caused delays in treatment following the clinical review of test results.• Patient feedback had indicated that there was no continuity of care due to the staffing of GP sessions with the use of locums.• Staff felt under pressure and stressed due to the lack of staffing and leadership.• The practice did not always have enough staff to respond to telephone calls due to staffing levels. <p>This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>