

The Hackwood Partnership

Quality Report

Essex House
Essex Road
Basingstoke
Hampshire
RG21 8SU

Tel: 01256 637210

Website: www.hackwoodpartnership.co.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 service

Good



Are services safe?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Hackwood Partnership, on 15 September 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for The Hackwood Partnership on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 24 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings for this inspection were as follows:

- The practice had now ensured that actions were recorded, completed and reviewed following infection control audits.
- The practice now ensured that the quality and safety of the services provided were assessed, monitored and

improved. For example, by reviewing and analysing significant events and complaints to identify common trends, maximise learning and ensure actions identified to improve quality and safety were completed.

- The practice ensured all locum staff received safeguarding training and recruitment processes for locum staff were consistently documented.
- The practice was continuing to identify carers in order that they could be signposted to support services and supported. The practice has recorded 323 patient carers which represents 2.4% of the patient list.
- The practice had reviewed the arrangements available for patients with hearing impairments. The practice has purchased and installed a new hearing loop and information is given about the hearing loop on the practice web page, Facebook, twitter and on display screens in the practice.
- The call monitoring system had been upgraded and was now working to allow monitoring and analyse access to the appointment system to meet patient's needs.
- The practice had reviewed arrangements for keeping the premises clean and the completion of remedial work to minimise the risk from legionella infection. A new cleaning company started in April 2017 who

Summary of findings

undertook regular monthly monitoring and auditing. A further legionella risk assessment took place in July 2017 and the practice had a plan for any required actions.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is now rated good for providing safe services.

Good



- There was a culture that encouraged reporting of significant events and the process for handling significant events was consistent.
- We saw clear learning points from significant events that had been documented, these were reviewed and the practice had carried out an analysis of incidents to identify any common trends, maximise learning and help mitigate further risks.
- The practice had systems and processes in place to keep patients safeguarded from abuse; there was evidence to confirm that all locum staff that the practice used had a record of the appropriate level of safeguarding training.
- Risks to patients were assessed and managed. Immunisation status records for staff and locum recruitment documentation were now in place.
- Infection control audits had been consistently reviewed and acted upon.

Are services well-led?

The practice is now rated good for providing well led services.

Good



- There were governance arrangements in place and action had been taken to ensure that there was evidence of appropriate locum staff training, documentation of recruitment processes, effective monitoring of infection control audits and monitoring, analysing and acting on the learning from significant events and complaints.
- The practice had a clear vision and strategy to deliver good quality care and promote good outcomes for patients.
- There was clear leadership provided by the partners and staff felt supported by the management team. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safe and well-led identified at our inspection on 15 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safe and well-led identified at our inspection on 15 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safe and well-led identified at our inspection on 15 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safe and well-led identified at our inspection on 15 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe and well-led identified at our inspection on 15 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe and well-led identified at our inspection on 15 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



The Hackwood Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was conducted by a Care Quality Commission Inspector and a GP specialist advisor.

Background to The Hackwood Partnership

The Hackwood Partnership is registered as a partnership provider operating from Basingstoke, Hampshire. The practice provides services under an NHS General Medical Services contract and is part of the NHS North Hampshire Clinical Commissioning Group (CCG).

The practice is located at Essex House, Essex Road, Basingstoke RG21 8SU and has a list size of 13224. The practice is based in an area of low deprivation compared to the national average for England. For example, income deprivation affecting children was 13% compared to the national average of 20%. The male life expectancy for the area is 80 years compared with the CCG average of 81 years and the national average of 79 years. The female life expectancy for the area is 83 years, which is the same as CCG and national averages. A total of 56% of patients at the practice have a long-standing health condition, which is similar to the CCG and national average of 54%. Approximately 7% of the practice population describe themselves as being from an ethnic minority group; the majority of the population describe themselves as White British. The practice told us there was a high proportion of Nepalese and Polish patients registered at the practice.

There are five GP partners, all female, and five salaried GPs one male and four female. Together the GPs provide care equivalent to approximately six whole time equivalent GPs over 49 sessions per week. The all- female nursing team comprises of four nurses and one healthcare assistant.

There is practice manager who has been in post since October 2016 and a team of receptionists and administration staff who support the medical staff.

The practice is a recognised GP training practice and at the time of this inspection supported two GP trainees.

The practice is open from 8:15am to 6:30pm Monday to Friday. It is closed Thursday lunchtime between 1pm and 2:30pm for staff training; however the phone lines remain open. Pre-bookable extended hour's appointments are available on Monday, Tuesday and Thursday evenings until 7:30pm. The practice is closed at weekends. Telephone lines are open from 8am.

Patients are encouraged to use the NHS 111 service before 8am and after 6.30pm.

The practice is spread across three floors, two of which are clinical. The middle floor is mainly administrative but is also shared with the community physiotherapy team and a podiatrist. There is level access to the practice but the entrance door is not automatic and opens outwards. The practice has installed a bell so that people requiring assistance can call for help. There is car parking available at the back of the practice. There is a lift to access all floors with a reception and waiting area available on the ground and top floor. There is a disabled toilet located on the ground floor.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of The Hackwood Partnership in September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall and rated requires improvement for safe and well led. The full comprehensive report following the inspection in September 2016 can be found by selecting the 'all reports' link for The Hackwood Partnership on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Hackwood Partnership on 24 August 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with GP Partners, nurses and the practice manager.
- We received feedback from staff members.
- Visited the practice location
- Looked at information the practice used to deliver care.
- Observed how patients were being spoken with in the reception areas.

Are services safe?

Our findings

At our previous inspection on Thursday 15 September 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of significant events, safeguarding, recruitment and infection control were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on Thursday 24 August 2017. The practice is now rated as good for providing safe services.

At our inspection in September 2016 we found that:

Staff demonstrated an awareness of the significant event reporting process and the significant event log identified the outcome, learning point and action taken. Significant events were discussed at meetings; however lessons learned were not always shared amongst all staff. There was no evidence of an analysis of the events that had occurred and no learning from possible trends identified.

There was a lack of evidence to confirm that all locum staff had a record of child safeguarding training.

The practice did not have appropriate standards of cleanliness and hygiene in place and improvements were required.

There was an infection control protocol in place and most staff had received up to date training. The practice followed the annual infection control audit plan provided by the clinical commissioning group (CCG). Audits had been undertaken in March and June 2016 and there was an action plan in place for March but the June plan was missing. Previous action plans had not been monitored or updated.

The practice had a comprehensive recruitment policy in place but not all appropriate checks were consistently carried out when using locum staff.

At our visit on 24 August 2017, the practice was able to provide evidence to show that the requirements we had asked to be carried out had been completed.

Safe track record and learning.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. There was a computerised incident recording system that supported the recording of

notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- We reviewed 42 incidents recorded since January 2017, and found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were a standing agenda item and discussed. The practice had a significant event lead GP who carried out a thorough analysis of the significant events.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, in February 2017, the computer and telephone system at the practice went off line, and the staff were able to put the business continuity plan into action. Following a review of the incident, Staff were congratulated on the smooth running of the practice at the. The learning from the incident was that the plan needed to be more accessible and staff were reminded of how to access the plan. The incident was further reviewed five months later.

- The practice also monitored trends in significant events and evaluated any action taken. For example the practice had identified that there had been instances where patients with similar names had been mixed up. The practice ran a report of patients with similar names and alerts were put on appropriate records to prompt the user to ensure that they are in the correct patient record.

Reliable safety systems and processes including safeguarding.

Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

The practice had made changes to the personnel documentation required from the agency used to supply locum GPs. There was a locum checklist which had to be completed which included evidence of children and adult safeguarding training certificates to the appropriate level

Are services safe?

and also immunisation status for hepatitis B. The practice told us they would not accept a locum unless the personnel information was supplied prior to employment. Where regular independent locums were employed, they had access to the practice training platform to keep up to date with any training required by the practice.

Cleanliness and infection control.

The practice maintained appropriate standards of cleanliness and hygiene.

We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Cleaning standards and procedures had now been provided by the new cleaning company.

A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Audits were undertaken at specific dates supplied by the local clinical commissioning group (CCG) and we saw evidence that action was taken to address any improvements identified as a result. These actions were reported to the CCG and the lead nurse attended the CCG training days for updates and discussion with other

practices. For example infection control was included in all staff induction programmes and new posters had been placed in treatment rooms, reception area and on the practice shared files for the management of a sharps injury.

IPC action plans were initiated and continually reviewed and updated when actions were completed. This was also reviewed in conjunction with the next audit. For example, Infection control was also a regular agenda item at meetings. We saw that action plans had been made to improve the outcomes for patients. For example damaged items of equipment had been replaced, repairs were made to paintwork and damaged couches, The new cleaning company provided evidence of cleaning standards which were displayed. There was now an auditable recorded decontamination trail for items needing more than simple cleaning in line with manufacturer's instructions.

Staffing and recruitment.

The practice had a comprehensive recruitment policy in place and all appropriate checks were consistently carried out when using locum staff. There was a locum checklist which had to be completed and had a comprehensive list of all checks that had to be carried out.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on Thursday 15 September 2016, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on Thursday 24 August 2017. The practice is now rated as good for being well-led.

At our inspection in September 2016 we found that:

There was lack of effective oversight of infection control including monitoring action plans from infection control audits. Recruitment processes were not consistently documented for locum staff. Significant events and complaints had not been reviewed and analysed to identify common trends to maximise learning and ensure actions identified were not completed.

At our visit on 24 August 2017, the practice was able to provide evidence to show that the practice had made improvements to governance and systems.

Governance arrangements.

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- Recruitment processes were now consistently documented for locum staff and there was an infection control induction checklist that had to be completed before locums could start at the practice.