

St Clements Partnership

Inspection report

St Clements Surgery
Tanner Street
Winchester
Hampshire
SO23 8AD
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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?

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 focused inspection at St Clements Partnership on 11 February 2020 to follow up on a previous breach of regulation. Prior to our inspection, we completed a review of this service following our annual regulatory review of the information available to us. This inspection looked at the following key questions:

- Is the service providing safe services?
- Is the service providing effective services?
- Is the service providing well-led services?

The practice's annual regulatory review did not indicate that the quality of care had changed in relation to Caring and Responsive. As a result, the ratings from the practice's previous inspection from 2019 still stand in those key questions.

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.

At our last inspection, in January 2019, we rated the practice Good overall but Requires Improvement for providing safe services.

At this inspection, in February 2020, we have continued to rate the practice as Good overall but Requires Improvement for providing safe services.

We have continued to rate the practice as **Requires Improvement** for providing safe services because, although the practice had made some progress in addressing its previous areas of non-compliance, we identified new areas of concern at this inspection:

- The practice's infection prevention and control measures had deteriorated since our last inspection in relation to the practice's general cleanliness and the monitoring of water temperatures to prevent the risk of legionella.
- There were gaps in staff compliance with infection prevention and control training.
- There was no system to ensure the actions following receipt of safety alerts had been acted upon.

We rated the practice as **Good** for providing effective and well-led services because:

- Patients received effective care and treatment that met their needs.
- Clinical audits were used effectively to identify and drive areas for improvement.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We continued to rate the population group for people whose circumstances make them vulnerable as **Outstanding** because:

- The practice had continued its bespoke work with a local homeless centre, supporting patients with opioid and substance misuse and had reduced prescribing rates accordingly.

We continued to rate the population group for working-age people as **Requires Improvement** because:

- The practice continued to be below the national target for cervical screening uptake with a less than 70% uptake.

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

- Ensure that care and treatment is provided in a safe way.

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

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

- Review the practice's storage arrangements of medicines to be in line with national guidance.
- Review the practice's training requirements to reflect the recommendations of national guidance, particularly in relation to safeguarding children and adults.
- Continue to encourage the uptake for cervical screening and childhood immunisations to achieve the relevant national targets.
- Continue to encourage uptake of annual reviews to improve patient outcomes.
- Amend the practice's business continuity plan to accurately reflect the practice's current staffing arrangements.
- Establish a virtual patient participation group to seek formal patient feedback to drive improvement at the practice.

Overall summary

- Seek assurances that staff are following correct procedures relating to information governance, for example, the implementation of appropriate security measures when staff are away from their computers.

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)	Requires improvement	
People whose circumstances may make them vulnerable	Outstanding	
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.

Background to St Clements Partnership

St Clements Partnership is located at St Clements Surgery, Tanner Street, Winchester, Hampshire, SO23 8AD. The practice shares its premises building with a separate sexual health clinic that is located on the top floor.

St Clements Partnership is registered with CQC to deliver the following Regulated Activities:

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

St Clements Partnership is situated within the West Hampshire Clinical Commissioning Group (CCG) and provides services to approximately 17,500 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 GPs which registered with the CQC in 2013. The practice consists of seven GP partners, seven salaried GPs, two nurse practitioners, three practice nurses, two healthcare assistants and a clinical pharmacist. Alongside the clinical team, the

practice employs an operations manager, an operations co-ordinator, a patient services manager and a reception manager who lead a team of receptionist, administrators, secretaries and personal assistants. The practice is a GP training practice and at the time of inspection, had three GP Registrars attached to the practice. The practice is part of a GP Federation for the provision of extended access for primary healthcare services, as well as a Primary Care Network with the other local practices based in Winchester.

The National General Practice Profile states that 94% of the practice population is from a White background with an approximate further 4% of the population originating from an Asian background. Information published by Public Health England, rates the level of deprivation within the practice population group as nine, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 80 years compared to the national average of 79 years. Female life expectancy is 85 years compared to the national average of 83 years. The practice has a higher than national average number of patients over the age of 65, and fewer patients aged under 18 than the national average.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Infection prevention and control measures had deteriorated since our last inspection. For example, general cleanliness had not been adequately maintained. We found a fridge used for the storage of medicines to be visibly dirty on its external door, areas of dust were found in clinical treatment areas and adequate records of daily cleaning activities were not available.• The risk of legionella had not been adequately monitored since our last inspection, and recent tests showed the temperature of one water outlet at the practice to be below the national recommendations to prevent legionella infection.• We saw evidence of gaps in staff training regarding infection prevention and control.• The practice had not risk assessed its aesthetic repairs in view of any potential infection prevention and control risks.• There was no system for the recording of actions following safety alerts, so the practice could not provide adequate assurances that all safety alerts had been dealt with appropriately. <p>This was in breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>