

The Gillies and Overbridge Medical Partnership

Inspection report

Gillies Health Centre
Sullivan Road, Brighton Hill
Basingstoke
Hampshire
RG22 4EH
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www.acornhealthpartnership.co.uk

Date of inspection visit: 20 March to 21 March 2019
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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?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at The Gillies and Overbridge Medical Partnership on 20 and 21 March 2019 as part of our inspection programme. This was the first inspection of this provider.

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 the practice as requires improvement for providing safe services

We found that:

- When things went wrong, reviews and investigations were not always sufficiently thorough. Improvements were not always identified.
- The practice's process for acting on Medicines and Healthcare products Regulatory Agency alerts did not ensure patient safety.
- Processes to ensure that all clinical staff had the necessary permissions to administer medicines were not embedded.

We have rated the practice as requires improvement for providing responsive services.

We found that:

- People found it difficult to use the appointment system to access services by telephone.
- When people raised complaints or concerns, the practice did not always identify a way to improve their services.

This affected all population groups, so we have rated them as requires improvement even though there were areas of good practice.

We rated the practice as requires improvement for providing well led services.

We found that:

- The arrangements for governance and performance management were not always operated effectively.

- Risks, issues and poor performance were not always dealt with appropriately. The risk management approach was applied inconsistently.
- Improvements were not always identified, and action was not always taken.
- The practice had organised team building events for clinical and non-clinical staff.

We rated the practice as good for providing effective and caring services.

We found that:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment were delivered according to evidence-based guidelines.
- Patients received effective care and treatment that met their needs.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

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

- Ensure care and treatment is provided in a safe way to patients.
- 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 identify patients who are carers.
- Develop an action plan to address patient feedback.
- Continue to improve cervical smear uptake.
- Improve the monitoring of patients on high risk medicines.

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

Rosie Benneworth Chief Inspector of PMS and Integrated Care

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, a practice nurse specialist advisor, a practice manager specialist advisor and a CQC assistant inspector.

Background to The Gillies and Overbridge Medical Partnership

In July 2018, The Gillies and Overbridge Medical Partnership merged with Camrose Medical Partnership and The Hackwood Partnership to form the new provider Acorn Health Partnership.

The Gillies and Overbridge Medical Partnership is located at Sullivan Road, Brighton Hill, Basingstoke, RG22 4EH and is the main site for the new provider.

Services are also delivered from two additional sites;

St Andrews Health Centre, Western Way, Basingstoke, RG22 6ER

Essex House, Essex Road, Basingstoke, RG21 8SU

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, treatment of disease, disorder or injury, family planning and maternity and midwifery services. These are delivered from all three sites.

The Gillies and Overbridge Medical Partnership is situated within the North Hampshire Commissioning Group (CCG) and provides services to approximately 43,500 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 practice's clinical team consists of 13 GP partners, 17 salaried GPs, nine advanced nurse practitioners, 11 practice nurses, six healthcare assistants, one paramedic and one clinical pharmacist. The practice's administration consists of 63 receptionists and administrators and five managers.

Out of hours services are provided by NHS 111.

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> <p>The practice was not doing all that was reasonably practicable to mitigate risks.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The practice did not have oversight of fire safety. The risk assessments conducted were out of date and not all previous actions had been completed.• Not all patient group directions to give legal authority for administration of medicines were signed by the required staff.• Medicines and Healthcare products Regulatory Agency alerts were not actioned in a timely way and oversight was not maintained. <p>This was in breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 safeguarding policies did not reflect current guidelines.• There was not effective oversight of staff training. Some necessary training had not been completed.

This section is primarily information for the provider

Requirement notices

- The practice could not demonstrate that appropriate risk assessments had been conducted and that all the required actions had been completed.
- The practice was inconsistent in their recruitment checks.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.