

# Mid Hampshire Health Care

## Inspection report

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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?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Outstanding 
Are services well-led?	Good 

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? – Good

We carried out an announced comprehensive inspection at Mid Hampshire Health Care on 14th and 15th August 2019 as part of our inspection programme.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider has a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## Our key findings were:

- The provider worked in association with the member GP practices, other local services and key external stakeholders to support the local geographical area with the provision of extended primary care services.
- Staff had the information they needed to deliver safe, effective and holistic support to patients.
- Patients received co-ordinated and person-centred care which was innovative and forward-thinking.

- Staff treated patients with kindness, respect and compassion.
- We received 94 comment cards from patients using the services included in this inspection. We did not speak to any patients during the inspection.
- The provider organised and delivered services to meet patients' needs, as well as the needs of its member GP practices.
- There was evidence of comprehensive performance data collection, but the use of two-step cycle audits to drive improvement was not fully utilised.
- Leaders at all levels were visionary, and knowledgeable about issues and priorities relating to the quality and future of its services. They understood the challenges and were addressing them.
- The provider embraced innovation through all areas of its services and demonstrated strong commitment to the continuous improvement of primary care services.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- Staff were valued and encouraged to progress in their professional development and career aspirations.

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

- Continue to review staff compliance with provider policies, specifically to ensure medicines are being correctly stored when not in use and the safety of lone working staff is maintained.
- Consider adding dates and version control to business continuity plans to ensure staff have access to the most up to date versions.
- Consider the completion of two-step cycle audits to drive improvement across each of the services provided.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a second CQC inspector, a CQC inspection manager, a GP

specialist advisor and a Practice Manager specialist advisor. The inspection team was also accompanied by the CQC Chief Executive Officer and two shadowing nurse specialist advisors.

## Background to Mid Hampshire Health Care

Mid Hampshire Healthcare Limited is a GP Federation, delivering primary healthcare services, to approximately 220,000 patients, with 18-member practices, covering the Winchester and Andover regions of West Hampshire.

The member practices of the Mid Hampshire Healthcare Limited GP Federation include:

- Adelaide Medical Centre
- Alresford Surgery
- Bishops Waltham Surgery
- Charlton Hill Surgery
- Friarsgate Practice
- Shepherds Spring Medical Centre
- St Clements Surgery
- St Mary's Surgery
- St Paul's Surgery
- Stockbridge Surgery
- Stokewood Surgery
- The Andover Health Centre Medical Practice
- The Gratton Surgery
- Two Rivers Medical Partnership
- Twyford Surgery
- Watercress Medical, Mansfield Park Surgery
- West Meon Surgery
- Wickham Surgery

Mid Hampshire Healthcare Limited is currently registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.

Services are delivered in a variety of settings across the geographical area that Mid Hampshire Healthcare Limited (MHH) covers. The services are managed from the registered head office. The MHH head office is based at Unit 48, Basepoint Business Centre, 1 Winnall Valley Road, Winchester, Hampshire SO23 0LD.

The services provided by MHH include:

- Improved GP Access service
- Liver Fibroscan service
- Proactive Care Team service
- Community Cardiology service

- Out of Hours Cover (for TARGET Events – occasional GP cover two afternoons a year)
- Community Phlebotomy service
- Medical Secretary hub service
- MSK (musculoskeletal) physiotherapy pilot service (MSK relates to issues concerning a person's muscles, joints, tendons, ligaments and soft tissue.)
- Leg Ulcer Management service
- Data Protection Officer service
- Primary Care Support and Consultancy service

For the purpose of this inspection, we inspected:

### Improved GP Access Hub

This service is delivered from one site at Andover War Memorial Hospital, with staff who are directly employed by MHH. The hub is open every day, from 5pm to 8pm Monday to Friday, and 8am to 12noon on Saturdays, Sundays and bank holidays.

### Liver Fibroscan service

This service launched on 1 April 2019 as a one-year pilot and is delivered from five locations across the geographic area covered by the GP Federation. Staff are directly employed by MHH. We visited this service at the Shepherds Spring Medical Centre host site.

### Proactive Care Team service

This service has nurses and administrators attached to member practices of the GP Federation. All patients are seen in their own homes. The service is provided Monday to Friday 8.00am to 6.30pm. Nurse and administrators are based at 11 locations in the local area, and staff are directly employed by MHH. We visited this service at the St Paul's Practice and Stokewood Surgery host sites.

Prior to the inspection and through discussions with MHH, we identified some services were not appropriate for inspection as they were not CQC regulated activities. These included the Leg Ulcer Management service, the Medical Secretary Hub service, the MSK physiotherapy service and the Primary Care Support and Consultancy service.

We did not inspect the following additional services during this inspection:

### **Community Cardiology service**

This service is delivered locally at five locations, through a Service Level Agreement, with nursing and administration staff provided by Watercress Medical, Mansfield Park Surgery. The GPs with a specialist interest (GPSIs) are locum staff. We did not inspect this service as MHH is not responsible for the provision of the regulated activities associated to this service as the accountability of the service lies with the practices themselves.

**Out of Hours Cover service** (for TARGET Events (TARGET stands for Time for Audit, Research, Governance, Education & Training)).

This is an occasional service to provide GP cover for two afternoons a year (from 12.30pm to 6.30pm) when all GPs from member practices of the GP Federation are invited to attend an educational afternoon (TARGET) hosted by the CCG. Locum GPs are used to provide this service. This service is delivered locally from two locations. Premises and area around them, access, adaptations, equipment, facilities suitable for relevant special needs, staffing and qualifications are covered in the latest CQC report for the relevant providers. We did not inspect this service as it was not operating on the day of inspection.

### **Community Phlebotomy service**

This service is delivered locally, across 10 locations, through a Service Level Agreement, with clinical staff provided by the host organisations. Premises and the area around them, access, adaptations, equipment, facilities suitable for relevant special needs, staffing and qualifications are covered in the latest CQC report for the

relevant providers. We did not inspect this service as MHH is not responsible for the provision of the regulated activities associated with this service as the accountability of the service lies with the practices themselves.

### **How we inspected this provider**

During our visit we:

- Spoke with the registered manager, board level directors, service managers and a selection of employees of the provider. MHH directly employs a total of 64 staff members, with access to an additional 30 locum GPs.
- Reviewed provider documents and policies.
- Reviewed the patient records at relevant services.
- Visited services at specific sites.
- Reviewed feedback from patients, via CQC comment cards and the provider's own patient feedback exercises.
- Reviewed feedback from external stakeholders.

The provider supplied background information which was reviewed prior to the inspection. We did not receive any information of concern from other organisations.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## We rated safe as Good because:

### Safety systems and processes

#### The provider had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments for its services. For example, we discussed the lone working arrangements of the receptionist at the GP Improved Access hub based at Andover War Memorial Hospital. During conversations it was identified that additional security measures could be implemented to ensure the safety of the receptionists at the site, such as electronic doors with a call-entry system, rather than the existing automatic doors. The provider confirmed they had already suggested this to the host site and offered to pay for the installation of such doors. However, the provider told us this offer had been declined by the host site. Alternative measures were in place, such as an emergency alarm, and a radio for contacting the host site's porter team should assistance be required.
- In relation to the Proactive Care Team (PCT) service's safety, we saw a copy of the Lone Worker policy relating to the provider's PCT service. The PCT performed home visits in patients' homes and the Lone Worker policy stipulated clear guidelines on how staff could be kept safe. Such as avoiding to undertake home visits after dark, having a pre-arranged distress phrase to use when calling from a patient's home to indicate assistance is required and contacting the PCT office before and after a home visit to confirm the safety of staff. During the inspection, via conversations with members of the PCT team, we found that these measures were not consistently being followed to ensure the safety of staff. The provider advised us that they would investigate this matter.
- The provider had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The provider had systems to safeguard children and vulnerable adults from abuse. The service had systems in place to assure that an adult accompanying a child had parental authority. The service only saw children under the age of 18 years via its Improved GP Access hub based at Andover War Memorial Hospital. The Proactive Care Team and Liver Fibroscan Service did not treat children under the age of 18 years, but the staff involved in those services had access to the provider's child safeguarding policy to safeguard any child that might be seen during home visits or consultations with staff.
- The provider worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The provider's own policy was to have a DBS check for all staff. On the occasion of a member of staff starting employment with the provider, in any capacity, prior to a DBS check being carried out, we saw evidence of a risk assessment being undertaken and appropriate monitoring processes put in place to ensure the safe recruitment of a new staff member.
- On review of 10 staff recruitment files, we found one file for a locum GP which did not contain evidence of a CV or application form which included evidence of a full employment history. The same recruitment file did not contain evidence of completed Basic Life Support training. The same recruitment file and a further two files did not contain evidence of an interview summary. Since inspection, the provider has provided evidence of all the missing recruitment information which had been previously received via email but not transferred to the employees' personnel records.
- The provider was aware of discrepancies in its recruitment processes and was already investigating ways of making staff recruitment more streamlined and time efficient. For example, the provider was investing in new software to support a more efficient recruitment and personnel process. The software would allow for the tracking of a prospective employee's recruitment process so that those involved would know at which stage a prospective employee was and which staff member was involved in the process, such as the

## Are services safe?

arrangements for a smartcard, or the receipt of character references. All personnel records would also be stored in the software so all records would be in an electronic format.

- All staff received up-to-date safeguarding and safety training appropriate to their role. The provider accessed approximately 30 locum GPs for its Improved GP Access hub service. Prior to working at the Improved GP Access hub, GP locums were required to provide a signed self-declaration form which included completion details of safeguarding training and Basic Life Support training. We saw evidence of these completed forms. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IP&C). No regulated activities took place at the service's registered address. Instead, the service used the facilities of host sites and had contractual agreements in place to support appropriate IP&C processes.
- The provider gave us evidence of an IP&C audit undertaken in April 2019 by the West Hampshire Clinical Commissioning Group's IP&C lead at the provider Improved GP Access hub. The overall general IP&C compliance score was recorded as 100%, with nine identified issues requiring action by the end of May 2019. The action plan supplied with the IP&C audit did not make it clear whether these issues had been addressed.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. The provider requested annual declarations from member practices / host sites to ensure compliance with contractual agreements. We saw examples of these annual declarations which contained stipulations for the member practices and host sites to be compliant with their own risk assessments, health and safety provisions, and assurances that their facilities and equipment were maintained accordingly. The annual declarations requested dates of equipment services, Portable Appliance Testing (PAT) and calibration certificates.
- We saw evidence of a personal protective equipment audit having been completed at its Improved GP Access hub following concerns raised about the lack of gloves,

provided by the host site, for clinicians and nursing staff to use when seeing patients. The audit was completed over a two-week period and recorded whether all sizes of gloves (small, medium and large) were available in all the rooms used by the services, as well as the availability of aprons, and hand washing consumables. The audit demonstrated there was a period of six days when one consultation room did not have access to all sizes of gloves for clinicians or nursing staff to access. This was raised with the host site and rectified.

- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

### Risks to patients

#### There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for locum staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example, sepsis. We saw evidence of the National Early Warning Score 2 (NEWS2) assessment tool in consultation rooms at the Improved GP Access hub host site and clinicians confirmed they were aware of the tool. (NEWS2 is used to standardise the assessment and response to acute illnesses, such as sepsis. (Sepsis is a potentially life-threatening reaction to an infection)).
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

### Information to deliver safe care and treatment

#### Staff had the information they needed to deliver safe care and treatment to patients.

# Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The provider had information sharing agreements with all its member GP practices to access patient records when patients used its services. The provider used the same patient record-keeping system as all the member GP practices across all the services it provided.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- During the inspection, we identified concerns around a nurse in the Proactive Care team service completing Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders without being able to demonstrate training or competence in this area. The provider acknowledged our concerns on the day of the inspection and confirmed an immediate halt to the creation of any future DNACPR orders until the competency of staff was established and verified. The provider sent us a revised Indemnified Task List which stipulated DNACPR orders could only be undertaken if the completing nurse had been appropriately trained, assessed as competent and authorised to do so.
- The service kept prescription stationery securely and monitored its use.
- The provider carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children across all the services we inspected.

## Track record on safety and incidents

### The provider had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The provider monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The provider learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The provider told us it had recorded 44 significant events in the previous 12 months. Examples of these significant events included a difference in referral processes following a patient consultation, inappropriate booking of an appointment at the Improved GP Access hub by a member practice, changes to a dictation system causing disruptions to referrals being made, and staff not following the correct shutting down processes at the Improved GP Access hub service.
- There were comprehensive systems for reviewing and investigating when things went wrong. We saw evidence of a recent significant event review meeting, which took place on 13 June 2019. We were told significant event review meetings took place on a bi-monthly basis. The

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. However, we found evidence during the inspection of some staff in the Proactive Care Team service not returning medicines to the host site at the end of each working day. This was not in line with the provider's policy and we received assurances on the day of inspection that this issue would be immediately addressed.

## Are services safe?

review meeting in June 2019 reviewed two outstanding and seven new significant events. The provider learned, and shared lessons identified themes and acted to improve safety in the service.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The provider acted on and learned from external safety events as well as patient and medicine safety alerts. The provider service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

## We rated effective as Good because:

### Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.
- Following commissioning from the local clinical commissioning group for a year's pilot, the provider had created a Liver Fibroscan service to support the patients of its member GP practices in providing an innovative screening service. Through the use of a specialised hand-held scanner, patients were able to receive information regarding the condition of their liver. We were told it was not a diagnostic tool, but an exploratory screening tool to support those patients that may require further diagnostic assessment.
- The Liver Fibroscan service had a referral criteria and pre-screening blood test requirement. If the pre-referral criteria had been met, patients were referred to the service by their own GP. Patients attended a Liver Fibroscan service site convenient to their home and received a scan from a trained nurse, directly employed by the provider. Once the scan was completed, patients were given a result which indicated whether or not a follow up review was required or if a referral to the gastroenterology service at Winchester Hospital for further diagnostic tests was required. The Liver Fibroscan service made the required referrals and informed the patient's GP accordingly.
- Since its creation in April 2019, the Liver Fibroscan service had seen 294 patients in the community rather

than having to be referred to their local hospital. Of those 294 patients, the service had referred nine for further investigation at the local hospital, with the remaining 285 patients either discharged back to the GP or arrangements made for an annual review arranged with the Liver Fibroscan service itself.

### Monitoring care and treatment

#### The provider was actively involved in quality improvement activity.

- The provider used information about care and treatment to make improvements to all of its services.
- The provider made improvements through the use of quality improvement methods. There was clear evidence of action to resolve concerns and improve quality. However, evidence of two-cycle audits to confirm improvement had been achieved via implemented changes to services was limited.
- We saw evidence of an antibiotic prescribing audit completed between February and May 2019. It demonstrated out of 32 cases where antibiotics had been prescribed, all but four cases had antibiotics prescribed appropriately and in line with local antibiotic prescribing guidelines. The audit highlighted that consultation documentation was sometimes lacking in advice on self-care options or evidence of evidence-based assessment tools such as FEVERPAIN. (FEVERPAIN is an assessment tool used in the treatment of sore throats). This audit was a one-step cycle and was intended to be repeated during the same period in 2020 to see if recommended actions had been implemented.

### Effective staffing

#### Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. Newly appointed nursing staff received personalised training plans to ensure their competency to undertake their role. The provider had a system to ensure newly employed nursing staff did not undertake clinical sessions with patients until their competency had been assured.

# Are services effective?

- Existing nursing staff received annual observation sessions to ensure their competency was maintained and were used to identify any learning opportunities that were required.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included cervical screening or reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

## Coordinating patient care and information sharing

### Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, when patients accessed the Liver Fibroscan service, if results indicated the need for further investigation, patients were directly referred to Winchester Hospital's gastroenterology team.
- For patients using the Proactive Care Team, referrals could be made to multiple organisations to meet the needs social, emotional and well-being needs of the patients. For example, we saw evidence of referrals being made to social services, adult mental health services, incontinence services, assistance equipment services, voluntary befriending services, occupational therapy, physiotherapy and wheelchair services.
- Before providing treatment, doctors at the Improved GP Access hub service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

## Supporting patients to live healthier lives

### Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care. This was particularly demonstrated in the PCT service and the Liver Fibroscan service, where self-care and health promotion information were routinely offered.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients need could not be met by the services being accessed, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

### The service obtained consent to care and treatment in line with legislation and guidance .

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

## Are services effective?

- At the time of inspection, the provider was not offering any services which required formal written consent to be sought. Verbal consent was recorded in a patient's record via the appropriate consultation template or as written text.

# Are services caring?

## We rated caring as Good because:

### Kindness, respect and compassion

#### Staff treated patients with kindness, respect and compassion.

- The provider sought feedback on the quality of clinical care patients received. The provider carried out regular Friends and Family Test (FFT) surveys with patients who had used its services. We saw examples of responses received between January and June 2019. The provider had RAG-rated the responses into positive reviews (green), reviews that required further action (amber) and reviews that the provider was unable to change (red). (RAG-rating is an acronym that stands for Red, Amber and Green and is commonly used as an assessment tool to prioritise identified actions).
- From January to June 2019, the provider received 47 comments from patients relating to the question, 'If we could change one thing about your care or treatment to improve your experience what would it be?'. The provider received 30 positive comments that required no further action, 13 comments that the provider was reviewing further and four comments that the provider was unable to change due to the nature of its own service arrangements.
- Feedback from patients was positive about the way staff treat people. For this inspection, we collected comment cards relating to the Improved GP Access hub, the Liver Fibroscan service and the Proactive Care Team service.
- For the Improved GP Access hub, we received 37 comment cards. Of those, 34 were positive, and three contained mixed comments, but these were not in relation to the way staff treated people. Examples of patient comments in relation to how staff treated them included reports of staff being helpful and welcoming. Staff were described as professional and caring, able to reassure and provide additional information when it was requested of them.
- For the Liver Fibroscan service, we received 16 comment cards. Of those, 15 were positive and one contained mixed comments, but this was not in relation to the way staff treated people. Examples of patient comments in relation to how staff treated them included reports of a first-class service. Staff were described as good at explaining the scan and next steps.
- For the Proactive Care Team service, we received 41 comment cards. All 41 comment cards were of a positive

nature. Examples of patient comments in relation to how staff treated them included reports of staff checking on patients to make sure they were coping, staff listening to patients and supporting patients to meet their needs.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The individual services gave patients timely support and information.

### Involvement in decisions about care and treatment

#### Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception area of the Improved GP Access Hub, including in languages other than English, informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care. The PCT service also had access to interpretation services and leaflets in easy to read formats for its home-visiting appointments.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. During our inspection of the GP Improved Access hub, we could not establish whether a hearing loop had been installed at the host site to support patients with a hearing impairment when they used that service. Staff we spoke to at the host site were not aware of a hearing loop being present. Since inspection, the provider has confirmed a hearing loop has always been present at the GP Improved Access hub. The provider stated it will ensure all staff are aware of its presence.

### Privacy and Dignity

#### The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.

## Are services caring?

- Staff at the Improved GP Access hub knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The Proactive Care Team could offer patients sufficient time during a home visit or a follow up visit to discuss any additional needs a patient may raise with them.

# Are services responsive to people's needs?

## We rated responsive as Outstanding because:

### Responding to and meeting people's needs

**The provider planned, organised and delivered services to meet patients' needs in the community it served. It took account of patient needs and preferences.**

- The provider understood the needs of the patients in the geographic area it served and improved services in response to those needs. The provider had been commissioned to provide additional primary care services to take place within the local community. This included the Improved GP Access hub service at Andover War Memorial Hospital, whereby patients could access routine GP appointments outside of the core opening hours of local GP practices.
- Data provided to us demonstrated that since October 2017, approximately 9,000 patients had accessed the improved access service for routine GP appointments. A further approximate 2,600 patients had accessed the service for a routine nurse appointment, such as for an asthma review, a diabetic review, ear irrigation, cervical screening or a wound dressing change. Such data indicated that the Improved GP Access hub was supporting its local practices by taking on such appointments, freeing up appointments in the practices and allowing patients more choice with additional appointment availability outside of standard GP working hours.
- In October 2017, the utilisation of routine GP appointments was 69%. Since then, the provider had seen consistent utilisation of more than 92% of its routine GP appointments. As a result, they had increased appointment availability from 291 appointments in October 2017, to 493 appointments by July 2019.
- Since inspection, the provider has provided results of a survey it ran with its member practices to establish whether the Improved GP Access hub service had a positive impact on its member practices' own services. Out of 18 member practices, 14 responded to the survey; of those 14, eight confirmed the service had helped to reduce practice waiting times for routine appointments. All 14 agreed the Improved GP Access hub had provided additional services or types of appointments to patients, as well as providing better access to appointments at evenings and weekends.
- The provider had been commissioned to provide and had implemented a 12-month pilot programme of an innovative Liver Fibroscan service at five GP practices in the provider's geographical area. The Liver Fibroscan service allowed for patients to be scanned in the community to establish if further investigation for issues relating to their liver were required.
- The provider was commissioned to provide and had implemented a Proactive Care Team (PCT) service for its member practices with the aim of supporting people in their own homes and preventing unplanned admissions to hospital.
- The provider supplied evidence of an external evaluation review of the PCT service from 2016, based on the PCT's first year of service. The review identified the PCT had supported 3,526 patients in its first 11 months.
- An analysis of emergency admission and ambulance activity of 1,800 patients for the 90-day period before and after a referral to the PCT service demonstrated a reduction in emergency activity. For example, following PCT input, there was evidence of 31% fewer Accident and Emergency attendances, 32% fewer emergency admissions to hospitals and 12% less ambulance activity for those identified patients. The service therefore had a positive impact on the whole health system in Mid Hampshire.
- Data demonstrated that from April 2019 to June 2019, 1,224 patients over the age of 70 years had been visited by the PCT service, and a further 46 patients under the age of 70 years had received support from the PCT service. A total of 1,134 'Avoiding Unplanned Admission' care plans been created in the same time period, 159 falls assessments were completed, and 247 equipment orders were made. In addition, by receiving contact from the PCT service, 63 patients were subsequently identified to have atrial fibrillation (AF, an irregular heart beat), 156 patients received a Mini Mental State Examination (MMSE) which has led to a diagnosis of dementia, and 44 patients were treated for wound care.
- We were told the PCT also supported its local community nursing service during the winter to ease the pressure on that service.
- Since inspection, the provider has provided results of a survey it ran with its member practices to establish whether the Proactive Care Team service had a positive impact on its member practices' and their patients. Out of 18 member practices, 14 responded to the survey; of

# Are services responsive to people's needs?

those 14, 13 practices agreed the PCT service had helped to reduce GP visits to patients; all 14 respondents agreed the PCT service's involvement had prevented hospital admission; had helped patients to stay happier and independent for longer, and had helped with social prescribing.

- The provider was the contract-holder for additional community services such as a community phlebotomy service and a community cardiology service. As the contract holder, the provider had sub-contracted these services back to the member practices, allowing patients to access them at their local practices across the local geographical area.
- In the provision of all of its services, the provider used the facilities and premises of its member GP practices. For this inspection, we visited four host sites and found them to be appropriate for the services the provider was delivering. We visited the head office which was used for administrative and managerial purposes. This site was found to be appropriate for that use.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- To support its member GP practices, the provider had identified the need for and provided additional services such as a medical secretary hub, a Data Protection Officer, and a primary care support & consultancy service which all its member practices could access and benefit from. The provider lists on its website that its primary care support & consultancy service was intended to offer project management support, product sharing, service modelling, IT system support, a pre-Care Quality Commission inspection support service and organisational support in the creation of new models of care.

## Timely access to the service

**Patients were able to access care and treatment from the provider's services within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. We received three comments cards from patients in relation to the Improved GP Access hub, which contained mixed comments related to long waiting times for an

appointment. The remaining 34 comments cards were positive. Comments relating to waiting times from these positive cards reported being seen quickly, the hub allowed for quicker access to nurses when patients had difficulty in accessing appointments at their own GP practices, and patients in full-time employment found the hub appointments quicker and easier to access.

- Patients with the most urgent needs had their care and treatment prioritised. The service's Proactive Care Team (PCT) service was specifically designed to support those patients identified as most vulnerable within the provider's geographical area. By undertaking a timely home visit with patients, the PCT service was able to complete a full holistic assessment of a patient's mental, physical, social and emotional needs and then offer recommendations for further support where indicated. If a patient consented to these recommendations, the PCT service completed the appropriate referrals on the behalf of the patient's GP.
- To access the services offered by the provider, patients booked via their own GP practices who were all members of the provider's geographical area.
- Patients reported that the appointment system was easy to use. Through feedback collected by the provider, we saw evidence that patients were requesting more direct access to appointments offered by the provider. The provider confirmed it was looking at ways of improving its appointment booking system, to allow patients more independence in booking their own appointments. Currently, appointments were booked by patients contacting their own GP practice and having appointments for the different services offered to them.
- Referrals and transfers to other services were undertaken in a timely way. We saw evidence of a protocol in place to support the new cervical screening appointments that the Improved GP Access hub service provided. The protocol covered the chasing of results following a cervical screen to ensure patients had received their results in a timely manner.

## Listening and learning from concerns and complaints

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

## Are services responsive to people's needs?

- In the previous 12 months, the provider told us they had received five complaints.
- The provider informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The provider had a complaint policy and procedures in place. The provider learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

**We rated well-led as Good because:**

**Leadership capacity and capability;**

**There was compassionate, inclusive and effective leadership at all levels.**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. The board leaders came from local practices and therefore understood the challenges and were addressing them. For example, the provider was responding to the needs of patients and the needs of the member practices alike by providing services such as the Improved GP Access hub and the Proactive Care Team as well as a year's pilot for the Liver Fibroscan service.
- At the time of inspection, the provider was actively seeking to register an additional regulated activity with the CQC to provide a new family-planning service in response to a request from its member practices.
- The provider had identified additional ways of supporting its member GP practices through the provision of a medical secretary hub, a designated Data Protection Officer and a primary care support and consultancy service.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. A new board-level director had been recently recruited and we saw evidence of existing staff at all levels being invested in and encouraged to develop their roles within the organisation. Staff reported they felt supported to enhance their careers for the long-term future.

## **Vision and strategy**

**The provider had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities. These were regularly reviewed and amended to meet the needs of the services they related to.

- The provider developed its forward-thinking and innovative vision, values and strategy jointly with staff and external partners including its member GP practices and the local clinical commissioning group (CCG).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider monitored its services' progress against the delivery of its strategy. Regular board level meetings and managerial meetings demonstrated that the provider took a structured and detailed approach to achieving its aims and objectives whilst also ensuring the safety of patients, welfare of staff and its ongoing systems and processes.

## **Culture**

**The service had a culture of high-quality sustainable care. There were high levels of satisfaction across the staff we spoke during the inspection.**

- Staff felt respected, supported and valued. They were proud to work for the provider.
- The provider focused on the needs of patients, and in turn, the needs of its member GP practices.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The provider had a 'Whistleblowing' policy and staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. We saw evidence of staff being supported to develop their roles further and staff had, in turn, been instrumental in the development of the provider's services, staff and performance.
- Nursing staff received initial and on-going observation sessions with the Nurse Development & Quality Manager to ensure competency levels were maintained to the standard expected by the provider.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff,

## Are services well-led?

including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.

- There was a strong emphasis on the wellbeing of all staff.
- There was a strong emphasis on staff safety. However, we found evidence of staff not always following the systems put in place by the provider. For example, we found one example of a nurse not following the provider's guidance on calling into the host site before and after home visits to inform a colleague of their whereabouts in line with the providers lone worker policy.
- The provider actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

**There were clear responsibilities, roles and systems of accountability to support good governance and management. However, we found issues relating to processes that were not being appropriately complied with.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities, and those of their line manager or supervisor. Board and managerial level information was accessible via the provider's own internal document library. We saw examples of these governance structures which clearly laid out the responsibilities of board directors and communication channels.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. When governance issues arose, the provider acknowledged these and developed action plans to reduce the risks of reoccurrence.

- However, through our inspection, we found evidence of areas of non-compliance with the provider's policies in relation to the Proactive Care Team service. For example, staff were not taking the appropriate steps to safeguard their own safety when undertaking home visits, we found evidence of staff not returning medicines to their base site for appropriate storage and DNACPR orders were being completed without appropriate competency being established in line with the provider's own standards.
- Regular meetings to maintain governance and oversight at all levels were in place. For example, we saw evidence of monthly clinical, financial, human resources and information governance meetings. In addition, we saw evidence of quarterly board meetings with managers and directors, monthly engagement meetings with the local Clinical Commissioning Group, as well as bi-monthly review meetings relating to significant events and complaints. We were told the PCT service had its own team meeting on a quarterly basis.
- The Improved GP Access hub service did not have its own team meeting due to the shift pattern of staff and nature of other work commitments. Instead, staff confirmed emails were sent to communicate updates and changes and line managers were easily contactable as required.
- The provider was aware that its recruitment processes were time-consuming and complicated. As a result, the provider confirmed it was already investing in new software to improve its recruitment processes.
- The provider had directly employed a Data Protection Officer (DPO) to help manage information governance and general data protection matters. This was also done so that the member GP practices had access to the same DPO, so they had not been forced to find their own external DPO in response to the General Data Protection Regulations that came into force in May 2018.

### Managing risks, issues and performance

**There were clear, effective and comprehensive processes for managing risks, issues and performance.**

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. The provider had devised individual business continuity plans for each of its

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services to ensure the future of its services. The continuity plans required dating to demonstrate the plans were up to date and had been appropriately reviewed since their creation.

- The provider had processes to manage current and future performance. The provider-maintained records of the member practice's inspection reports from the Care Quality Commission. These reports were reviewed after publication to ensure no safety issues had been identified. If safety issues were identified, the provider contacted the member GP practice directly and requested evidence on how the member GP practice would become compliant. This was supported further by the provider receiving annual statements of declarations from its member GP practices to be assured that the practices themselves were compliant with their contracts with the provider.
- Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. However, evidence of two-cycle audits to demonstrate improvement had been achieved via implemented changes to services was limited.
- The provider had plans in place and had trained staff for major incidents.

### Appropriate and accurate information

**There was a demonstrated commitment to using data and information proactively to drive and support decision making.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The provider used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The provider submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. We spoke with the provider's Data Protection Officer (DPO) who confirmed the provider was compliant with the General Data Protection Regulations 2018 and they were supporting all the member GP practices.

### Engagement with patients, the public, staff and external partners

**The provider had consistently high levels of constructive engagement with staff and continuously involved patients and external partners to support high-quality sustainable services.**

- The provider encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. This was demonstrated by the evolving services that the provider was providing, such as the commissioned Liver Fibroscan service pilot, the additional types of appointments at the Improved GP Access hub service, the medical secretary hub, the designated DPO and the MSK pilot.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The provider was transparent, collaborative and open with stakeholders about performance. We received positive feedback from the local CCG who confirmed regular meetings were held between the provider and themselves to develop the current services it offers or plan new ideas for future services. The provider attended the monthly CCG locality-wide GP practice meetings to ensure the provider maintained engagement with the local GP practices.

### Continuous improvement and innovation

**There were inclusive systems and processes for learning, continuous improvement and forward-thinking innovation.**

## Are services well-led?

- There was a focus on continuous learning and improvement. For example, the Nurse Development and Quality Manager had devised personalised observation sessions with the nursing staff. Initially these were to ensure the competency of new staff and then on an on-going basis in order to identify any learning needs.
- The provider made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. The provider had devised and implemented the Liver Fibroscan service for a 12-month pilot in the local community.
- The provider utilised evidence-based practice and used up to date research to support the care and treatment it provided to its patients; for example, the use of infra-red thermometers in its Proactive Care Team service and at the Improved GP Access hub.
- Information collected from the provider's musculoskeletal (MSK) service showed of the 4,307 appointments available in the previous 12 months to May 2019, 94% had been utilised. Approximately 2,600 patients had been seen via the MSK service in the previous 12 months to May 2019, which indicated that 433 hours of GP appointments had been freed from MSK queries.
- The Improved GP Access hub provided appointments with a MIND Mental Health practitioner. These appointments started being offered in May 2018, with an initial 15 appointments available, and seven utilised in the first month. By July 2019, the available appointments with the MIND Mental Health practitioner had increased to 60 appointments. Of those 60 appointments available in July 2019, 55 were utilised by patients.
- The provider had introduced the availability of cervical screening appointments at the Improved GP Access hub. This allowed for female patients in its geographical area to have more choice in relation to accessible appointments that were suitable for their needs.
- By applying for a new Regulated Activity, the provider was developing its services further and addressing a newly identified unmet need in the community in relation to family planning. Subject to CQC registration, the provider intended to create a new family planning service which included an intra-uterine device (IUD) insertion service, to begin from 1 October 2019. Since inspection, the provider's application to add the family planning regulated activity has been approved. The provider has told us it intends for its new family planning service, including an IUD insertion service, to begin from 1 January 2020.
- The provider's Medical Secretary hub was devised to support its member GP practices with processing patient referrals and medical letters, which the member GP practices themselves were experiencing a back-log of. The medical secretaries were employed directly by the provider and worked from the head office. Contractual agreements were in place between the provider and the member GP practices, who were accessing the service, to support access to patients' records. The medical secretary hub was designed to enable patients to flow through the administrative system quicker and act as a central point of contact for support.
- The recruitment of the DPO by the provider allowed for the member GP practices to have easy access to the same DPO. Member practices were able to access consistent information, advice and support in all matters relating to information governance and data protection and security.
- The provider reported it sat on the national EMIS user development board. It was identified as one of six providers to do so. By doing this, the provider was supporting the ongoing development of the patient record system, EMIS, for future use. (EMIS is the software used for patient record-keeping).