

Dr SJF Goodison and Partners

Quality Report

Blackthorne Health Centre
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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 effective?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr SJF Goodison & Partners at Blackthorn Health Centre on 24 May 2016. The overall rating for the practice was good. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr SJF Goodison & Partners on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 25 April 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 24 May 2016. We rated the practice as requires improvement for providing effective services, as not all staff had completed training appropriate to their role.

In addition, we also found that the practice needed to review the level of exception reporting of patients.

This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice remains rated as Good.

Our key findings were as follows:

- The practice had provided training updates for staff in fire safety, moving and handling, information governance, and basic life support and this was recorded on a training matrix. .
- The practice produced a Quality and Outcomes Framework (QOF) exception reporting policy, which was made available for access to all members of staff and ensured appropriate exception reporting of patients took place.
- The practice had produced a protocol for "hard to reach patients", to help staff with their exception reporting of patients. Unverifiable data was provided by the practice to demonstrate the reduction in their exception reporting of patients.

However, there were also areas of practice where the provider should make improvements.

- Ensure all staff have completed the required mandatory training updates in a timely manner.

The practice is now rated as good for providing effective services.

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 effective?

The practice had taken appropriate action and is now rated good for the provision of effective services.

- When we inspected the practice in May 2016, we found that not all staff had completed training the practice had identified as appropriate to their role, notably basic life support, manual handling and information governance training. Furthermore, the practice needed to review their level of Quality and Outcomes Framework (QOF) exception reporting of patients.

At the inspection on 25 April 2017, the practice had demonstrated improvements. For example:

- Systems and processes were in place to ensure staff training in mandatory areas was addressed.
- Steps were taken to provide training in basic life support and information governance, for all members of staff. Additional training dates were booked for April 2017 for any members of staff who had not completed this training.
- The practice ensured all members of staff had received training in manual handling.
- The practice had taken steps to improve systems, processes and practices, to ensure a reduction in the exception reporting levels of patients.
- Systems were in place to ensure appropriate Quality and Outcomes Framework (QOF) exception reporting of patients took place.

Good



Dr SJF Goodison and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our follow up desk top inspection was undertaken by a CQC Assistant Inspector.

Background to Dr SJF Goodison and Partners

Dr SJF Goodison and Partners, also known as Blackthorn Health Centre, is located at Satchell Lane, Hamble, Southampton, SO31 4NQ. The practice is situated in a village on the outskirts of Southampton.

The practice provides services under a General Medical Services contract and is part of the NHS West Hampshire Clinical Commissioning Group (CCG). The practice has approximately 12,474 registered patients. The practice's population distribution by age is similar to the national average. The practice has 121 patients registered as housebound and 175 patients registered as living in care homes.

The practice has five GP partners, one salaried GP and one GP registrar. Both male and female GPs were available to be seen at the practice. The GPs are supported by two nurse managers, three practice nurses, three health care assistants, and one phlebotomist.

The clinical team are supported by a management team including a practice manager, secretarial and administrative staff. The practice also employs a medicines management technician. Dr SJF Goodison and Partners is a teaching practice for doctors training to become GPs.

The practice reception and phone lines are open between 8am and 6.30pm Monday to Friday. Routine pre-bookable appointments are available during these times. The practice offers extended hours appointments with GPs, nurses and healthcare assistants from 7.30am to 8am Tuesday and Friday and 6.30pm to 8pm on Mondays. The practice is also open from 8am to 10am on alternate Saturdays. The practice offers three types of appointments: urgent appointments, telephone consultations with the duty GP and pre-bookable appointments. The practice have withdrawn its book on the day service due to patient feedback and dislike of this service instead replacing it with the original system of bookable appointments being released 24, 48 and 72 hours in advance.

Dr SJF Goodison and Partners has opted out of providing out-of-hours services to their own patients and refers patients to the out of hours service via the NHS 111 service. One day a month the practice holds a staff training session between 12.30 and 2pm. During this time the lunchtime telephone message for patients contacting the practice is switched on. The reception area remains manned.

The service offers online facilities for booking and cancellation of appointments and for requesting repeat prescriptions.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Dr SJF Goodison and Partners on 24 May 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 in the effective domain. The full comprehensive report following the inspection on May 2016 can be found by selecting the 'all reports' link for Dr SJF Goodison and Partners on our website at www.cqc.org.uk.

We undertook a follow up desk-based inspection of Dr SJF Goodison and Partners on 25 April 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

We carried out a desk-based focused inspection of Dr SJF Goodison and Partners on 25 April 2017. This involved reviewing evidence supplied by the practice including:

- Training matrix and certificates in manual handling, basic life support, and information governance had been provided by the practice.
- Policies and systems for Quality and Outcomes Framework (QOF) exception reporting of patients.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 24 May 2016, we rated the practice as requires improvement for providing effective services, as not all staff had completed training appropriate to their role. In addition, we also found that the practice needed to review the level of exception reporting of patients. Patients can be excepted for a number of different reasons, however a high exception reporting level may indicate that an effective exception reporting system is not in place.

These arrangements had improved when we undertook a follow up inspection on 25 April 2017. The practice is now rated as good for providing effective services.

Effective Staffing

- A training matrix detailing staff training in manual handling, information governance, and basic life support was supplied as evidence by the practice. The training matrix detailed the date training was last completed, and both the role and name of each staff member.

The training matrix showed that:

- The practice had provided training for staff in manual handling, information governance, and basic life support.
- At the time of this desktop inspection on 25 April 2017 the practice submitted evidence for 44 members of staff having completed training in information governance. The practice supplied 43 training certificates as evidence of training undertaken by staff in information governance. One member of staff did not have a certificate of having undertaken this training but screen shot evidence was provided to demonstrate that they had completed the training module. There was no evidence to demonstrate that three members of non-clinical staff had completed this training. The practice submitted completed training certificates for these three staff members on 1st June 2017. All three staff members had completed their training on either 28 April or 11 June 2017 after the desktop inspection had been undertaken.
- All 47 members of staff had completed manual handling training. The practice had also supplied 46 training certificates as evidence of training undertaken by staff in

manual handling. For one member of staff, a training certificate was not provided, however the practice had advised us that this member of staff had undertaken training in this area, and subsequently had provided us in April 2017, with a copy of the training module completed.

- A total of 46 members of staff had completed basic life support training. The practice had also provided 46 training certificates as evidence of training undertaken by staff in basic life support. One non clinical member of staff was still awaiting training in basic life support. Since the inspection on 25 April 2017, the staff member had subsequently completed the training on 12 June and the practice provided us with a copy of their certificate.”
- Minutes from clinical and GP partner meetings addressing staff training, were also supplied as evidence by the practice.
- The practice had on two separate dates since our last inspection, conducted a fire evacuation exercise, as part of staff training and awareness. Evidence of this exercise taking place, was documented in a fire safety log book.

Management, monitoring and improving outcomes for people

- The practice used the information collected from the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice.
- The practice had reviewed their system for the exception reporting of patients, and as a result had produced a QOF exception reporting policy.
- The QOF exception reporting policy, detailed the practice’s definition of exclusions and exceptions, and the process for the exception reporting of patients within the practice.
- According to the practice’s QOF policy, the practice attempts to contact eligible patients for a review, on three occasions within a one year period. Patients are contacted in a written format, and this is then documented. Patients who refuse a review, after a third attempt of being contacted are excluded- if appropriate,

Are services effective?

(for example, treatment is effective)

from the practice's QOF figures and data. In addition letters sent to patients, inviting them for a health and medication review was also provided as evidence by the practice.

- The practice's QOF exception reporting policy, also provided guidance for staff on specific clinical areas such as influenza (commonly referred to as flu), and cervical screening. Guidance was also provided for other complications, for example patients with a terminal illness or frailty. However the guidance stated that on such occasions, individual assessments would be undertaken, and patients would not be excepted on the basis of their health condition alone.
- The practice had implemented QOF teams, and each team was responsible for different clinical conditions. Each team consisted of a lead GP, a nurse and members of the administration team.
- The practice had also produced a "hard to reach patients" protocol. The protocol provided guidance to staff on patients who had not responded to the practice's attempts to contact them. The protocol stated that staff would check when patients had last communicated with the practice. Patients who had made contact with the practice, within the last year were referred to a nurse for a telephone call and appointment. Patients for whom the practice had no contact with for one year and no medication details recorded on file, were referred to the administration QOF lead for further investigation.
- The practice provided evidence to demonstrate the reduction in their exception reporting of patients for 2015/2016 to 2016/2017. The figures provided showed a significant reduction in exception reporting across all

clinical areas within this period. Between 2015/2016 to 2016/2017 there was a 4% reduction in QOF exception reporting of patients with asthma, a 4% reduction in patients with Chronic Obstructive Pulmonary Disease (COPD), a 3% reduction in patients with mental health conditions, a 3% reduction in patients with atrial fibrillation, a 19% reduction in patients with depression, no reduction in patients with stroke or patients using contraception.

- Unverifiable data was supplied by the practice to demonstrate the reduction in their exception reporting of patients for 2014/2015 to 2015/2016. The figures provided showed some reduction across some clinical areas within this period. Between 2014/2015 to 2015/2016 there was a 2% reduction in QOF exception reporting of patients with asthma, a 1% reduction in patients with Chronic Obstructive Pulmonary Disease (COPD), and a 1% reduction in patients with stroke. However during this period of time the practice recorded a 1% increase in the exception reporting of patients with mental health conditions, a 1% increase in patients with atrial fibrillation, a 13% increase in patients with depression, and a 0.04% increase in patients using contraception.
- Between 2014/2015 to 2015/2016, the practice reported a 5.84% reduction in the exception reporting of patients with cancer. In addition between 2015/2016 to 2016/2017, the practice reported a 15.82% reduction in exception reporting of patients with cancer. The practice was able to supply data to show they were monitoring exception reporting across the range of cancer types. For example the exception reporting of patients with breast, bowel and cervical cancer.