

# The Lee-on-the-Solent Medical Practice

## Quality Report

The Lee-on-the-Solent Medical Practice  
Lee on Solent 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 well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Lee-on-the-Solent Medical Practice on 27 September 2016. The overall rating for the practice was good. The practice was rated as good for safe, effective, caring and responsive and requires improvement for well-led. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for The Lee-on-the-Solent Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 6 June 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 27 September 2016. 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 and the well-led key question is now rated as Good.

Our key findings were as follows:

- The overarching governance framework to ensure high quality care was now embedded.
- Risks to patients were assessed and consistently well-managed. For example effective medicines and emergency management was now in place.
- The practice proactively sought patient feedback which it acted upon.
- Improvements were made to the quality of care as a result of complaints and concerns.
- There were improved systems to monitor the recruitment, registration and training needs of staff.
- The practice worked with the patient participation group to improve the patient experience. As a result of this work, in May 2017 the practice had been accredited with 'dementia friendly' status.

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

The provider should:

- Implement a practice training policy which sets out what training is required by which staff and how often this should be undertaken.

**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 well-led?**

The practice was previously rated as requires improvement for providing well-led services. The practice is now rated as good.

- There was an overarching governance framework which supported the delivery of the strategy and good quality care and which was now embedded.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

**Good**



# The Lee-on-the-Solent Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This focused inspection was carried out by a CQC inspector.

## Background to The Lee-on-the-Solent Medical Practice

The Lee-on-the-Solent Medical Practice is located at Lee on Solent Health Centre, Manor Way, Lee on Solent, Hampshire, PO13 9JG. This is the practice's only location.

The practice provides general medical services to around 7150 patients in Lee on the Solent, a coastal area with average levels of deprivation compared to the rest of England. Less than 1% of the patient population are from Asian and Indian ethnicities, with the majority of the practice population identifying themselves as White British. Around 30% of the practice population are

over 65 years of age.

There are two male GP partners and two female GP partners who together provide approximately 3.5 whole time equivalent GPs. At the time of this inspection, the practice were also employing a male locum GP to cover a period of absence of one of the GPs. There are four practice nurses and one health care support worker, and a Specialist Primary Care Community Nurse. The practice employed, along with two other practices, a clinical

pharmacist to assist with complex medicine issues. The pharmacist was employed by the practice for five sessions a week. The clinical staff are supported by a practice manager and deputy practice manager who manage the 14 part-time clerical, reception and administrative staff.

The Lee-on-the-Solent Medical Practice is based in a purpose built health centre, shared with one other GP practice and other community services such as podiatry. The partners lease the building and the building is managed by NHS property services. The practice had a room for patients who require privacy located off of the main reception waiting area. The reception is light and airy with noticeboards displaying a range of information for patients and there is a dedicated children's area.

The practice is open between 7.30am and 6.30pm Monday to Friday. Appointments with a GP are from 7.30am to 6pm daily and with a nurse from 8.30 to 5.30pm daily. Additional extended hours appointments with a GP or a nurse are offered until 7.30 pm on Monday evenings. GPs and nurses offer telephone consultations with a triage clinic to assess patient's needs held every morning and an emergency clinic held every afternoon. When the practice is closed, the public are encouraged to use the NHS 111 service.

We previously inspected this practice on 27 September 2016, where the practice was rated good overall but requires improvement for well-led.

## Why we carried out this inspection

We undertook a comprehensive inspection of The Lee-on-the-Solent Medical Practice on 27 September 2016

# Detailed findings

under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in September 2016 can be found by selecting the 'all reports' link for The Lee-on-the-Solent Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of The Lee-on-the-Solent Medical Practice on 6 June 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 an announced focused inspection of The Lee-on-the-Solent Medical Practice on 6 June 2017.

During our visit we:

- Spoke with the practice manager and deputy practice manager
- Visited the only practice location
- Reviewed documentation and records the practice used to deliver and organise care.
- Reviewed staff files and training records.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 27 September 2016, we rated the practice as requires improvement for providing well-led services as there was no overarching governance framework to support the delivery of high quality care.**

**We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 6 June 2017. The practice is now rated as good for being well-led.**

### Governance arrangements

At our previous inspection in September 2016, not all governance systems or processes were fully established and operated effectively to assure high quality care. We found shortfalls in systems relating to prescription security, access to an emergency medicine, application of the complaints process, registration checks and the overview of training updates for adult and child safeguarding.

At this inspection, we found that the systems to monitor blank prescription stationery were effective. Blank prescription pads and electronic prescription stationery were now kept in a secure area of the practice. In October 2016, the practice had changed where such items were stored to a secure room which was not accessible by unauthorised personnel. Keys to the room were stored securely in a cupboard that had a combination lock. We were told that blank prescription pads for hand-written prescriptions were rarely used by GPs. Each GP had a pad issued to them, stored in a secure area in the practice, and the use of this pad was monitored by the practice. Prescription stationery was logged on delivery and use was monitored by the practice.

At this inspection, we found that the practice leadership team and all clinicians had met to review the requirements for emergency medicines. The practice had made the decision to now stock atropine, which is a medicine used to treat a low heart rate. This medicine was stored appropriately and had been in place from October 2016. We saw that the contents of the emergency trolley were checked on a regular basis to ensure the contents were complete, fit for use and within date.

During our inspection in September 2016, it was identified that the complaints policy was not always correctly followed and not fully embedded. Not all complaints had a written response to the patient, and not all responses signposted patients to the NHS Ombudsman if they were not satisfied with the practice response. We alerted the practice to this who acted immediately and amended the complaints policy within 48 hours of our inspection.

At this inspection we reviewed the practice complaints policy and procedures and found this was in line with national guidance. The practice kept detailed records of complaints received and responses to the patients. A total of ten complaints had been received since our last inspection; all of these were responded to in a timely manner, contained an appropriate response and details of how the patient could get further support with their complaint if they were not satisfied with the practice response. The practice carried out an analysis of complaints to identify any trends and took appropriate action to improve the quality of care. For example, the practice noted that complaints focussed on the time taken to get through to the practice by telephone. The practice had invested in a new telephone system in November 2016 to help resolve the problem.

At our previous inspection in September 2016, we found that there was no system in place to check that nurses had the appropriate registration with the Nursing and Midwifery Council.

At this inspection we found that the practice had written a protocol to ensure that the registrations of clinicians employed by the practice were current and appropriate. We checked the registration details of all clinical staff and found that the practice held records to confirm that staff were appropriately registered and that they held the appropriate level of clinical indemnity insurance.

At our previous inspection in September 2016, we found that nursing staff were not trained to the correct level of child and adult safeguarding.

At this inspection we reviewed the training records of all staff. The practice now kept a summary log for staff which detailed the training they had received. This included safeguarding, basic life support, infection control, information governance, mental capacity and fire training. All staff were trained to the correct level of child and adult

# Are services well-led?

Good 

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

safeguarding. Nurses and GPs had received level three child safeguarding in January 2017. Fire training was overdue for all staff, but we saw evidence this training was booked for July 2017.

The practice did not summarise in a policy or in staff files, the training that staff were required to undertake nor the frequency by which this would be undertaken. The practice were not clear regarding which training they considered to be mandatory nor how often this should take place.

We noted that the practice had not displayed the ratings awarded to them following our last inspection, either in the practice or on the practice website. This is a legal requirement. We advised the practice of this during the inspection who agreed to display the ratings.

## Leadership and culture

At our previous inspection in September 2016, we found that there had been a recent change in leadership with a new practice manager and deputy. Together with the lead GP, the leadership had developed a plan to improve systems, processes and the quality of care. However, at the time of our September inspection this was identified as a work in progress and was yet to be embedded.

At this inspection we found there was a focus on improving care and patient experiences. For example, the practice management team had sought different ways of gaining patient feedback to improve the quality of care. The practice now sent letters to patients inviting them to give feedback on the practice. The practice showed us results from the friends and family test from September 2016 to March 2017 which have not been externally verified. These showed that of 38 responses, 82% would be extremely likely or likely to recommend the practice to a friend or family member.

The practice had also signed up to a SMS text reminder service in March 2017. This meant that patients could also now give feedback via text message after attending for an appointment as well as receiving reminders for appointments. The practice had collated data to monitor the impact of the text service on the number of appointments where patients did not attend. This showed that the number of missed appointments fell from 89 in November 2016 to 54 in May 2017. This is a reduction of approximately 60%.

The practice sought to engage with their patients in different ways, such as through social media to promote health campaigns. There was a television screen in the patient waiting area which now relayed important updates about the practice and health promotion messages to patients. The information was changed on a seasonal basis. The practice promoted the use of online services for booking appointments and for requesting prescriptions. Practice level data showed that the number of patients registered for online services had increased by approximately 250 from April 2017 to May 2017.

The practice was forward thinking and continuous improvement was a priority for the practice. For example, in May 2017, the practice had been accredited with 'dementia friendly' status. The patient participation group (PPG) had been involved in gaining this status. Members of the PPG had conducted 'walk-arounds' of the practice to identify areas which could be problematic for patients with memory problems. As a result, the practice had changed signage at the practice and removed items which could cause confusion for some patients. The practice kept an up to date dementia register and staff had received training on how to best support patients with dementia.