

Chessel Branch Surgery

Inspection report

4 Chessel Avenue
Southampton
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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?

Not sufficient evidence to rate 

Are services responsive?

Not sufficient evidence to rate 

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? – Not sufficient evidence to rate

Are services responsive? – Not sufficient evidence to rate

Are services well-led? – Good

We carried out an announced comprehensive inspection at Chessel Branch surgery on 28 November 2019 as part of our inspection programme. Due to the way in which the service operated, we were unable to rate the key questions of caring and responsive.

This service is registered with Care Quality Commission (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 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The chief executive officer is the 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:

- Staff had the information they needed to deliver safe, effective and holistic support to patients.
- The provider organised and delivered services to meet patients' needs.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- Staff felt supported to engage in further training as required in order to successfully undertake their role.
- There were clear systems and processes in place to keep people safe and safeguarded from abuse.
- Staff had the information they required in order to deliver safe holistic care to patients even when the clinician had not seen the patient previously.
- There were clear documented processes in place to record significant events and share learning from these.
- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

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

- Consider including all staff in quality improvement activities.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Chessel Branch Surgery

Chessel Branch Surgery is one of eight registered locations of the provider Southampton Primary Care Limited (SPCL). SPCL is a GP federation delivering primary healthcare services to approximately 283,000 patients across the city of Southampton. Of the 26 GP practices in Southampton, 24 are member practices and are shareholders in the federation. The member practices are:

- Aldermoor Surgery
- Alma Medical Centre
- Atherley House Surgery
- Bath Lodge Surgery
- Brook House Surgery
- Cheviot Road Surgery
- Highfield Health
- Hill Lane Surgery
- Living Well Partnership
- Lordshill Health Centre
- Mulberry Surgery
- Old Fire Station Surgery
- Raymond Road Surgery
- Shirley Health Partnership
- St Mary's Surgery
- St Peters Surgery
- Stoneham Lane Surgery
- Townhill Surgery
- University Health Service
- Victor Street Surgery
- Walnut Tree Surgery
- West End Road Surgery
- Woolston Lodge Surgery

SPCL has eight registered locations which act as hub sites for patients to access the services it delivers.

The registered hub sites are:

- Aldermoor Surgery
- Chessel Branch Surgery
- Lordshill Health Centre
- Nicholstown Surgery
- Shirley Health Partnership
- Southampton Primary Care Ltd
- St Mary's Surgery
- Woolston Lodge.

Locations have been chosen to provide the best spread of access for patients across the city. There are three hub sites open across the city at any one time.

Southampton Primary Care Limited as a provider provides the following services to the public:

Enhanced access, physiotherapy, long acting reversible contraception, acute visiting service and enhanced healthcare in homes.

The following services operate from the hub location Chessel Branch Surgery:

Extended access service.

If a patient cannot get an appointment with their own GP patients can have access to the enhanced access service offered by SPCL. There are a range of clinicians available including HCAs, nurse practitioners and GPs. Patients can access this service by contacting their main GP practice and requesting a hub appointment.

The registered location Chessel Branch Surgery operates from the following address:

Chessel Branch Surgery

4 Chessel Avenue

Southampton

SO19 4AA

The service is registered to provide the following regulated activities:

Diagnostic and screening services

Family Planning

Surgical Procedures

Treatment of disease disorder and injury

This inspection focused on the registered location Chessel Branch Surgery. This location acted as one of the hub sites which delivered extended and enhanced services to the registered population of Southampton. On the day of our inspection, Chessel Branch Surgery was only being utilised to deliver physiotherapy services which are not in scope for regulation. On other days in November regulated activities were being delivered from

this location. The types of services delivered from this location varied on a daily basis. This hub site, when in use, is only open during daytime core GP hours and does not operate in the evening as a hub site location.

Chessel Branch Surgery as a hub site for SPCL is located in the GP practice Chessel Branch Surgery (also now known as Peartree Practice). This GP practice holds its own registration with CQC for providing core GP services and has been rated separately by CQC.

On the day of our inspection the location as a hub site was only being used for physiotherapy services. Extended access services for GPs, nurses or healthcare assistants were being delivered from other hub locations.

How we inspected this service

During our visit we:

- Reviewed information held about this service.

- Spoke with the registered manager. (Staff feedback mentioned in this report was collected from other hub site locations representing staff for this location as staff worked in an across site model).
- Reviewed provider documents and policies
- Reviewed feedback from staff and patients as obtained from survey results and public data.

To get to the heart of patients' experiences of care and treatment, we 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. However, we could not rate the service for the key questions of caring and responsive, due to the nature of service operation.

Are services safe?

We rated safe as Good because:

People were protected from avoidable harm and abuse. This included having clearly defined and embedded systems and processes to keep staff and patients safe.

Safety systems and processes

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

- The provider conducted safety risk assessments. It 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 service had systems to safeguard children and vulnerable adults from abuse.
- The service 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).
- Staff employed by SPCL worked across hub sites as and when shifts were needed to be covered. At the time of our inspection the physiotherapist was the only staff member working for SPCL at the hub location. Training records were stored centrally and reviewed as part of our inspection of the head office location. During this review we saw that all staff received up-to-date safeguarding and safety training appropriate to their role. Staff spoken to working at other hub locations 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. Risk assessments for premises specific infection control including water testing for legionella risk were undertaken by the GP practice whom SPCL operated the hub location out of. There was a clear service level agreement in place outlining these

responsibilities. On the day of our inspection the only service running by SPCL from this location was the first contact physiotherapy service (this service is not currently in CQC scope for registration). There were no other clinicians working for SPCL from this location on our inspection day. As such the registered manager told us that SPCLs clinical trolley with their equipment would not be in use that day. We observed the processes for cleaning schedules and oversight of the equipment at the other hub sites. The process was standardised across the organisation.

- 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 carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- The premises were not fully fit for purpose and required some renovation work. As Chessel Branch site is hosted by the GP practice that operates from this building, renovations were not the responsibility of SPCL. SPCL were aware of the needs of improvements and were working with the host site and clinical commissioning group to identify potential remedial work. SPCL had undertaken their own infection control audit of the rooms used at the host site and added these to their action plan. For example, in the treatment room a privacy screen is in use rather than curtains due to the structural issues of the ceiling and also replacement of the bins with foot pedal ones.

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. The provider maintained oversight of the central rota system located at head office to ensure there was sufficient staff available for when this particular hub site would be in operation.
- There was an effective induction system for agency staff tailored to their role.
- We were not able to assess staff understanding of responsibilities to manage emergencies and recognise those in need of urgent medical attention as part of this

Are services safe?

inspection. However, as staff worked across hub site locations we obtained assurances that staff had this understanding through discussions at other hub site inspections. We also saw a copy of the clinicians and admin hub packs which clearly documented details for Chessel Branch Surgery that were pertinent to emergencies. For example, the location of the defibrillator, key contact numbers and where the emergency medicines box was kept.

- 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. Hub trolleys containing medical equipment were standardised across each hub location. We saw the hub trolley stored at this location. The provider has a service level agreement in place with the host GP practice for use of emergency medicines and equipment. We saw where the emergency medicines box was kept and emergency equipment. Responsibility of maintenance of these to ensure safety was down to the host site.
- 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.

- As there was no GPs, nurses or healthcare assistants working for SPCL at this hub site on the day of our inspection, we were unable to view how care records were written at this location. However, as the provider had a standardised care record template used across all hub sites we were able to gain assurances that care records were written and managed in a way that kept patients safe by reviewing these at the other hub locations. Clinicians worked across hub locations as and where need was required.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Staff had access to both types of electronic clinical records systems in use by GP practices across the city as well as access to some elements of hospital systems (for example x-ray and

blood test notes). This meant clinicians at any of the hub locations were able to see a full patient history when treating a patient regardless of what practice they were registered with. As such, staff had a thorough understanding of the patient in order to make an informed judgement. It also meant that discharge summary information and consultation notes were readily available to all clinicians working with the patient.

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use. Medicines and equipment for use in the hub were ordered in and stored centrally at head office. These were then distributed out to the hub sites as and when stock was required. This helped minimise excess stock at any one location. During this inspection we viewed the hub trolley and SPCL hub box. Review of the administrator pack shows that it is the responsibility of the receptionist at the end of each shift to complete a stock check form of the trolley and submit this electronically to head office. Expiry date monitoring of the trolley was undertaken once a month by a dedicated member of staff who had oversight of all stock control processes centrally. Prescription stationery was locked away in the hub box when not in use.
- The service was able to prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). However, the service did not store or dispense these controlled drugs from hub sites.
- 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.

Track record on safety and incidents

Are services safe?

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service 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 service 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.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. Incidents were recorded and analysed centrally by head office and the

executive leadership team. Staff working in the hub told us that any learning relevant to their role was communicated to them via email and also through regular meetings.

- 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

When there were unexpected or unintended 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 service acted on and learned from external safety events as well as patient and medicine safety alerts. The 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:

People had good outcomes because they received effective care and treatment that met their needs.

On the day of our inspection, only the physiotherapy service was operating from this hub site and is currently out of scope from registration. There were therefore no regulated activities being undertaken on the day we inspected. However, we were informed that regulated activities were undertaken from this location by SPCL on other days as part of their operational model of service delivery. Chessel branch site as a hub location was only open during core GP hours. The operational model of SPCL as a provider means we were able to utilise information held and evidence collected from the other registered location inspections to ascertain how care and treatment was delivered for patients. Staff working for SPCL worked across the hub locations and therefore had a standardised set of governance policies and procedures as well as processes for monitoring effectiveness.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. Through discussions with clinicians working at the other hub locations we saw evidence that clinicians assessed 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.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made

improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. Audits were typically undertaken at head office location and spanned all hub sites. Staff working at the hubs told us they had opportunities to engage in activities to improve quality and patient outcomes.

- All clinicians working for the provider Southampton Primary Care Limited had a clinical notes review meeting every six months whereby five of their clinical notes were reviewed as an audit to ensure these were in line with best practice and for ongoing learning and development. There was a standardised records review template in place. Any identified learning from these was discussed with the individual clinicians as part of ongoing supervision. There was mixed feedback about the audit programme. As part of our discussions with GPs working across several hub locations, told us that they did not engage in any other clinical audits and that there was no clinical review of their work beyond the clinical notes review.
- Other staff told us that staff members were allocated certain lead responsibilities and would undertake reviews of quality with regards to these across all services. For example, the Health Care Assistant we spoke to told us that they were responsible for oversight of stock control and ordering processes across the whole of the organisation.

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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or the Nursing and Midwifery Council 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 told us they had access to a staff dashboard which showed them when their training needs were due for renewal. Staff had opportunities to engage in online training or face to

Are services effective?

face. We spoke with both clinical and non-clinical staff who worked across the hub sites. They told us that they had access to extensive training and felt their needs were met. One staff member told us that in comparison to other roles they had held in other organisations, they had received better training and support from this provider. We heard examples of support to staff who were new into primary care (such as the move from secondary to primary care) and for those on their induction training. We were told by staff and witnessed examples of when the executive leadership team had moved reception staff around the hub sites to ensure sufficient skills mix was met. For example, moving shifts around to ensure a junior member of staff was placed with a more experienced member in order to support learning and development as well as patient experience.

- Staff whose role included immunisation and 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. All clinicians had access to a variety of operational systems used by organisations across the city, such as elements of hospital data and the two different GP clinical notes systems. This meant that clinicians when working at this site, would have access to a full patient history in order to provide joined up care with all services involved in that patient's care. Clinicians working across the all of the provider's sites sent discharge summary documents directly to the patient's registered GP. SPCL staff had strong working relationships with all local organisations including care homes and secondary care services.
- Before providing treatment, doctors at the 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. Both nursing staff and reception staff told us examples of when patients may need re-booking to another hub site if the care or treatment required was

not possible at this hub site. For example, administration staff, who booked appointments used the details they had been given to determine the most appropriate clinician. For example, we were told on the rare occasion, the presenting problem may be more complex than initially described and a patient might require a GP not a nurse. In this instance, the patient would be re-booked for an appointment with a GP on the same day at a different hub location.

- 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, if clinicians working at the hubs had the initial patient contact and a follow up was required, patients were referred back to their regular GP to undertake the rest of the care and treatment.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

Are services effective?

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.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We were unable to rate caring as part of this inspection at the time of our inspection there were no regulated activities being undertaken by the provider at this registered location. Only the physiotherapy services were being provided from this location on the day we inspected which is currently not within scope for CQC registration. Regulated activities were being delivered from this location on other days during the month of November. As part of the

inspection comment cards were available for patients to provide feedback on services delivered at this location but we did not receive any responses, nor was there any patient feedback on NHS choices or other external sources. We therefore did not have sufficient evidence about delivering caring services, from this registered location, to rate this key question.

Are services responsive to people's needs?

We were unable to rate responsive as part of this inspection as at the time of our inspection there were no regulated activities being undertaken by the provider at this registered location. Only the physiotherapy services were being provided from this location on the day we inspected which is currently not within scope for CQC registration. Regulated activities were being delivered from this location on other days during the month of November. As part of the inspection comment cards were available for patients to provide feedback on services delivered at this location but we did not receive any responses, nor was there any patient feedback on NHS choices or other external sources. We therefore did not have sufficient evidence about delivering responsive services, from this registered location, to rate this key question.

Responding to and meeting people's needs

The service organised/ did not organise and delivered/ deliver services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were not always appropriate for the services delivered. The building was an old building and required some refurbishment. Refurbishment work was the responsibility of the host site of which Chessel Branch hub site operated out of. SPCL as a provider were working with the host site and the Clinical Commissioning Group to identify what refurbishment was required and put an action plan in place to address these issues.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

Patients were able to access care and treatment from the service 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.
- Patients with the most urgent needs had their care and treatment prioritised.
- We received no comments from patients regarding access to service specific to this hub location. However, feedback from patients about the service as a whole (extended access across hub sites) was positive about ease of obtaining an appointment. Patients could not book directly into appointments at this hub location but were able to do so by contacting their registered practice and requesting an extended access/hub appointment which would be booked on their behalf.
- Referrals and transfers to other services were undertaken in a timely way.

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

We were unable to obtain patient feedback specific to this hub site as part of this inspection as no comment cards had been completed and no feedback provided through external sources such as NHS choices website. However, on our inspection of the head office location we were able to review the complaints process end to end which was reviewed and addressed by the organisation centrally. We saw examples of completed complaints processes and the service had acted appropriately.

Are services well-led?

We rated well-led as Good because:

The leadership, governance and culture were effective and supported the delivery of high quality person-centred care.

The provider Southampton Primary Care Limited (SPCL) has eight registered locations. This inspection was for one of the hub sites which delivered extended access services: Chessel Branch Surgery. The organisational structure of SPCL was that there was a single overarching governance and leadership structure spanning across the organisation. This covered policies and procedures, recruitment, training and development and infection control amongst others. On the day of our inspection only physiotherapy services were operational by SPCL at this hub location. Physiotherapy services are not regulated by CQC. On other days in November regulated activities were being undertaken from this premises. Any staff feedback obtained supporting this section refers to interviews of staff undertaken at other SPCL registered location inspections. Staff worked across the organisation and therefore work across the hub locations.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The leadership team at board level had a strong understanding of local challenges faced by practices and the differences in geographical area across the city. The directors created a newsletter as a way of communicating information easily to member practices.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. As the location was not staffed by SPCL staff during our inspection day we were unable to establish staff views around leadership. However, we had assurances around visibility of the leadership team from interviews with staff at other SPCL registered location inspections and all staff worked across all locations. Staff spoken to on those inspections were positive about the visibility of the leadership team.

- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service 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 service had a realistic strategy and supporting business plans to achieve priorities.
- The aims of the provider, SPCL, included to strengthen the capacity of practices, tender for new services and to strengthen clinical governance across member practices in order to enhance quality improvements. The vision was to offer centralised training and development to all member practices in order to share the vision and deliver high quality care across the city to benefit the 283,000 patient population of residents in Southampton.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Staff had an understanding of the overarching vision, values and strategy delivered by SPCL as an organisation. They had an understanding of their role in achieving the vision and were able to describe the journey that the organisation had gone on from inception to present day. Staff spoken to were able to briefly summarise what the organisation's overarching objectives and vision was such as providing patient access if needed and ensuring patients have a smooth experience.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- The executive leadership team at SPCL had undertaken a staff survey in February 2019 of all staff working across the organisation and included staff who would work at Chessel Branch Surgery hub site. Results (completed by 33 out of 42 employees, therefore a response rate of 79%) showed that 85% of staff felt they received the

Are services well-led?

respect they deserved from colleagues at work. The results also highlighted, 88% were satisfied with the quality of care they gave to patients with the remainder answering 'not applicable' to this question.

- The service focused on the needs of patients.
- 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.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff told us that they felt they were taken seriously when raising a concern and they also received feedback. Data collected from the SPCL 2019 staff survey indicated that 94% of respondents agreed they were encouraged to report errors, near misses and incidents. In addition, 70% of staff felt that SPCL took action to ensure that incidents were not repeated and 85% reported feeling secure in reporting concerns about unsafe clinical practice.
- 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. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, 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 safety and well-being of all staff. Chessel Branch Surgery as a hub location was only open during core GP hours. As such the clinicians working for the hub would be working alongside the staff who work at Chessel Branch Surgery delivering registered activities during core GP services. Staff spoken to during other inspection told us of the strong working relationships built with the staff working at the locations that were hosting the hub services. There were governance systems in place to ensure staff had the support they required during their shift which included an instant messaging system active for all staff working at any time period and contact numbers of the leadership team and on-call members of staff.

- The service 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.

- 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
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was a dedicated infection control lead in place to oversee the systems and processes across all the hub sites. Documentation was stored centrally at this location and also available to staff via the intranet. During this inspection we saw the computerised system for checking stock on the hub trolley at the start and end of each shift. This was submitted electronically to head office for real time monitoring.
- There were service level agreements in place between SPCL and this service.

Managing risks, issues and performance

There were clear and effective 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 service had processes to manage current and future performance. 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.

Are services well-led?

- The provider had plans in place and had trained staff for major incidents. The IT system designed for the provider allowed staff to move from premises to premises and remote working in the event of adverse incidents. Operational monitoring of systems and processes were undertaken from the head office location which forms this inspection report.
- The provider had a provider level business continuity plan and service level agreements with each hub site which covered potential risks.
- There was an embedded IT system in place which was under constant development. The system was multi-faceted with access levels depending upon managerial or staffing role. All staff could access performance data required for their role including access to training records.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- 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 service 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 service 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.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and

- acted on them to shape services and culture. For example, the leadership team created an action plan following the staff survey results to address feedback raised by staff. This included establishing more routine meetings and regular 1:1s for administrative staff. Staff spoken as part of other provider registered location inspections told us there were regular meetings.
- 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. Internal staff survey results from February 2019, showed that 48% agreed that communication with senior management and staff was effective and that feedback was acted on by managers. This is contrary to the feedback received from staff spoken to at this service which were all positive about having input.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement both for clinical and non-clinical matters. Staff spoke about the staff dashboard and how they had oversight of their own training and development needs and the staff intranet. Staff spoken to as part of other provider registered location inspection spoke positively about the instant messaging system in place for staff to use in order to link with staff working at other hub sites and how valuable this was when working an evening shift at one of the hub locations.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared from head office across all hub sites 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 was a registered training organisation and as such had students undertaking clinical placements; these included Physicians associates and student nurses.