

# Brune Medical Centre

## Quality 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 service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Brune Medical Centre and the three branch sites (Forton Medical Centre, Waterside Medical Centre and Stoke Road Medical Centre) on the 12, 13 and 14 December 2017 as part of our inspection programme.

At this inspection we found:

- Southern Health NHS Foundation Trust had 4 locations registered as GP practices until April 2017 when Brune Medical Centre became the lead location and the other 3 practices became the branch sites. This was not updated on their CQC certificate until November 2017.
- In addition Southern Health NHS Foundation Trust formed a contractual arrangement with The Willow Group who have the same location Brune Medical Centre and same branch sites. The two providers hold accountabilities for the provision of the primary care services for the same patients. Southern Health NHS Foundation Trust were responsible for recruitment, HR and overarching information and clinical governance structures. The Willow Group maintained oversight of the daily running of services. It was apparent throughout the inspection that the process of bringing this arrangement together was still in progress. For example, although there was now one governance structure with staff working across sites, there were still observable minor differences in the way that each site ran.

# Summary of findings

- The structural reorganisation had been since April 2017 and the practice was still in the process of introducing and embedding new systems and processes. Staff were aware of the new governance structures and support in place.
- The practice had systems in place to manage risk so that safety incidents were less likely to happen. When incidents did occur the practice learned from them and improved their processes. However, there had been at least one incident that at the time of inspection was still under review. Southern Health NHS Foundation Trust and The Willow Group were working with the Clinical Commissioning Group and NHS England as part of the investigation into the events.
- At time of the inspection the location and the branches experienced staff shortages for both clinical and non-clinical staff. There was a backlog in scanning signed consent forms into the electronic system. The Trust and The Willow Group management teams were already aware of these risks and had taken action such as undertaking recruitment processes.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Infection control audits were completed at all but one branch site.
- Patients were generally positive about the new system for appointments whereby they could access

appointments at any one of the four GP sites. However all patients spoken to throughout the inspection were dissatisfied with the telephone system for booking appointments. The Trust and The Willow Group management teams were aware of this issue and had begun implementing a plan to resolve this issue and at the time of inspection had recently secured funding for the project.

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

- Continue with the implementation of the governance arrangements for all sites to work in a cohesive way; including for sharing information.
- Continue to review and monitor staffing levels and skills.
- Review the need for a formalised quality improvement programme.
- Review systems and processes to ensure written consent forms are scanned into patient notes in a timely manner.
- Continue to review systems to improve identification of patients who are also carers.
- Consider ways to improve support for patients with hearing impairments when in the waiting room of Brune Medical Centre.
- Continue to review waste management processes in line with policy.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b>	<b>Good</b> 
<b>People with long term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

# Brune Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included two CQC inspectors, a GP specialist adviser and a practice manager specialist adviser.

## Background to Brune Medical Centre

Southern Health NHS Foundation Trust had 4 locations registered as GP practices until April 2017 when Brune Medical Centre became the lead location and the other 3 practices became the branch sites.

Southern Health NHS Foundation Trust have entered into a legal arrangement with The Willow Group to deliver primary care services in the area under a General Medical Services contract. Their relationship is a subcontract arrangement which requires each provider to be separately registered with CQC. The Willow Group is responsible for overseeing day to day management of the GP services whilst Southern Health NHS Foundation Trust provide the clinical and information governance support such as recruitment, training and systems and processes.

Brune Medical Centre is the registered location under Southern Health NHS Foundation Trusts CQC certificate. Brune Medical Centre and the three branch sites are based in the town of Gosport, Hampshire and is part of the Fareham and Gosport Clinical Commissioning Group. Across Brune Medical Centre and the three branch sites they have approximately 38,514 registered patients. They provide primary care provision for approximately 50% of the population in the Gosport peninsula area.

Brune Medical Centre and branch sites are a key partner in the local Vanguard project titled 'Better Local Care'. The Gosport area was one of the 50 sites selected for the NHS Vanguard Project to take the lead on the development of new care models and driving change for patients and staff.

The population boundaries for the practice span across areas of varying deprivation levels including pockets of very high deprivation. Gosport town is locally known as one of the most deprived areas and falls within the top 10% nationally.

Brune Medical Centre and three branch sites has 21 GPs (13.3 whole time equivalent), nine advanced nurses, 15 practice nurses and six health care support workers working across the four sites. There are also four pharmacists and one mental health nurse practitioner. The clinical staff are supported by a non-clinical team made up of management and administration staff including operational leads, care navigators (commonly known as receptionists), medical secretaries and a patient experience team.

Brune Medical centre is based at the following location:

10 Rowner Road,  
Gosport  
Hampshire  
PO13 0EW

The branch sites were located at the following addresses:

Forton Medical Centre, Whites Place, Gosport, Hampshire, PO12 3JP

Waterside Medical Centre, Mumby Road, Gosport, Hampshire, PO12 1BA

Stoke Road Medical Centre, 68 Stoke Road, Gosport, Hampshire, PO12 1PA.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as good for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- Safety risk assessments were conducted by external companies (such as for Legionella testing and fire safety). The practice had assurances that these were being conducted both at Brune Medical Centre and all branch sites. Brune Medical Centre and the branch sites had a suite of safety policies which were either Southern Health NHS Foundation Trust (SHFT) policies or practice specific policies. Both types were reviewed regularly and communicated to staff. However, some junior members of staff spoken to throughout the inspection were unsure where to access these policies. Some staff told us that this had become easier since the introduction of the new intranet in the past couple of weeks. Staff received safety information for the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice 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.
- SHFT were responsible for managing the recruitment checks of staff, including checks of professional registration where relevant, on recruitment and on an on-going basis. 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). We saw evidence that operational leads within Brune Medical Centre had received emails from the trust to provide assurances

that checks were completed satisfactorily and the person ready to start employment. Risk assessments were in place for any staff who had not yet received their DBS.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They 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. We saw the most recent infection control audit. The branch site Forton Medical Centre had not participated in the audit which we were told was due to staffing pressures at the time the audit was undertaken and had been set a deadline to complete by 31 December 2017. The completed audit for this site was provided to the lead inspector on 21 December 2017. We observed action plans following recommendations from the audit.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. However, not all of these were fully implemented in line with policy. For example ensuring that all sharps bins had a date and signature on 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 had been a period of staff shortages across both the location and branch sites which both SHFT and The Willow Group were aware of and in the process of recruiting for vacancies. These vacancies were for 'care navigators' commonly known to patients as receptionists/administration staff.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

## Are services safe?

- When there were changes to services or staff the practice assessed and monitored the impact on safety. Details of staffing levels at Brune Medical Centre (and branch sites) were reported to SHFT as part of the wider workforce planning meetings. To minimise risk to patients through lack of staff, the operational structure had changed so that staff could work across all sites and to improve the amount of lone-working undertaken by GPs. We were told that this was still problematic but had improved by allowing staff to work across sites. Staff told us of their concerns regarding demands they had experienced in the restructure and felt there was not enough staff to cope with the demands. However, they also told us that they felt this had recently improved with the recruitment of new staff and opportunities to provide cover across sites. The management teams were aware of this issue and, at the time of inspection, were already in the process of recruiting more staff. Additionally, the management team at The Willow Group had engaged in a learning exercise and developed a wellbeing plan for staff. This was due to be rolled out at the beginning of 2018.
- During the course of the inspection we observed the difficulties faced with staff shortages. For example, at Brune Medical Centre one care navigator was absent leaving two members of administration staff to cover both the telephone lines and reception desk. At one of the branch sites we observed similar difficulties with only one receptionist available and a queue of six patients upon our arrival. This was not exclusive to non-clinical staff as at two of the branch sites some nursing staff were absent leaving the lead nurse to cover appointments during busy clinics in order to minimise risk to patient safety.
- Under the new model GPs at one of the branch sites (Stoke Road Medical Centre) were all salaried GPs employed on a sessional basis through Southern Health NHS Foundation Trust. We were told by one of the GPs that this resulted in a gap in service provision for an hour and a half over lunch where there was no duty doctor and therefore could not be covered. We were told that staff would work in an unpaid capacity during this time to prevent a lack of service provision. Both the trust and leadership team in The Willow Group were aware of this issue. The Trust were engaging in talks with The Willow Group to further understand the provision of primary care within GP practices and the model of GP

partners versus salaried GPs. Discussions were being held around contract re-negotiations to prevent the need for unpaid working to cover gaps in service provision.

### Information to deliver safe care and treatment

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

- 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 practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was an information sharing agreement in place which allowed district nurses to have read-only access to the practices electronic patient records system. Electronic patient recording systems had also become streamlined across Brune Medical Centre and the three branch sites. This allowed for GPs to work across sites and allow for patients to book an appointment at any of the sites even if it was not the one they were registered to. GPs would have full access to these patient notes and care plans.
- Referral letters included all of the necessary information.
- A new intranet system had been created and launched a few weeks prior to the inspection. Information available to all staff included guidance updates and policies for delivering safe care and treatment.

### Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. Prescription stationary for Brune Medical Centre was delivered to the branch site Forton Medical Centre, logged and distributed across to the other two branch sites and Brune Medical Centre. Each site had a system in place to store prescription stationary safe, securely and monitor its use. The lead pharmacist had written a local protocol for the management of this process.

## Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice 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

Since engaging in the legal arrangement with Southern Health NHS Foundation Trust/The Willow Group, Brune Medical Centre (and all branch sites) had changed its reporting process for significant events to align with that used by the Trust. This had resulted in Brune Medical Centre reporting more significant events. Staff attributed this in part due to a different threshold of reporting required by the trust and an increased awareness of what incidents are required to be reported. Managers from The Willow Group told us of intent to be the benchmark for reporting and to provide support to other GP practices in the locality around increasing awareness in reporting.

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- There were systems for reviewing and investigating when things went wrong. However, we saw that under the new reporting processes timeframes for investigating incidents had increased. For example we saw a serious incident investigation from an incident in July 2017 that was still on-going. We saw evidence that although incidents were taking longer to complete, patients were kept informed of the processes through the allocated investigation officer.
- The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Brune Medical Centre had conducted internal reviews to improve safety whilst the main centralised investigation was still on-going. For example, as a result of the incident managers reviewed the incident internally and changed the templates on their electronic patient notes system to guide clinicians to the appropriate referral systems and pathways of action. They also added in additional learning for staff around recognising symptoms not normally associated with the condition. However, one clinician spoken to during the course of the inspection week was unaware of this serious incident or any changes to practice that had resulted from this.
- Some staff from Brune Medical Centre (and branch sites) were being trained up as investigation officers through the Trust. Investigation officers investigate the significant events reported through the trusts reporting system. The aim being to increase staff at the practice understanding of the incident reporting process and as a link person for sharing information and learning between organisations.
- Senior staff from Brune Medical Centre (and branch sites) were also participating in incident review and board meetings to further develop the trusts understanding of primary care incidents and reporting.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated the practice as good for providing effective services overall and across all population groups.

Prior to the restructure Southern Health NHS Foundation Trust did not participate in the Quality and Outcomes Framework for the GP practices for which it had responsibility. Since the new arrangements the QOF data relates to Brune Medical Centre as completed by The Willow Group.

We viewed their current performance of unverified data at time of inspection and found that Brune Medical Centre had achieved 452 out of a possible 545 QOF points.

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of their medicines.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Staff at Brune Medical Centre, and branch sites, told us that to improve diabetic care and treatment Brune Medical Centre had developed a central hub where patients could access diabetic care which was based at one of the branch sites. Patients from Brune Medical Centre or any of the branch sites attended the hub for treatment reviews and care for their diabetes. Specialist diabetic nurses were available for additional support. Brune Medical Centre had plans for expanding this further to offer the same service to patients for other long term conditions including asthma and Chronic Obstructive Pulmonary Disorder (COPD a chronic lung condition).
- The practice encouraged patients with COPD to use a mobile application called 'my COPD' developed to help support with the management of their long term condition. 'My COPD' is an NHS approved application for this condition and developed to promote self-monitoring and review techniques used in the treatment and care of the condition. GPs and nurses at Brune Medical Centre and across the branch sites used this application to check in with patients remotely and track their condition.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

#### Working age people (including those recently retired and students):

- The practice's uptake for cervical screening from unpublished data was 78% at the time of inspection, which was in line with the 80% coverage target for the national screening programme.

# Are services effective?

## (for example, treatment is effective)

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Five patients were on the practices register as homeless.
- The practice had 142 patients with learning difficulties on their register.

People experiencing poor mental health (including people with dementia):

- The local improving access to psychological therapies (IAPT) service was based at the premises of one of the branch sites. Staff at Brune Medical Centre could directly refer into the IAPT service.

Brune Medical Centre and the branch sites engaged in clinical audits. Many of the audits completed since the reorganisation were still in their first cycle and therefore could not demonstrate impact on quality of care or outcomes for patients. There was not an established clinical audit programme in place. A senior member of staff told us that they were aware of the lack of a quality improvement programme and the need to develop one. Evidence submitted to the lead inspector post inspection demonstrated that there was an audit plan for 2017-2018 and that second cycle audits had been completed in December 2017.

Research and clinical trials roles had been developed for GPs and nurses which again were in their infancy.

Findings from quality improvement activities were shared with the local area as part of the local Vanguard Project that Brune Medical Centre were part of. Where appropriate, clinicians took part in local and national improvement

initiatives. Under the new organisational structure Brune Medical Centre had secured capacity for a GP to engage in research projects. This project was planned to be expanded to nurse involvement in the future.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice 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.
- Not enough staff were skilled on the activity of scanning notes to the electronic system at the time of inspection Brune Medical Centre had a backlog for about a month of signed consent forms for minor surgical procedures to be scanned into patient's notes dating back to 22 November 2017. We discussed this with the practice and were told that this was due to staffing shortages. The Trust were working with The Willow Group to engage in recruitment processes and upskilling of staff to cover this deficit. The recruitment process was ongoing.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. Staff had access to additional training resources and development through Southern Health NHS Foundation Trust. Staff were positive about the opportunities offered and available to them.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

# Are services effective?

(for example, treatment is effective)

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. Work was ongoing to further strengthen information sharing between organisations including reviewing the way clinicians have access to patient records. For example working towards clinicians having full access to other electronic patient records used by different organisations.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately. We saw evidence that although the hard copy was not scanned into the patient notes, there was a written note on the electronic records system to show that consent had been asked and given.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- None of the two comment cards received reflected the experience of care received. The two comment cards received focused on difficulties in booking an appointment.

We were unable to look at the results of the most recent annual national GP patient survey published in July 2017 as this data referred to when prior to the organisational restructuring. At the time of the inspection there was no published data for Brune Medical Centre under its current model.

Brune Medical Centre and the branch sites provided us with unverified collated 2016/17 data. This data showed patient satisfaction across the location and branch sites. Data was compressed data from different sources and designed to simulate the data which would be published for 2017/18 which would be since the reorganisation. Data showed mixed results in comparison to the given averages. For example, 10% of patients surveyed stated that they would not recommend the GP surgery. This was worse than the average of 3%. A total of 7% of patients surveyed stated that it was not easy at all to get through on the telephone compared to an average of 8%.

Patients spoken to on the day were positive about the care received but some expressed concerns about the future of Brune Medical Centre since the reorganisation. We spoke to the Patient Participation Group (PPG) as part of the inspection and they also expressed some concerns particularly in relation to the elderly population and access to services. Staff spoken to through the inspection period

were also aware of the dissatisfaction expressed by some patients and acknowledged the need to increase patient awareness of the changes that had already happened and those proposed for the future. We were told that plans to communicate changes were in the early stages. The communication team within the Trust were providing further guidance to The Willow Group as to how best to communicate the planned changes to the public. Staff from the management team told us they had a meeting planned for January 2018 to discuss next steps. The PPG were to be included this meeting.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given): however not all sites were engaging in tools available to support implementation of this:

- Brune Medical Centre's information system to notify patients that their appointment was now was audible only. There was not additional support for patients who may be deaf or hard of hearing although the practice did have a text based mechanism that was not used.
- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice had created posters to increase awareness across Brune Medical Centre and the three branch sites. They had also added information to their social media platforms in order to reach out to patients who are also carers who might not attend the practice on a regular basis. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 674 patients as carers across Brune Medical Centre and the three branch sites (approximately 1% of the practice list).

## Are services caring?

Senior staff within The Willow Group were aware this was not representative of the actual number of carers and had identified this as a plan of action for over the next 12 months.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Patients spoken to as part of the inspection were generally positive about the care and treatment they received and their involvement in decision making.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. However, patients spoken to throughout the three inspection days expressed concerns about the future plan for Brune Medical Centre, particularly in relation to the future use of the branch site at Forton Medical Centre. The reorganisation of Brune Medical Centre under The Willow Group allowed for patients to have improved access to appointments. Patients request an appointment at their normal GP site but if an appointment was available sooner at another of the sites they were able to see a GP or nurse there. Forton Medical Centre was used for review of patients with long term conditions such as diabetes. Some patients expressed concerns about the lack of public transport links between Brune Medical Centre and some of the branch sites.
- At Brune Medical centre the notification call for the appointment was via a tannoy system which was hard to hear if the waiting room was busy. There was no visual display to notify the patient that the clinician was ready for them. We asked the care navigators to identify how a patient with hearing impairments would know that they had been called to see the GP or nurse. We

were told that they do have a system but that they had never used it. One care navigator told us that they knew the patients with hearing difficulties and would ensure they were notified when the call went out.

- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Some of the older population spoken to during the inspection were concerned about having to travel to another GP location for an appointment.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- One of the branch sites (Forton Medical Centre) had been identified as a hub for managing long term conditions. On the day we inspected the diabetic clinic was running. Patients were attending for review from Brune Medical Centre and the other branch sites.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.

# Are services responsive to people's needs?

## (for example, to feedback?)

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Families, children and young people were able to access the same day access service at Gosport War Memorial Hospital. The same day access service ran as a telephone triage whereby patients could contact their practice and request a call back from the GP or nurse to triage the call. If same day appointments were required they would be given an appointment time to attend the same day access service rather than use a walk up and wait system.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice currently has five patients registered who have no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable 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.
- The appointment system was easy to use.

Since April 2017 patients had been offered increased flexibility in access to appointments. For example, patients registered at Brune Medical Centre (or one of the branch sites) were able to phone their GP practice and book an appointment. If there was an appointment available sooner at one of the other sites then this was offered to the patient. Most patients spoken to during the inspection were positive about this. Patients spoke about concerns with the local transport links when having to travel to another site for their appointment. Staff told us that there was still a bit of confusion around this new system with patients turning up for appointments at the wrong location.

All patients spoken to across the three days of inspection spoke negatively about the telephone system and difficulties in getting through. Patients stated they had to wait up to half an hour on the telephone before getting through and others stated a preference now for turning up at the practice in the morning to book an appointment for another day as it was quicker than waiting on the phone.

We spoke the integration lead for the Trust about this issue. Both providers were aware that this was the biggest concern expressed by patients and had an action plan in place to make improvements. This included to source funding for a new agreement to increase phone line provision from the current limitations. The practice had looked at other models used by GP practices in the local area and developed an action plan for going forward based upon the successes demonstrated at these other locations. At the time of the inspection funding had just been granted.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. Brune Medical Centre and all branch sites used the Trusts reporting processes. In the first instance complaints would be tried to be resolved at the practice. If deemed more serious the complaints would then be escalated through

# Are services responsive to people's needs? (for example, to feedback?)

the Trusts complaints reporting process for further investigation. Complaints were raised through the patient engagement team and escalated up through the trusts reporting process.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 14 complaints had been received in the last year. We reviewed a sample of complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. Not all staff spoken to were aware of feedback following resolution of complaints. One staff member told us that they had not heard anything from the patient engagement leads so assumed there had not been any complaints raised recently.
- We were told that at two of the branch sites complaints that were not deemed to meet the criteria for reporting through the trusts process, had however been documented in the patients notes as concerns. We saw evidence that emerging themes from these concerns were discussed in meetings.



# Are services well-led?

Requires improvement 

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

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.**

The practice was rated as requires improvement for well-led because:

- In April 2017 Southern Health NHS Foundation Trust engaged in a legal arrangement with four GP practices. Brune Medical Centre became the location and the other three became branch sites of Brune Medical Centre. This change was not updated on Southern Health NHS Foundation Trusts CQC registration certificate until November 2017. This was the first inspection of the providers primary care provision.
- Systems and processes had been revised as part of the restructuring and need further improvement. For example for all sites to work in a cohesive way; including for sharing information, to review and monitor staffing levels and skills and to develop a formalised quality improvement programme.
- There were not any regularity breaches and we saw that there were plans in place for further improvements.

### Leadership capacity and capability

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

- The Trust relied on the leaders of The Willow Group who had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- The Trust were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders of the Trust worked closely with The Willow Group staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

- Two directors of the Trust had been appointed as partners of The Willow Group to maintain this ongoing alliance and overarching leadership.
- The Trust and The Willow Group had moved away from the traditional practice manager role and implemented operational site leads and operational directors at the Brune Medical Centre. All staff were aware of these new roles and had an understanding of who was responsible for oversight of what.

### Vision and strategy

The Trust had a clear vision and strategy to deliver high quality care at the Brune Medical Centre. This vision and strategy was subject to review by the board of Southern Health NHS Foundation Trust to ensure that it fitted in with their overarching visions and values for delivering care. It was explained to us that the arrangement between the two organisations came about in part from objectives set by Southern Health to achieve in this financial year, to integrate the Trust services into primary care. Brune Medical Centre sits within business unit 1 of the Trust.

- There was a clear vision and set of values. Brune Medical Centre had a realistic strategy and supporting business plans to achieve priorities.
- Brune Medical Centre developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Staff spoke of the benefits that being part of the Trust and what it offered them. Care Navigators particularly liked the training and development opportunities now available to them beyond the traditional role of receptionist.

# Are services well-led?

Requires improvement 

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

- The practice 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 Trust was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to 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. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice 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.
- 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.
- Although staff knew of the leadership and governance structures, the information flow between the many levels was not always free flowing and sometimes did not filter down to all staff. This was notable for junior staff members, new staff or those who had returned from absence. . For example, learning from incidents and proposed changes were not always shared. .
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Both organisations, The Willow Group and Southern Health NHS Foundation Trust hold accountabilities for the provision of primary care services. The Willow Group maintained oversight of the daily running of services and Southern Health NHS Foundation Trust were responsible for recruitment, Human Resources and overarching information and clinical governance structures. It was apparent throughout the inspection that the process of bringing this arrangement together was still in progress.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance. However due to the changes required as part of the new arrangements of April 2017 not all of these had been fully embedded.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. However, there had been a number of incidents that at the time of inspection had not been. The Willow Group and the Trust were working with the Clinical Commissioning Group and NHS England as part of the investigation into the events.
- New reporting processes had enhanced the level of reporting required for incidents and complaints. However, as a result timeframes for investigation had also extended. Patients were kept informed of progress during investigations.
- Brune Medical Centre had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of Medicines and Healthcare Products Research Agency alerts, incidents, and complaints.

# Are services well-led?

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- Brune Medical Centre and the branch sites engaged in clinical audits. Many of the audits completed since the formation of The Willow Group were still in their first cycle and therefore could not demonstrate impact on quality of care or outcomes. There was not an established clinical audit programme in place. Research and clinical trials roles had been developed for GPs and nurses which again were in their infancy.
- Brune Medical Centre had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

Brune Medical Centre acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. As the new model of working was less than 12 months old there was limited evidence to demonstrate how information was used to improve performance. We were told of meetings where these types of information would be reviewed and discussed once outcome measures were available. We saw evidence demonstrating the start of Brune Medical Centre and branch sites engaging in the Trusts annual infection control programme.
- 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. Some staff spoke of difficulties in accessing information in the early days of the reorganisation but told us that this had become easier with the introduction of the new intranet system. This system had been in use for less than one month at the time of inspection.
- The practice used performance information which was reported and monitored and management and staff were held to account. Data collected by staff at the practice was reported to the Trust and clinical commissioning groups via various meetings as and when required. For example, significant events and complaints were reported through the trusts reporting

system and analysed for themes and trends. The leadership team at The Willow Group were held accountable for this information. Senior members within the Trust had identified an increase in incidents reported and engaged with the clinical commissioning group and The Willow Group to identify whether this level was normal in primary care or something to be concerned about. The Trust conducted a six month review around incident reporting at The Willow Group.

- 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 practice used information technology systems to monitor and improve the quality of care.
- The practice 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 practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. We examples of ways the practice was working to engage with others including newsletters and regular forums or meetings. Some aspects were under development to enhance the effectiveness of these. For example, we were told of future plans to launch a staff engagement survey and 'you said, we did' communications to build staff confidence.
- There was an active patient participation group (PPG) for Brune Medical Centre. This consisted of representation from patients across the four GP sites. The PPG could not identify any changes that had happened as a result of their engagement with Brune Medical Centre. However, they attributed this to the restructuring that the PPG had gone through as a result of the Brune Medical Centre reorganisation and

# Are services well-led?

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expected this to change in the future now that the group was more established. They told us that a member of the management team at Brune Medical Centre always attended and was responsive to the PPGs questioning.

- The service was transparent, collaborative and open with stakeholders about performance.
- The management team told us that they had reviewed their progress since the reorganisation and learned lessons about the methods they took. They told us that they had developed a staff engagement and wellbeing programme that was about to be rolled out at the time of our inspection.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice 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.