

# Lake Road Practice

## 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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (Previous inspection July 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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 Lake Road Practice on 7 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely 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.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice used an Electronic Frailty Index for patients over 65 years to help identify and predict risks for older patients in primary care. Patients identified as living with severe frailty were also reviewed every month at multi-disciplinary meetings in order to co-ordinate care to meet individual needs and to avoid unnecessary hospital admissions.
- The practice used a text message system to remind patients of appointments.

# Summary of findings

- The practice had 'dementia friendly' status which they achieved by ensuring all staff had undertaken dementia training. Modifications had been made to the signs to help patients living with dementia find their way around the location more easily.

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

- Review processes for supporting patients with learning disabilities to attend annual health check appointments.

- Review processes for identifying patients who are also carers.
- Review systems for identifying future learning needs for nurses and effective appraisals for staff.
- Review patient survey data regarding patients being able to get through to the practice easily by phone, to improve patient satisfaction.

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

# Lake Road Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

## Background to Lake Road Practice

Lake Road Practice is training practice that provides personal medical services to approximately 15,339 patients. The name of the provider is also Lake Road Practice.

The practice is registered to provide regulated activities which include treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and diagnostic and screening procedures. The practice operates from Lake Road Practice:

Lake Road Practice,  
Nutfield Place,  
Portsmouth,  
Hampshire  
PO1 4JT

[www.lakeroadpractice.nhs.uk](http://www.lakeroadpractice.nhs.uk)

The practice population is in the second most deprived decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. The average life expectancy is lower than the national average. The average life expectancy was 76 years for males and 81 years for females, compared to the national average of 79 years for males and 83 years for females.

# 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.

- The practice conducted safety risk assessments. It had a set of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice 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.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing 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).
- 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. The infection prevention and control policy and procedure had been reviewed in November 2017. The infection prevention and control lead had undertaken specialist training in January 2018. An external infection prevention and control audit had been completed in February 2018. Results showed 96% adherence to the policy and procedures. We saw the practice had undertaken recommendations from the external audit. For example, daily cleaning tasks sheets

for clinical rooms had been updated to include staff signatures once completed. The infection prevention and control lead had audited cleaning sheets every week to ensure all cleaning tasks had been completed.

- 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.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for 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. Administration staff were able to describe what action they would take in a medical emergency if a patient required immediate medical attention.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### 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.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

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

## Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- 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. For example, the practice employed a pharmacist for two and a half days per week to undertake regular medicine reviews; and reviews of patients who were diagnosed with long term conditions. We saw evidence that the pharmacist focused on prescribing compliance in accordance to local and national priorities and supported the community pharmacists and the prescriptions team with medicines queries, to maximise safety of prescribing for patients.
- 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. For example, an external Legionella risk assessment had been undertaken in October 2017. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. The assessment informed the practice that a scalding risk assessment needed to be completed. We saw that the practice had undertaken a risk assessment on hot water temperatures within the recommended time frame, to minimise the risk of scalding.

### Lessons learned and improvements made

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 adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. The practice had documented 10 significant events in the last 12 months. On each occasion we saw relevant actions had been taken to improve quality of care. Lessons learned had been discussed with relevant staff and during meetings. For example, staff noticed that data for patients, registered at other GP practices, had been faxed to the practice. This was a breach of information governance, as there were confidential personal details of patients not registered with Lake Road practice. This had occurred because blood test request forms were received by fax at the practice for a community nurse to use. The practice contacted all relevant services and GP practices and ensured the process of data transfer for blood test request forms ceased. The previous system of the collection of blood test request forms from civic offices was reinstated. The practice discussed the breach of information governance during staff meetings and arranged for a future meeting with all stakeholders to agree a new process that mitigated the risk of data breaches occurring again.
- 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.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

## Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as requires improvement for providing effective services overall and across all population groups.**

### 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 medication.
- The practice used an Electronic Frailty Index for patients over 65 years to help identify and predict risks for older patients in primary care and minimise unnecessary hospital admissions. Patients identified as living with severe frailty were also reviewed every month at multi-disciplinary meetings in order to co-ordinate care to meet individual needs. The specialist outreach nurse practitioner visited all frail patients at home following discharge from hospital to ensure 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.

- The practice referred patients with lung or heart disease, who were experiencing depression or anxiety to 'Talking Change' which provided talking therapies and self-help workshops.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% in three out of four areas. The practice were below the target percentage of 90% for providing children Haemophilus influenza type B and Meningitis C booster vaccines. The practice were aware of this and were working to increase patient uptake of these vaccines.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice specialist paediatric nurse, employed by the practice, held monthly paediatric clinical meetings to discuss children with specific health issues. The meeting was attended by the health visitor, community matrons and district nurses and a hospital paediatrician.

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

- The practice's uptake for cervical screening was 90%, which was above the 80% coverage target for the national screening programme. The overall exception reporting rate was 25% compared with a national average of 7%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate. The practice had identified the high rate of exception reporting and had measures in place to promote uptake. We saw patients were invited to cervical screening appointments on three separate occasions by letter. Patients who had not responded had been telephoned by the nurse and offered extended hours appointments in the evenings or on Saturday mornings. We saw posters on doors of rooms used by nurses which promoted cervical screening.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.



# Are services effective?

## (for example, treatment is effective)

- 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. For example, patients at the end of their life were reviewed as frequently as needed, including at a Gold Standard Framework monthly meetings attended by GP and community matrons.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had identified 47 patients who had been diagnosed with a learning disability. At the time of inspection the practice had completed 10 reviews since April 2017. The practice told us this low number was due to patients not attending appointments they had offered. The practice had prioritised patients with the greatest needs and proactively contacted patients who had not attended appointments.

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

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 83%; compared to CCG 93% and national 91%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation at the practice was 85%; compared to CCG 94%; and national 95%. The practice was aware that the results were lower than local and national averages and believed this was due

to patients not attending appointments. The practice had implemented a text messaging system to remind patients about appointments. The practice utilised alerts on patient records and undertook screening checks opportunistically during consultations.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, in December 2016 the practice was the highest prescriber of benzodiazepines, a type of sedative medicine, in the locality. This was discussed during a clinical meeting and GPs reviewed patients who were prescribed benzodiazepines. At the time of inspection results showed the practice was an average prescriber of benzodiazepines compared to other practices within the locality.

The most recent published Quality and Outcome Framework (QOF) results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 87% and national average of 94%. QOF is a system intended to improve the quality of general practice and reward good practice. The overall exception reporting rate was 12% compared with a national average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

- The practice used information about care and treatment to make improvements. The practice had undertaken four clinical audits, two of which were full cycle audits. We saw evidence that care and treatment had been subsequently improved. For example, the practice undertook an audit in August 2017 to measure blood monitoring for patients being prescribed high risk medicines. Results showed that 52% of patients had a recent blood test to monitor the high risk medicine. It was identified that the recall process for monitoring patients on repeat prescriptions of high risk medicines relied on GPs booking blood tests for patients. The practice changed the procedure and dedicated 20 hours of administration time per week to ensure patients were invited to have a blood test. A second audit was undertaken in February 2018. Result showed that 80% of patients who were being prescribed medicines that required blood monitoring had a recent blood test result on their patient records.

# Are services effective?

## (for example, treatment is effective)

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

### Effective staffing

The practice had seven GP partners, three salaried GPs and a GP registrar. The practice was a training practice for doctors training to be GPs. The practice also employed a pharmacist, four nurse practitioners, eight practice nurses and three health care assistants. The practice manager role was shared between two staff members, including the managing partner who were supported by 30 administration and reception staff.

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. We saw the practice had maintained a spreadsheet of all mandatory training required by the practice to ensure that all staff were up to date with refresher training. All staff had completed mandatory training. Staff records evidenced that specialised nurse training was up to date however, this was not recorded on the spreadsheet. The practice relied on nurses informing managers when refresher training was due.
- Staff were encouraged and given opportunities to develop.
- 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. 32 out of 48 staff members had not received an appraisal within the last 12 months, including nursing staff and health care assistants. However, we saw that the practice had scheduled for these to be completed by June 2018.. Staff told us they felt supported and had received regular informal appraisal during team meetings and as required from managers. The induction process for health care 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.

- 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.

- 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.
- 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 receiving end of life care, 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.

## Are services effective? (for example, treatment is effective)

- The practice monitored the process for seeking consent appropriately.

# 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.
- All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 347 surveys were sent out and 132 were returned. This represented about 1% of the practice population. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 80% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 85%.
- 89% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 92%; national average - 95%.
- 79% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 81%; national average - 86%.
- 84% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.
- 94% of patients who responded said the nurse gave them enough time; CCG - 91%; national average - 92%.

- 93% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 96%; national average - 97%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.
- 97% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

### 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):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- 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 identified patients who were carers, through discussion during appointments and when registering new patients. Registration forms, for patients who wished to register as a carer, were made available on the practice website and in the waiting room. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 105 patients as carers (less than 1% of the practice list).

- We saw information was available in the waiting room for carers and staff signposted carers on how to access local services and external support.
- A nominated staff member regularly attended a carers' conference and a local carers group attended the practice to talk with patients in the waiting room.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call

## Are services caring?

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.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 73% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.

- 86% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 88%; national average - 90%.
- 79% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 82%; national average - 85%.

### 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 used a text message system to remind patients of appointments. Patients were able to use this service to cancel appointments if they were no longer required.
- External services and providers were invited to the practice every week to speak with patients in the waiting room. For example, a local hospice and 'Carers community and connections', a voluntary organisation.
- 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. For example, the nurse practitioner and practice nurse visited patients living in care homes or at the patient's home to administer flu vaccines if they were unable to attend the practice. During these visits the nursing staff undertook other health checks. For example, asthma checks, diabetes checks and blood pressure monitoring.
- The practice offered a full range of contraceptive services and sexual health screening.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice is a member of Portsmouth Primary Care Alliance Ltd (PPCA) which had implemented an 'Acute Visiting Service' by providing a GP home visiting service between 9am and 5pm Monday to Friday. The practice is

able to refer patients to this service following a telephone consultation. GPs at the practice worked regular shifts for the service to support patients from all practices that were members of the alliance.

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.

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.
- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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.
- The practice offered minor surgery and contraceptive coil fitting services during extended hours.



# Are services responsive to people's needs?

## (for example, to feedback?)

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.

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 had a 'dementia friendly' status which they achieved by ensuring all staff had undertaken dementia training. Modifications had been made to the signs to help patients with dementia find their way around the location more easily.

### Timely access to the service

The practice is open from 8.30am until 6.30pm Monday to Friday, appointments were available during these times. Extended hours appointments were available from 7am until 8am every Thursday and from 8am until 11.20am every Saturday. When the practice was closed patients were directed to the out of hours service via the NHS 111 number. The practice were able to refer patients to the 'Extended Access Service' provided by Portsmouth Primary Care Alliance Ltd (PPCA). The PPCA were based at the practice and offered patients additional routine appointments every Saturday.

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.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 85% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 61% of patients who responded said they could get through easily to the practice by phone; CCG - 73%; national average - 71%. The practice was aware of this and had employed an additional administrator to answer the telephones in November 2017.
- 83% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 79% of patients who responded said their last appointment was convenient; CCG - 80%; national average - 81%.
- 63% of patients who responded described their experience of making an appointment as good; CCG - 72%; national average - 73%.
- 56% of patients who responded said they don't normally have to wait too long to be seen; CCG - 53%; national average - 58%.

### 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.

- 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. Six complaints were received in the last year. We reviewed two 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. For example, a patient complained after they had been admitted to hospital with aseptic arthritis, following two GP telephone consultations. The patient had initially contacted the practice experiencing severe pain due to their condition. A GP triaged and assessed the patient over the phone and prescribed analgesia. The patient contacted the practice again a few days later with the same symptoms. The GP triaged and assessed the patient over the telephone and referred them to the physiotherapist, however, the patient was admitted to

# Are services responsive to people's needs?

(for example, to feedback?)

hospital the next day. The practice apologised to the patient and the incident was discussed during a

partners' clinical meeting. The practice changed the triaging procedure to ensure all patients are offered a face to face appointment if they had been triaged more than once within 14 days.



# Are services well-led?

Good 

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

## Our findings

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. We saw an action plan which detailed all areas the practice wanted to improve the quality of provision of care. For example, the practice had prioritised improving the repeat prescribing process by April 2018. To achieve this the practice employed a pharmacist in January 2018 for two and a half days per week.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had implemented a duty team and a routine appointment team. Each team had allocated GPs and reception staff. Consultation rooms were colour coded as red for same day duty appointments and green for routine appointments, the rooms were divided into separate areas within the building and patients waited for their appointment in two separate areas. Staff told us this had improved working relationships and communication between reception staff and GPs.
- The practice had a triaging team which included duty GPs and administration staff who all sat in the same room. Staff told us that this co-location supported training and appropriate sign-posting, which enabled patients' to be triaged effectively and appropriate support offered.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice 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 practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice 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.
- 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. We saw the practice had implemented positive changes to the care and treatment of patients following reviews of complaints and significant event analysis. Lessons learned had been shared with staff on each occasion. The provider 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. Not 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.
- 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.

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- 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 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.

## Managing risks, issues and performance

The processes for managing risks, issues and performance were not always effective.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However there was high exception reported for QOF for patients with long term conditions.
- Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Practice leaders had oversight of MHRA 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 practice to improve quality.
- The practice 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

The practice 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 practice 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 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 full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, following feedback from patients expressing dissatisfaction that the telephone number was not a free phone number, the practice installed a local telephone number.
- There was an active patient participation group, which met regularly. We saw meeting minutes that evidence the practice shared information and consulted patients regarding improvements and changes, and patient survey results.
- Staff attended local networking events to promote the practice including at a local church, the local university and carers' conferences.
- The practice actively raised money for local and national charities. In December 2017 staff contributed food donations for three Christmas hampers. All patients over 65 years old were given free raffle tickets and the hampers were gifted to three winners from the practice.

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- The practice communicated changes with staff through monthly staff meetings, notifications and weekly news bulletins which featured “Good News” items and “Handy Hints” items.
- The service was transparent, collaborative and open with stakeholders about performance.

## 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. For example, the practice had recently supported a receptionist to become a phlebotomist, who is

someone who is qualified to take blood samples. The practice ensured the phlebotomist had completed relevant training to enable them to carry out procedures. This had increased the number of appointments the practice were able to offer patients.

- 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.