

# Portswood Solent GP 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?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

# Summary of findings

## Contents

	Page
<b>Summary of this inspection</b>	
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10
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<b>Detailed findings from this inspection</b>	
Our inspection team	11
Background to Portswood Solent GP Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	25

## Overall summary

### **Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Portswood Solent GP Practice on 28 June 2016. Overall the practice is rated as **good**.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice provided an anti-coagulation service, managed by the practice nurses, including those who were housebound.

# Summary of findings

- The practice followed the Identification and Referral to Improve Safety (IRIS) system which trained staff to focus on identification of Domestic Violence and Abuse through clinical enquiry and guides response, referral and recording.

We saw areas of outstanding practice:

- The practice employed and introduced the role of a nurse practitioner for older people (NPOP). This consisted of an experienced nurse practitioner allocated for home visits for patients over 75 years of age. The NPOP co-ordinated meetings with the multi-disciplinary team and responded quickly to home visit requests, for example, on the same day to urgent requests from care homes or after hospital discharge. They completed a mortality review for the whole practice to learn from. Following the introduction of the NPOP, there was a reduction of GP visits from 50 to 26 over a four month period.

The area where the provider must make improvements are:

- Ensure the practice specific policies and Solent NHS trust policies are up to date to ensure all staff are aware which policy is current and where they are accessed.

The areas where the provider should make improvement are:

- Review the processes and systems in place to promote patient uptake in cervical screening, bowel and breast screening.
- Ensure that the medicines policies and procedures are followed at all times, particularly in relation to vaccine storage.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, except for one event in relation to vaccine storage, which was rectified on the day of inspection.

### Are services effective?

The practice is rated as good for providing effective services.

Good

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Data from Public Health England showed that uptake for breast, bowel and cervical screening was lower than local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice responded to patients' needs by implementing a nurse practitioner for older patients, visiting patients in their homes and co-ordinating multi-disciplinary meetings across organisations.
- Following the introduction of the Nurse Practitioner for Older People (NPOP), there was a reduction of GP visits from 50 to 26 visits over four months.
- The practice followed the Identification and Referral to Improve Safety (IRIS) method which trained staff to focus on identification of Domestic Violence and Abuse through clinical enquiry and guides response, referral and recording.
- The practice provided a 'one stop shop' for managing patient's anticoagulation which was also available for housebound patients.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

The arrangements for governance and performance management did not always operate effectively:

Requires improvement



- The practice governance systems to govern activity did not always ensure staff had access to all necessary information. For

# Summary of findings

example, six clinical policies had different versions, were kept in several different places, were not all updated and were not easily accessible to all staff. Staff told us they did not know how to access the protocol for sharps injury. Staff told us they were unclear about the chaperone policy.

- The practice was managed by Solent NHS Trust and had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management.
- There was an aim that the overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk from near misses, concerns, low level events and significant events.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice introduced a nurse practitioner for older people. This consisted of an experienced nurse practitioner allocated for home visits for patients over 75 years of age. This nurse co-ordinated meetings with multi-disciplinary team. They responded quickly to home visits requests, for example, after hospital discharge and into care homes. This was a proactive approach to meeting the needs of housebound population. They completed a mortality review for the whole practice to learn from.
- Following the introduction of the NPOP there was a reduction of GP visits from 50 to 26 visits over four months.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 72% of patients with diabetes had cholesterol reading that was within safe limits. This was comparable to the clinical commissioning group average of 70% and national average of 71%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, there was an allocated a Solent NHS trust community matron who manages weekly virtual ward meetings for those patients at high risk of hospital admission.

# Summary of findings

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 68%. This compared to a clinical commissioning group average of 73% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice ensured they contacted these professionals every 6-8 weeks to ensure the health needs of this group were met.
- The practice sent reminder letters to families when children had attended accident department and did not attend planned appointments for immunisations or booked practice appointments. This was then highlighted to the practice safeguarding lead and relayed to health visitors.

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless patients, those at risk of domestic violence, travellers and those with a learning disability.
- The practice referred patients for advocacy using the Identification and Referral to Improve Safety (IRIS system); this showed awareness of domestic violence within their patient population.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people living with dementia).

84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was higher than the clinical commissioning group average of 78% and the national average of 77%.

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 313 survey forms were distributed and 101 were returned. This represented 2% of the practice's patient list.

- 69% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients' comments were all complimentary about the practice using words like friendly, caring, clean, helpful and thorough. Several comment cards suggested that patients could not see their preferred GP, but had been able to see an alternative doctor.

We spoke with 13 patients during the inspection. All 13 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure the practice specific policies and Solent NHS trust policies are up to date to ensure all staff are aware which policy is current and where they are accessed.

### Action the service **SHOULD** take to improve

- Review the processes and systems in place to promote patient uptake in cervical screening, bowel and breast screening.
- Ensure that the medicines policies and procedures are followed at all times, particularly in relation to vaccine storage.

## Outstanding practice

- The practice employed and introduced the role of a nurse practitioner for older people (NPOP). This consisted of an experienced nurse practitioner allocated for home visits for patients over 75 years of age. The NPOP co-ordinated meetings with the multi-disciplinary team and responded quickly to

home visit requests, for example, on the same day to urgent requests from care homes or after hospital discharge. They completed a mortality review for the whole practice to learn from.

- Following the introduction of the NPOP, there was a reduction of GP visits from 50 to 26 over a four month period.

# Portswood Solent GP 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, a practice manager specialist and an Expert by Experience.

### Background to Portswood Solent GP Practice

Solent NHS Trust manages three GP practices called Nicholstown Surgery, Adelaide Health Centre and Portswood GP practice.

The Portswood Solent GP Practice, 7 Belmont Rd, Southampton SO17 2GD is situated in Southampton City, in the Portswood area.

The practice is located in a converted Georgian house in a residential area. There is one large reception area on the ground floor. At the back of the practice, with access from another road there is an alternative flat entrance for patients with limited mobility.

There are four clinical rooms on the ground floor, with two large treatment rooms, all of which are wide enough for wheelchair access. The second floor has offices and a conference room for meetings.

The practice provides general medical services to 4,900 patients with an ethnic population estimated as 2.9% mixed, 12.0% Asian, 2.4% black, 1.6% other non-white ethnic groups and 16% of patients are aged over 65 years.

All GPs who work in the practice are salaried. There is currently one male and three female GPs, who provide the equivalent of 2.7 whole time equivalent GPs. The practice is using regular locums currently due to covering long term absence.

There is a nursing team with two advanced nurse practitioners, two part-time practice nurses, one nurse practitioner for older patients and a health care assistant. The practice supports student nurses in training.

The practice is supported by a practice manager and a deputy manager. There are six reception and secretarial staff, which is the equivalent to 3.83 whole time equivalent staff.

The practice offers 15 minute appointments and is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 5pm daily. Extended hours appointments are offered on Monday evenings until 8pm.

Patients are directed to use the NHS 111 system when the practice is closed. This is the first inspection for this location.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 June 2016.

During our visit we:

- Spoke with a range of staff, which included two GPs, two nurses, two reception and administration staff and a practice manager and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice carried out a thorough analysis of the significant events, including a mortality review. For example, there was a review of reported deaths within the practice population, carried out by the Nurse Practitioner for Older People to explore the causes and identify any lessons that could be learned, such as more advanced care planning. This identified there were 41 deaths during April 2015 – March 2016 within the practice. Eight of these were found to be unexpected and 33 deaths were deemed “expected” as they were either patients who were being managed at home with palliative care, or admitted to an acute hospital. Findings and learning were shared with practice staff and stakeholders outside of Solent NHS Trust.

- The practice staff received feedback on themes and trends from reported significant events via the Solent NHS Trust governance report which is printed and placed in reception for administration staff. This is read and signed by staff. It was sent via email to all clinical staff.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw meeting minutes that showed lessons were shared and action was taken to improve safety in the practice. For example, in July 2015 the practice discussed a significant event following a patient who had received an incorrect dose of a painkilling

medicine. The patient received a dose five times as strong as they required. The patient felt unwell following taking two doses and went to the practice. All GPs at the practice were informed via the weekly meeting and an open discussion. This medicine and the higher strength was subsequently moved further down the acute prescribing options on the practice computer to avoid further errors.

### Overview of safety systems and processes

The practice followed Solent NHS Trust's clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff on their intranet. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. For example, the practice showed us an example of a letter sent to parents when their children had missed appointments.
- There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were also all trained to child safeguarding level 3. Health care assistants were trained to level 1.
- A notice in the waiting room and in all clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. 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 found a lack of clarity among staff regarding which policy was valid for chaperones. There were three versions available and several places where they were

# Are services safe?

kept, for example, in paper form, on the Solent NHS Trust intranet and a local shared drive. This had been discussed at a governance meeting but had not yet been clarified for staff.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, such as replacement of tourniquets with single use items. A handwashing audit was completed in May 2016.
- The arrangements for managing medicines, including emergency medicines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, we found the medicines fridge to be unlocked. Once this was highlighted to practice staff, this was rectified immediately and it was agreed that the service would review the system for securing the vaccines. The practice explained the policy had not been followed and had occurred due to human error.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. There was a dedicated medicines clerk for this. The practice carried out regular medicines audits, with the support of the Solent NHS Trust medicines team, four times per year, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Two nurses, who were advanced nurse practitioners nurses had qualified as independent prescribers, and could therefore, prescribe medicines for specific clinical conditions. They received mentorship and support from the Solent NHS Trust nursing governance structure for this extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

All staff working in Portswood Solent GP Practice, including the GPs were employed by Solent NHS Trust. The Trust had recruitment procedures in place and provided Human Resources support.

- For example, we reviewed two personnel files which were kept locally in addition to the records kept at Solent NHS Trust recruitment department and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were Trust procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The Solent NHS Trust ensured the practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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.
- There was close circuit television (CCTV) in reception allowing staff to see who was entering the building.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

## Are services safe?

- 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.
- Emergency medicines, kept on a trolley, 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 Solent NHS Trust ensured the practice had a comprehensive business continuity plan in place 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

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92% of the total number of points available. This compared to a clinical commissioning group (CCG) average of 94% and a national average of 95%.

The Health and Social Care Information Centre (HSCIC) data showed the overall clinical exception rate for 2014 to 2015 was 8% compared to the CCG average of 10% and the national average of 9%.

This practice was not a significant outlier for any QOF (or other national) clinical targets, however, data from 2014 to 2015 showed:

- Performance for diabetes related indicators were slightly below national averages. For example, the percentage of patients with diabetes, on the register, in whom the last average blood sugar level test was within safe limits, was 74% which is slightly lower compared to the national average of 79%.
- Performance for mental health related indicators were slightly below national averages. For example, the percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 73%, which is lower than the national average of 80%.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. Some audits were reviews following national Medicines and Healthcare products Regulatory Agency alerts and to check compliance with national guidelines.
- The practice participated in local audits, national benchmarking, accreditation and peer review. Portswood Solent GP Practice had a role in actively recruiting candidates for primary care research using a board for patient information and the Solent NHS Trust primary care research nurse.
- Findings were used by the practice to improve services. For example, recent action was taken regarding monitoring minor surgery outcomes. This audit initially found 54% patients were seen within the target time of eight weeks of referral. The following year this had improved to 90%, which was the practice's target. This audit also reviewed complications and showed the practice achieved their target that stated 90% of minor surgical patients should be free of complications. A further outcome of this audit led the practice to identify and include a reason for delayed healing, similar to a post-operative complication. Recognising this allowed further treatment options to be available and to be shared across the practice.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, prescription security, information governance, significant event reporting and introductions to all clinical staff and their roles.

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff reviewing patients with long-term conditions were able to attend link meetings for the speciality such as the diabetes nurse network.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings, in addition to study days supplied by Solent NHS Trust.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We saw records that showed all staff had received an appraisal within the last 12 months.
- Staff had access to training and development via Solent NHS Trust and through Health Education Wessex. We saw evidence that staff had received a programme of training appropriate to their role.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- This practice took part in TARGET training sessions which are supported by the local Clinical Commissioning group. The practice closes for half a day, once per quarter which is defined as Protected Learning Time in Hampshire. TARGET provides: Time for Audit, Research, Governance, Education and Training.

During this time, patients were directed to the NHS 111 service. Practice closures were advertised to patients well in advance.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. For example, we saw there was a template for consent included in the contraception template on the computer system to assist prescribers.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and mental health conditions. Patients were signposted to

# Are services effective?

## (for example, treatment is effective)

the relevant services and there were posters for living with diabetes and carers drop-in cafes. There were seven noticeboards with additional health information aimed at patients.

- A dietitian was available by referral and smoking cessation advice was available from a local support group.
- The practice's uptake for the cervical screening programme was 79% which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

For example, 65% of females aged 50-70 years were screened for breast cancer in the last 3 years, compared to a CCG average of 68% and national average of 82 %.

50% of patients aged 60-69 years were screened for bowel cancer in the last 30 months, compared to a CCG average of 56% and national average of 58%.

The practice were aware of the low figures and we highlighted the data during our inspection. We were told this was part of discussions with NHS England regarding how this can be improved.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice acknowledged there was further work to do reaching women from other cultures who are not aware of the benefits of cervical screening.

Childhood immunisation rates (NHS England 2015/16) for the vaccines given were comparable to national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 62% to 98% and for five year olds from 75% to 93%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 11 members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar to or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. It had been used most recently for patients who spoke Russian and Polish.
- Information leaflets were available in easy read format.

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website, such as counselling and the macular society group for sight loss.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 60 patients as carers, which is around 1% of the practice list.

The practice identified that 45 carers were over 75 years of age and were known to the Nurse Practitioner for Older People (NPOP) who offered support in the home.

Written information was available to direct carers to the various avenues of support available to them. There was a large carer's notice board in the waiting room with details

of café drop-in sessions, details of how to contact Admiral nurses who specialise in dementia support and a list of sources of support across the local area. Reception held a list of sources of more information.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation and often a home visit 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.

# Are services responsive to people's needs?

## (for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

The practice ensured that longer appointments were available for those with additional needs.

Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, we saw reception staff move out from behind the barrier to talk to people who need to lip read.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 5pm daily. Extended hours appointments were offered on Monday evenings until 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 69% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.
- For example, one advanced nurse practitioner and one GP would triage the phone calls for patients who felt they needed to be seen the same day and would book them a face to face appointment for that day if needed.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made by the practice. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Nurse practitioner for older people (NPOP) service.

The aim of the NPOP was to assess and manage complex housebound patients over 75 years of age providing holistic assessment before the GPs finish clinics and therefore before the doctor was available.

NPOP was able to refer patients to the Acute Medical Unit speaking to Hospital Consultants and Registrars instigated a rapid response for vulnerable patients, for example those who have fallen at home. The NPOP also liaised with social services to ensure care packages were reviewed or commenced.

An audit in July- October 2015 showed the NPOP reduced the GP home visit workload. This reduction ranged from 21% in July 2015 to a 55% reduction by May 2016. This was a reduction of GP visits from 50 to 26 visits over four months. The 26 visits left included those that had been visited by the NPOP nurse and therefore been assessed as outside of the nurse remit and appropriate for requiring a GP.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system within a specific comments, concerns and complaints leaflet with details of the Patient Advice Liaison Service (PALS) run by Solent NHS Trust.
- The local practice manager has support from the Solent NHS Trust Complaints department, and we saw evidence that they were able to manage some locally and escalate when additional support was required. This was achieved by using a risk stratification table to indicate which responsible member of staff should investigate and respond.

We looked at 8 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with

the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Two complaints were escalated to the Solent NHS Trust complaints team to provide additional support for the practice manager. Six complaints were resolved locally to the satisfaction of the patients.

For example, one complaint regarding the decision to de-register a patient from the practice list who was out of the practice catchment area, was referred to the Solent NHS Trust formal complaints system when they did not agree with the practice's response. We saw that an investigation was carried out. The practice decision was upheld, and the trust sent a signed final response to the patient. Lessons about how this had arisen and how this was handled were noted in the practice complaints report and subsequently shared across the Trust.

# Are services well-led?

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

Requires improvement



## Our findings

### **Solent NHS Trust governance structure:**

During our inspection of Portswood Solent GP Practice we heard about the formal mechanism of managing patient safety through from the practice staff to the Solent NHS Trust board and back again.

Each practice had an identified GP clinical lead and a practice (surgery) manager (similar in role to a practice manager) provided oversight of day-to-day functioning. We saw evidence of weekly meetings including discussion of individual incidents. There were audits covering information governance, infection control and health and safety. Outcomes were discussed at a team level and within the Primary Care Management meeting which brought together the GP Clinical Leads and Surgery Managers from each practice. This provided the opportunity to ensure learning was shared across the teams, assurance that policies and protocols were being followed and that the service was continually improving its performance.

Feeding into the monthly governance meeting, a report was produced covering all aspects of integrated governance to provide assurance to the wider organisation of key patient safety and quality issues.

Additionally, the governance meeting provided the opportunity to share lessons arising from incidents, significant events and patient feedback, reporting to the Trust Assurance Committee. This ensured any concerns regarding clinical outcomes; patient/staff experience and delivery of safe care were discussed, monitored and escalated to the trust board.

### **Vision and strategy**

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed on the practice website and in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. There was a development plan outlining the Solent NHS Trust vision for combining three practices.

### **Governance arrangements**

The leadership governance and culture did not always support the delivery of high quality person centred care.

Solent NHS Trust provided governance strategy and vision, policies and procedures, such as infection control, risk assessments, health and safety, information governance. The aim of this was to support the GP practices in the group, to deliver the strategy and good quality care. However, these arrangements for governance and performance management did not always operate effectively:

- Practice specific policies and Solent NHS trust policies were implemented and were available to all staff, but there was some confusion about which policy was current at the time of our inspection. We found practice staff had several places to access policies; a shared computer drive, a Trust intranet and paper copies. For example, infection control policies were in printed form and kept in a folder and five were out of date. For example, aseptic technique was dated 2013, decontamination was dated 2014, sharps was dated 2015, Clostridium Difficile was dated 2014. There was an equivalent overarching Solent NHS Trust infection control policy available on Solent NHS Trust intranet containing all these policies which was reviewed in 2016. In addition, one clinical staff member told us they did not know where to find the policy for sharps injury, but would ask colleagues. For example, the local chaperone protocol dated 2 May 2016 was not known by all staff.
- A comprehensive understanding of the performance of the practice was maintained, apart from the public health data relating to screening. We discussed this data at the inspection and as a consequence, the practice team and the governance team from Solent NHS Trust added this to a plan for improvement.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

### **Leadership and culture**

On the day of inspection the organisation running the practice demonstrated they had the experience, capacity

# Are services well-led?

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

and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the clinical GP lead and management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The organisation encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff told us they felt supported by the clinical lead GP, the practice manager and the wider management team which was made up of the governance team within Solent NHS Trust.

- Staff told us the practice held regular team meetings.
- The lead GPs had protected time for leadership activities such as attending prescribing updates and trust governance meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the lead GP and the surgery manager. All staff were involved in discussions about how to run and develop the practice, and the organisation encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

## **Seeking and acting on feedback from patients, the public and staff**

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the

service. There was a Solent NHS Trust comments and complaints leaflet that encouraged the sharing of views, including how to contact external agencies, like the NHS Ombudsman if they were not satisfied with an outcome.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG monthly carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested that the practice could have pictures of staff near the front desk to reduce patient concerns when meeting staff. This was implemented.
- The PPG maintained seven notice boards containing information for carers. There were regular education themes like sarcoma awareness week promoted within the practice. They had arranged training sessions for the public such as basic life support for patients and families of the practice.
- The practice had gathered feedback from staff through staff meetings, emails, the Solent NHS Trust intranet, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management

Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- We saw an example of a mortality review in Portswood Solent GP Practice that identified learning and actions to reduce unexpected deaths in the practice population in the future.
- We found the use of mortality reviews was identified for future development within Portswood Solent GP Practice and the wider Solent NHS Trust.

We were told the Trust Chief Medical Officer was working closely with all clinical leads within the Trust and NHS England to build on and develop learning from key themes and concerns. Mortality reviews were discussed within the Serious Incident Panel which was represented by all clinical services.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	<b>17(2)(b)</b> assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b>  The practice governance systems did not ensure staff have access to all necessary information. Clinical policies were kept in several different places, not updated to clearly show the most current version and were not easily accessible to all staff.  <b>This was in breach of regulation 17(2) b of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b>