

# Southsea Medical Centre

## Quality Report

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Southsea

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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 effective?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Southsea Medical Centre on 1 September 2016. The practice was rated good for providing safe, caring, responsive and well-led services, and was rated requires improvement for providing effective services. The overall rating for the practice was good. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Southsea Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 12 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 1 September 2016. This report covers our findings in relation to those requirements.

The practice is now rated as good for providing effective services.

Our key findings for 12 July 2017:

- There was a comprehensive and organised training schedule for all staff and an updated policy on mandatory training requirements.

- There was protected staff time for training and for practice meetings.
- Practice management had a clear oversight of all staff training requirements.
- There was a focus on communication within the practice with regards to all policy and safety updates. All staff had to sign each policy update once they had read it to ensure they were aware of the change.
- The practice was working on increasing the number of carers on its register, including working alongside local care voluntary groups and the patient participation group. A member of staff was designated to increase carer support and the practice now offered longer appointments to this patients group.
- The practice was now offering extended hours on a Saturday morning from 8am to 12pm for pre-bookable GP appointments.
- Patients with long term conditions were now offered longer appointments.
- Complaints were being dealt with comprehensively and in a timely fashion.

**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 effective?**

This practice is now rated as good for providing effective services.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had identified which training was mandatory and how frequently staff needed to be updated in these areas. Mandatory training required annual staff updates and included health and safety, information governance and basic life support. Protected time for training was provided on a weekly basis.
- All staff were evidenced to be up to date with all their training at the time of inspection.
- There were improvements in the number of patients having reviews who had long term conditions, and an improvement in the uptake of health screening.

**Good**



# Southsea Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection team consisted of a CQC inspector.

## Background to Southsea Medical Centre

Southsea Medical Centre is situated in a residential area of Southsea, Hampshire and is under the Portsmouth Clinical Commissioning Group. The practice has approximately 7,764 patients registered. There are higher numbers of patients aged 25-34 years when compared with the national average. The practice is situated in one of the second most deprived areas of England. The majority of patients describe themselves as White British and there are ethnic populations which include Black African, Bangladeshi and White Other.

Southsea Medical Centre has six GP partners, four of whom are male and two of whom are female. The practice also has a practice manager, an operations manager, four nursing staff and reception and administrative staff.

The practice is a training practice for GP registrars who are training to become GPs and the practice holds a personal medical services contract.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between these times and when the practice is closed patients are advised to contact the out-of-hours doctors via the NHS 111 service. Since June 2017 the practice has operated extended hours for pre-booked appointments with a GP every Saturday between 8am and 12pm.

We inspected the only location at:

Carlisle Road

Southsea

Portsmouth

PO5 1AT

## Why we carried out this inspection

We undertook a comprehensive inspection of Southsea Medical Centre on 1 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall with requires improvement for providing effective services. The full comprehensive report following the inspection can be found by selecting the 'all reports' link for Southsea Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Southsea Medical Centre on 12 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We revisited Southsea Medical Centre as part of this review because they were able to demonstrate that they were meeting the standards.

During our visit we:

- Spoke to the practice and operational staff.
- Reviewed practice policies and access to those policies through the computer network and paper files.

# Detailed findings

- Reviewed the training requirements and certificates of staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 1 September 2016, we rated the practice as requires improvement for providing effective services as there were shortfalls in the delivery of training for staff. Additionally, there were no actions in place to improve care for people with long term conditions, and no arrangements to encourage patients with caring responsibilities to attend for health reviews.

We issued a requirement notice in respect of the training issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 25 April 2017. The practice is now rated as good for being effective.

### **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). At the time of the last inspection in 2016 the exception reporting for clinical indicators, which included those with long term conditions, was 12% overall. At the follow up inspection in July 2017 the most recent published data for the practice (2015-2016) evidenced that the overall exception reporting level had reduced to 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting). During the inspection in 2016 it had been noted that there had been a particular shortfall in monitoring of patients with diabetes. The exception reporting for this patient group had been significantly higher than the national average in the year 2014-2015, with a practice exception rate of 23% compared to the national average of 18%. At the inspection in July 2017 the data showed that this was now improving and the practice exception reporting was 11% in the year 2015-2016, compared to the local average of 16% and the national average of 12%.

In 2016 the most recent figures had shown that only 68% of patients eligible for a cervical screening test had been

recorded as having had one in the year 2014-2015. This figure had improved with 71% of patients now been recorded as attending for a cervical screening in the year 2015-2016.

### **Effective staffing**

At the inspection in 2016 it was noted that there were shortfalls in the delivery of training that the practice considered mandatory to all staff.

In July 2017 it was noted that the practice had revised its mandatory training policy and all staff were aware of the changes and their mandatory training requirements. There was an up to date training matrix available on the practice computer network that enabled the practice management and each member of staff to keep track of their training needs and the days scheduled for updates. There was also a paper copy of all training undertaken by all staff and dated certificates. All staff were up to date with all their mandatory training which included basic life support, safeguarding, mental capacity and information governance.

The practice had protected time allocated for staff training every week when staff could either work on their own or use the time to work with other staff for learning purposes. Training was now a standing agenda item for every monthly operations meeting where progress and continuous improvement were discussed. Support and guidance was offered to all staff if they required further assistance with their training needs. All meetings were minuted and all important safety and training information distributed to staff for them to view and sign to confirm that they had read the information.

### **Supporting patients to live healthier lives**

The practice was looking at ways to continually improve the management of people with long term conditions and was now offering longer 15 minute appointments as routine for those with more complex or long term conditions. Review letters were being sent throughout the year to encourage more patient attendance at annual checks, rather than all at one point in the year as had happened previously. Furthermore the practice was finding ways to engage further with registered patients who were also carers in order to encourage a greater uptake of annual reviews and health checks.