

John Pounds Surgery

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?

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 John Pounds Surgery on 29 September 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 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. The practice was working towards becoming a Dementia friendly practice. All staff had received training on Dementia awareness and they were in the process of changing signage and floor coverings in the building. They had consulted with the patient participation group and dementia care organisations on this work.
- 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 had a three year strategic plan and performance was monitored at regular intervals.

The areas where the provider should make improvement are:

- Continue to identify patients who are also carers.

Summary of findings

- Continue to encourage patients to take part in national screening programmes.
- Review arrangements to ensure that staff recruitment files always contain all necessary information.
- Ensure that prescriptions used in printers are always logged and checked for security purposes.
- Ensure that there is a system to identify the expiry dates of emergency equipment.
- Ensure policies and procedures are always up to date.

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.

- 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average in many areas compared to the national average with screening for some conditions below the average.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 could 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.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice 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 clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners 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.

Good



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.

- 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.
- Patients were involved in formulating their care plans.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 75% of patients on the register had had a blood test which showed their average blood sugar level was within acceptable limits compared with the clinical commissioning group average of 75% and the national average of 78%.
- 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.

Good



Families, children and young people

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

- 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.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 90%, which was comparable to the clinical commissioning group (CCG) average of 81% and the national average of 82%. However, we found there was high exception reporting. Out of a total of 908 patients who were eligible, 259 had been excepted, which was a percentage of 28%, compared with the CCG average of 10% and the national average of 6%. We discussed the high exception reporting for cervical screening and the practice said that this was due to having high numbers of students, but acknowledge the need to confirm with patients who were students whether this procedure had been carried out elsewhere, such as their GP at their home address, who some were registered with during holiday times.
- Appointments were available outside of school hours and the premises were suitable for children and babies. We saw positive examples of joint working with other health professional, such as community nurses.
- The practice hosted group health education evenings.

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).

- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- 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.

Good



Summary of findings

- 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.
- Some staff who worked in the practice were able to speak various languages such as Polish, Russian, Bulgarian, Italian, Arabic and Welsh which was helpful to those patients whose first language is not English.

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).

- 92% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had an agreed documented care plan. This is comparable to the national average of 88%.
- 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. The practice was working towards becoming a dementia friendly practice. All staff had received training on dementia awareness and they were in the process of changing signage and floor coverings in the building (some floor coverings can resemble black holes to patients living with dementia which can increase their anxiety). They had consulted with the patient participation group and dementia care organisations on this work.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 337 survey forms were distributed and 106 were returned. This represented 2% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 70% 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%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 82% 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 two comment cards which were both positive about the standard of care received. One considered that the telephone and online booking services were convenient.

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

John Pounds Surgery

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 John Pounds Surgery

John Pounds Surgery is situated in the docklands area of Portsmouth. It is located in one of the third most deprived areas of the country. The practice is part of the Lake Road Group of practices, which has two locations. The other location is at Lake Road, Nutfield Place, Portsmouth. Hampshire. PO1 4JT. We did not visit this location.

The practice has four GPs, two are female and two are male who provide 20 sessions per week. The practice has a team of practice nurses and healthcare assistants who work across both locations. The clinical team are supported by a managing partner, a practice manager and a team of reception and administration staff.

John Pounds Surgery holds an Alternative Provider Medical Services contract and is part of Portsmouth and Southsea clinical commissioning group.

At the time of inspection there were just over 4000 patients registered with the practice. There are higher number of patients aged between 20 and 34 years old when compared with the national average. The practice has a range of patients with different cultures and ethnicity in its area; this included White British, Hindus, Jewish and Bengali patients. The practice also had a number of university students registered with them.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are available between these times. Extended hours appointments are offered on Saturday morning between 8am and 11am at Lake Road Practice, as part of an acute triage service with other local GP practices.

When the practice is closed patients are requested to contact the out of hours GPs via the NHS 111 Service. Information on this is displayed in the practice and on their website.

The practice has not previously been inspected before by the Care Quality Commission. We inspected the location at: 3 Aylward Street, Portsmouth PO1 3DU.

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.

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 29 September 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff which included GPs, the managing partner, practice nurses and reception and administration staff. We 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 form 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been two needle stick injuries. Staff involved had received refresher training and guidance on how to handle needles and equipment for taking blood. A reminder had been given to all staff to use the phlebotomy devices designed for safety when taking blood.

Overview of safety systems and processes

The practice had 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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.

- We found safeguarding policies referenced organisations which were no longer in existence; this was rectified on the day of inspection. Staff were aware of who they needed to contact.
- A notice in the waiting room 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.
- 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. At the most recent audit in November 2015, the practice had scored 98%. Recommendations included cleaning of electric strip lights and implementing a regular cleaning schedule. Both of these actions had been completed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had a system of peer reviewing antibiotic prescribing to ensure the medicines were relevant and necessary. Blank prescription forms and pads were securely stored

Are services safe?

and there were systems in place to monitor their use. We noted that the practice did not have a log for printer prescription paper; this was put into place on the day of inspection.

- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found 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. However, three of the files did not have a full employment history for these members of staff to demonstrate what activities they had undertaken whilst not in paid employment. The practice manager supplied us with the missing information immediately after the inspection visit taking place.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were 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 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.
- 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. The adult defibrillator pad had expired two months prior to the inspection at the end of June 2016, a new pad was ordered and the managing partner confirmed it had been received following the inspection. There was oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 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 took part in the Portsmouth primary care quality improvement programme (CQUIN), which consisted of retrospective peer reviews of treatment given. For example, reviews were undertaken on referrals made to hospitals to check they were relevant and necessary.

- 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.
- Guidance available via the computer system included Portsmouth wide guidance on care and treatment, such as those for long term conditions.
- 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 96% of the total number of points available.

- Exception reporting for clinical domains combined overall total was 13% compared with the clinical commissioning group (CCG) average of 10% and national average of 9%.
- Exception reporting for public health combined domain overall was 15%, compared with the CCG average of 15% and national average of 1%.
- Exception reporting for public health additional services domain overall was 29%, compared with the CCG average of 10% and national average of 6%. (Exception

reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

We noted that exception reporting was higher in the areas related to diabetes care; chronic obstructive pulmonary disease, a lung condition causing extreme breathlessness; cervical screening; cardiovascular disease and cancer. We discussed these with the practice who informed us that they were working with community nurses and their practice nurses to improve exception reporting especially for housebound patients, by visiting them at home to carry out reviews.

Data from 2015/16 showed: (this was unverified at the time of our inspection)

- Performance for diabetes related indicators was similar to the national average. For example, 80% of patients on the register had had a blood test which showed their average blood sugar level was acceptable compared with the CCG average of 77% and the national average of 78%. Total of 29% of eligible patients had been excepted compared with the CCG average of 20% and national average of 13%.
- A total of 69% of patients with diabetes had a record of foot examination within the preceding 12 months compared with the CCG average of 88% and national average of 88%. A total of 10% of eligible patients had been excepted, compared with the CCG average of 12% and national average of 8%.
- However, 89% of patients with diabetes had a blood pressure reading within acceptable limits compared with the CCG average of 92% and national average of 91%. Exception reporting for this area was slightly better a total of 8% of patients being excepted, compared with the CCG of 7% and national average of 6%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example, 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had an agreed documented care plan. This is comparable to the national average of 89%.

Are services effective?

(for example, treatment is effective)

The practice told us that they were aware of areas where exception reporting needed to be improved to reduce the number of patients excepted. They ensured that at each patient consultation a check was made on whether information on QOF was needed. Minutes of clinical meetings confirmed that QOF was an area which was discussed regularly to monitor progress.

There was evidence of quality improvement including clinical audit.

- We looked at six clinical audits which had been undertaken in the past two years. Two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result included action taken after an audit on Tramadol, a strong painkiller, which patients can become addicted to.
- A total of two cycles of the audit were carried out. Notes of patients prescribed Tramadol were reviewed to identify whether data had been collected on areas such as such as age, why the patient was on the medicine, dose of previous painkillers used and any history of addiction. Results from the first cycle in February 2015 showed that nine out of 68 patients did not have a record of painkillers they had taken previously and three had a history of addiction documented. There were also gaps in patients' medical history and some did not have a clear diagnosis. Over a third of the patients were being prescribed a fast release preparation of Tramadol.
- The practice changed all patients to a slow release preparation and added in other painkillers such as paracetamol which were more appropriate for their condition. The second cycle of the audit was carried out in November 2015; all patients prescribed with Tramadol were offered a review face to face or via the telephone. All patients' notes had the relevant information of previous usage and their condition. Results showed that of the 60 patients in the audit in the second cycle 37% did not attend for a review, 12% had stopped taking Tramadol and 52% had their review and prescribing of Tramadol had improved to ensure it was necessary for the patient's condition.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

- 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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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.
- 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. All GPs had an annual peer review to facilitate the appraisal and revalidation process. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.

Effective staffing

Are services effective?

(for example, treatment is effective)

- The GPs held a personal list for patients with long term conditions to provide continuity of care. They ensured that care plans developed were discussed and shared with the patient and their carers or family when relevant.
- 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. The practice worked with the community matron to provide care to patients who were housebound and had multiple long term conditions. When needed patients were referred to tissue viability nurses, for specialist wound care advice or management. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.
- The practice's uptake for the cervical screening programme was 90%, which was comparable to the CCG average of 81% and the national average of 82%. However, we found there was high exception reporting. Out of a total of 908 patients who were eligible, 259 had been excepted, which was a percentage of 28%, compared with the CCG average of 10% and the national average of 6%. 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. 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.
- We discussed the high exception reporting for cervical screening and the practice said that this was due to having high numbers of students, but acknowledge the need to confirm with patients who were students whether this procedure had been carried out elsewhere, such as their GP at their home address, who some were registered with during holiday times. The practice also reported there were high numbers of patients who booked in for a cervical screen, but did not attend or cancelled on the day of the appointment. This was the case with two patients who were due to be tested on the day of inspection. The practice were offering cervical screening opportunistically when appropriate.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, uptake for national screening programmes were low when compared with the CCG and national averages. For example, 60% of patients eligible had been screened for breast cancer in the preceding 39 months, compared with the CCG average of 68% and national average of 72%. A total of 49% of patients eligible had been screened for bowel cancer in the preceding 30 months, compared with the CCG average of 57% and national average of 58%. The practice routinely discussed this at clinical meetings and promoted uptake when seeing patients in routine appointments. The practice had also written to NHS England for further advice and guidance on promoting uptake of bowel screening.

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.
- 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.

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. Patients were signposted to the relevant service.
- The practice hosted group health education evenings.
- Smoking cessation advice was available from a local support group.

Are services effective?

(for example, treatment is effective)

- Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 87% to 91% (CCG 94% to 98%) and five year olds from 80% to 92% (CCG 96% to 97%).
- 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.
- The process for seeking consent was monitored through patient records audits.

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.

Both of the two 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 one member 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 (July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was in line with averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 87% 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%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

The practice acknowledged that some results for consultations with GPs could be improved and said there had been staff changes over the past year and use of locum GPs which may have affected patient care. They hoped that these figures would improve now there was a stable team of GPs.

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:

- 86% 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%.
- 85% 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%.
- 92% 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:

Are services caring?

- 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.
- Information leaflets were available in easy read format.
- Some staff were multi lingual and able to provide translation services.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 28 patients as

carers (under 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice promoted a Portsmouth wide initiative by the CCG called Action Portsmouth. The aim of this scheme was to signpost patients to voluntary and community organisations that provided support, such as befriending services; healthy living advice and social activities, along with support groups. This was part of the Portsmouth five year forward view blueprint, which is how the CCG, local authority and voluntary organisations were working together to provide joined up health and social care.

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 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.

- 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.
- Pregnant women were always seen on the day they requested an appointment.
- 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 and a hearing loop available.
- One of the members of the administration team was multi-lingual and spoke a total of three languages besides English. There were telephone translation services available.
- When needed the practice was able to access health information in other languages and its website had a translation feature.
- When patients were observing religious festivals, such as Ramadan, where fasting was required, the practice worked with patients to adjust their medicines for diabetes, to ensure they received appropriate treatment and were able to maintain their faith.
- The practice had a joint nursing team which worked across the Lake Road and John Pounds locations and who ran a clinic for patients on hypnotic medicines, such as diazepam, to monitor usage and provide support to decrease dependence on these medicines.
- The practice hosted a mental health nurse clinic weekly.
- The practice was working towards having personal lists for all patients to provide continuity of care. This was already in place for patients with long term conditions and mental health needs.

- The practice was working towards becoming a dementia friendly practice. All staff had received training on dementia awareness and they were in the process of changing signage and floor coverings in the building (some floor coverings can resemble black holes to patients living with dementia which can increase their anxiety). They had consulted with the patient participation group and dementia care organisations on this work.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were available between these times with a GP or nurse. The practice undertook email consultations. This is where patients could email GPs with concerns and these would be addressed the next working day via email and if needed an appointment or telephone call with a GP was made. One patient said this had helped them and they always got a prompt response. Extended hours appointments are offered on Saturday mornings as part of an acute triage service with other local GP practices. 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 better than local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 88% 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.

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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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

- 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 in the form of leaflets, information on the practices website and displayed in the waiting area.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt

with in a timely way and there was openness and transparency with dealing with the complaint. When a response was sent patients were given the opportunity to discuss further with another GP if relevant. 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. Minutes of meetings and records showed that complaints were discussed during appraisals, one to one discussions and practice meetings. For example, patients had been unable to check in via the self-book in screen after their appointment time had passed. This had resulted in a patient missing their appointment. The system was changed to prevent reoccurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice manager explained that the present provider had taken over the service in 2013 and systems and processes in place needed significant improvements. They had found there was a backlog of scanning and coding of several months and care provided was not meeting the needs of patients. Meetings for staff were not routinely held and there was limited patient involvement in the running of the practice.

Since that time all policies, systems and processes in place had been reviewed and the practice was not at a stage where these were becoming more effective. The practice was aware that work needed to continue to improve Quality and Outcome indicators for patients and screening services.

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

- The practice had a mission statement which was displayed 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.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff however, not all information in the safeguarding policy was up to date.
- A comprehensive understanding of the performance of the practice was maintained. However there was high exception reporting for some long term conditions. The practice had a three year strategic plan and performance was monitored at regular intervals. For example, there was a monthly review of clinical performance, with a risk rating applied to highlight

areas which needed improvement, such as quality and outcome framework exception reporting. The practice also produced a quarterly risk report on prescribing, to assess how well guidance was being adhered to and whether any improvements were needed. There was an overarching business plan in place, which was used to monitor progress against targets. We saw that improvements were being made month on month in all areas.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, on inspection we found that not all staff recruitment files contain all necessary information; that prescriptions used in printers were not logged and checked for security purposes and there was not a system to identify the expiry dates of emergency equipment.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity 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 partners 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 partners 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 clear leadership structure in place and staff felt supported by management.

Are services well-led?

Good 

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

- Staff told us the practice held regular team meetings. We found a range of meetings had been planned for the year ahead; these included clinical, business and nurses meetings and an annual general meeting. We noted that meeting minutes did not routinely show who had attended them. GP partners and the managing partner had an annual away day to discuss the performance of the practice and monitor how the practice was performing, this was part of their three year strategic plan.
- 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 partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice produced a staff newsletter which provided updates on recruitment, employee of the month, general updates and social events.

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and

through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients' access to appointments had been improved as a result of surveys. This work was ongoing and closely monitored.

- The practice had gathered feedback from staff through staff meetings, 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. All staff we spoke with were positive about how the practice was organised and the support they received. Reception staff said they would like to have some protected time to carry out tasks, but appreciated this was not possible at the present time and hoped the recruitment of more staff would enable this to occur in the future.

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. The practice was part of the Portsmouth Alliance. This had been set up by the clinical commissioning group across Portsmouth to review how services were delivered and promote joined up working. For example, sharing extended hours appointments on Saturdays and developing out of hours working with the aim to provide a seven day service. The practice enabled staff to develop new skills to enable them to meet the needs of patients, for example, training healthcare assistants to give vitamin B12 injections.