

Derby Road Group Practice

Quality Report

27-29 Derby Road
North Portsmouth
Hampshire
PO2 8HP

Tel: 023 9200 9265

Website: www.derbyroadgrouppractice.co.uk

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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?

Requires improvement



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 Derby Road Group Practice on 13 January 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. The fire alarm system was checked twice a year; however, regular checks had not been made on the fire alarm system call points used when a fire is detected to sound the alarm. The practice did not have any emergency lighting.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Patients said they found it easy to make an appointment with a named GP and that 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 areas where the provider must make improvements are:

Ensure that a five yearly electrical wiring survey is carried out

Ensure that fire drills are carried out regularly following a comprehensive fire risk assessment.

Summary of findings

The area where the provider should consider making improvement are:

Consideration should be given to purchasing a defibrillator.

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 requires improvement 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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, apart from those related to the building safety for electrical wiring and fire safety.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national 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 multidisciplinary teams 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.

Good



Summary of findings

- 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 could make an appointment with a named GP, but there could be delays in getting an appointment. The practice was aware of patients concerns and were continually working on improving patient access to a named GP to provide continuity of care. Urgent appointments were available on 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.

Are services well-led?

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

Good



- 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 this.
- 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 an overarching 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong 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 was a pilot site for Portsmouth's Integrated Care Virtual Ward, a multidisciplinary meeting where care and treatment was discussed and planned for. Patients discussed at these meetings were at risk of unnecessary hospital admissions and were frail.

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.
- 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.
- Joint clinics were carried out for patients with diabetes with a diabetic specialist nurse from the local.

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 accident and emergency 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.

Summary of findings

- The practice's uptake for the cervical screening programme was 81%, which was comparable to the 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 paediatric nurses who worked in the community.

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 multi-disciplinary teams 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.

Good



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 with dementia).

Good



Summary of findings

- A total of 98% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients 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 dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 6 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 115 were returned. This represented 1% of the practice's patient list.

- 68% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85%.
- 79% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 87% and a national average of 85%.
- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 77% and a national average of 78%.

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 all positive about the standard of care received. Comments included that the service was excellent and staff were very informative and helpful. Also patients expressed that appointments were always available.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring. All commented that if young children or babies needed to be seen, then they were always seen on the same day. One patient said that they sometimes had to wait up to three weeks to see the GP of their choice, but was satisfied with this as they wanted the continuity of care. All of the patients said they were able to get an urgent appointment for the same day when needed.

Derby Road Group 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 adviser and an Expert by Experience.

Background to Derby Road Group Practice

Derby Road Group practice consists of six partners and one salaried GP. There are three male GPs and four female GPs. There are four practice nurses and two healthcare assistants. The clinical team are supported by a practice manager and business manager and a team of administration and reception staff.

The practice premises consist of two adjoining houses. There is a small car park and level access to the building. The premises does not have a passenger lift, but staff will make arrangements for patients to be seen on the ground floor when needed.

The practice is in an urban area of Portsmouth and has 11,400 patients on its register. The practice population's distribution of patients according to age is similar to the national average.

The practice participates in research and is a teaching practice for doctors training to be GPs. The practice holds a primary medical services contract.

The practice is open at the following times:

Monday 8am until 7.15pm

Tuesday 8am until 6.30pm

Wednesday 8am until 7pm

Thursday 8am until 7pm

Friday 8am until 6.30pm

In addition the practice is open on the first and third Saturday of the month from 8.am until 10.30am. When the practice is closed, patients are advised to contact the out of hours GP via the NHS 111 service, or attend a local walk in clinic at weekends.

We inspected the main location which is situated at:

27-29 Derby Road, North End, Portsmouth. PO2 8HW. There is a branch location situated at 358 Copner Road, Copner, Portsmouth PO3 5EL, which was not visited as part of this inspection. Staff at the practice work across both sites.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 13 January 2016. During our visit we:

- Spoke with a range of staff which included GPs, practice nurses and reception and administration staff 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 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient was referred by the GP for follow up by the hospital; however, there was a patient with a similar name who had been referred instead. When the practice was informed of this they changed the procedure to ensure that thorough identity checks were carried out prior to a referral being made. They also ensured the correct patient was referred to the hospital.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to Safeguarding level three. All staff had received adult safeguarding training.

- 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 check (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.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

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

Are services safe?

reception office which identified local health and safety representatives. The practice had a fire risk assessment booked for the week following our inspection. The fire alarm system was checked twice a year; however, regular checks had not been made on the fire alarm system call points used when a fire is detected to sound the alarm. We noted that a risk assessment by an external professional had been booked for the week after inspection. The practice did not have any emergency lighting.

- We noted that a five yearly electrical wiring safety check had not been carried out.
- A risk assessment had been completed to ensure that electrical equipment was tested and where electrical extension leads were used, these were surge protected and wires were not trailing. Portable electrical appliance testing had been carried out. 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 that 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 oxygen with adult and children's masks. A first aid kit and accident book were available. The practice did not have a defibrillator on the premises, but the practice had risk assessed this and recorded that they were satisfied that emergency services would respond quickly if needed.
- 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 fit for use.

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 96% of the total number of points available, with 7% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed;

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients who had had a flu vaccine in the preceding eight months was 97% compared with the national figure of 95%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. Patients with hypertension who had had their blood pressure measured in the past 12 months was 93%, compared with the national average of 84%.
- Performance for mental health related indicators was better than the national average. For example, 94% of

patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive agreed care plan documented in the last 12 months was 94% compared with the national average of 88%.

- Clinical audits demonstrated quality improvement.
- We looked at a sample of audits which had been completed over the past two years. One was a completed audit of referrals for non-fatty liver disease (NFLD). The first cycle of the audit showed that no referrals had been made to a specialist for further investigations. The practice noted that specific checks which were required had not been consistently undertaken, for example measuring the patient's waist and taking blood for ferritin levels. A proforma was developed and discussed at practice meetings. The second cycle of the audit showed that 10 patients had been referred for further investigations and there were no gaps in required information and the proformas had been adhered to.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice was involved in research on young patients aged 18 to 25 years old with severe asthma. A specialist nurse from the local hospital with the aid of the practice reviewed the care of these patients and in addition reviewed all other known patients with severe asthma, regardless of their age. This ensured that patients were receiving appropriate treatment and had appropriate 'rescue medicines' available in case of a severe attack.

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. It 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

Are services effective?

(for example, treatment is effective)

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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, supervision and facilitation and support for revalidating GPs. All staff that were due an appraisal had had one in the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. The practice was also a pilot site for Portsmouth Integrated Care and attended virtual wards every two weeks to discuss patients care for those patients who were frail and at risk of hospital admission. The pilot ensured that GPs were present at the virtual ward meetings, as they

were seen as one of the key decision makers in providing care and treatment. This was managed by the CCG providing funding to allow GPs to employ locums to see the patients they would usually see on the day of the virtual ward meeting. The virtual ward meetings included other health professionals such as consultant geriatricians, community matrons and physiotherapists.

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.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included 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 then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to 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 sending reminder letters and opportunistic screening when patients attended appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable to CCG/ national averages. For example, childhood immunisation rates given to under two year olds ranged from 95% to 100% and five year olds from 92% to 99%.

Are services effective?

(for example, treatment is effective)

Flu vaccine rates for the over 65s were 72%, this was comparable to the national average of 73%. Flu vaccine rates for at risk group were 44% which was below the national average of 53%. The practice informed us that they had run flu clinics, but were not yet aware of the number of their registered patients who may have gone to a local pharmacy to receive a flu vaccine, which may have contributed to the low numbers.

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 years old. 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.

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. 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 comparable or slightly below other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 89% said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

The practice had an action plan in place to improve these results.

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 on the comment cards we received was also positive and aligned with these views.

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 comparable or below with local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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. The lead GP was the chair of the Governing Body of Portsmouth CCG and one of the GPs worked as an associate specialist, at consultant level, on the medical assessment unit. The practice was also a pilot for Portsmouth's integrated care for older people virtual wards, which enabled health care professionals, such as consultant geriatricians, community matrons, occupational therapists and social workers to assess and plan care for older patients who were frail and at risk of hospital admission.

- There were longer appointments available for patients with a learning disability. Annual reviews for patients with a learning disability were an hour long.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open at the following times:

Monday 8am until 7.15pm

Tuesday 8am until 6.30pm

Wednesday 8am until 7pm

Thursday 8am until 7pm

Friday 8am until 6.30pm

In addition the practice was open on the first and third Saturday of the month from 8am until 10.30am for pre-booked appointments. The practice also offered an extended out of hours service from 8am until 1.30pm every Saturday.

Routine appointments could be booked up to three weeks in advance; urgent appointments were also available for

patients that needed them. The practice ran a same day telephone service where patients were able to speak with a duty doctor or a duty nurse and if needed attend the practice to be seen.

Results from the national GP patient survey, published January 2016, showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 68% patients said they could get through easily to the practice by phone compared to the CCG average of 79% and national average of 73%.
- 30% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 59% and national average of 59%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Patients said that if a child was ill they were always seen on the same day. The practice was aware of patient comments on continuity of care and was working on improving access to enable patients to see a GP of their choice. A recent change in the telephone system had been made and this was being monitored to ascertain whether this enabled patients to contact the practice more easily.

Listening and learning from concerns and complaints

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, this was included in the practice leaflet and on the website.
- Complaints and learning points were discussed at practice meetings.

We looked at nine complaints received in the last 12 months and found these were handled in a timely way with openness and transparency. When need an apology was

Are services responsive to people's needs?

(for example, to feedback?)

provided and action taken to prevent reoccurrence. For example, a patient was prescribed an incorrect medicine, the practice manager and GP concerned provided a written explanation and an apology. The patient was satisfied with the outcome. We found that verbal comments and

complaints were not logged. We discussed this with the practice manager who said that these were dealt with at the time and resolve, but they would ensure that all comments and concerns were documented.

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 had a clear vision to deliver high quality care and promote good outcomes for patients. This included striving to continually provide the best possible healthcare for the patients.

- The practice had a mission statement which was displayed on the practice website and in its practice leaflet and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- One of the GPs was the business and strategy lead and was responsible to driving improvement and innovative ways of working. Such as, patients being able to have complex dressings changed in their homes by a nurse from the practice.

Governance arrangements

The practice had an overarching 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
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They 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. During their presentation we were told that there was a flat hierarchical structure at the practice, this was evident when we spoke with staff.

- Staff told us the practice held regular team 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 in doing so and felt supported if they did.
- 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.

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. There was an active virtual PPG which communicated regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the introduction of late evening appointments and changes to the telephone system.
- 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

Are services well-led?

Good 

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

any concerns or issues with colleagues and management. Improvements had been made in protecting time for administration duties for clinicians and altering appointments times, following staff feedback. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong 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 a pilot site for the Portsmouth integrated care virtual ward, at which they discussed frail patients and put in place appropriate care plans to meet their needs and avoid unnecessary hospital admissions. The pilot ensured that GPs were present at the virtual ward meetings, as they were seen as one of the key decision makers in providing care and treatment. This was managed by the CCG providing funding to allow GPs to employ locums to see the patients they would usually see on the day of the virtual ward meeting.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not have suitable systems in place to maintain fire safety and ensure electrical wiring in the premises was safe.</p> <ul style="list-style-type: none">• The fire alarm system was checked twice a year; however, regular checks had not been made on the fire alarm system call points used when a fire is detected to sound the alarm. The practice did not have any emergency lighting.• We noted that a five yearly electrical wiring safety check had not been carried out. <p>12 (1) (2) (a) (b) (d)</p>