

# Dr Lawson and Dr Alalade

## Quality Report

University Surgery  
The Nuffield Centre  
St Michael's Road  
Portsmouth  
PO1 2BH  
Tel: 023 9273 6006  
Website: [www.universitiesurgery.com](http://www.universitiesurgery.com)

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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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 16 February 2017. Overall the practice is now rated as requires improvement.

Previously, we carried out an announced comprehensive inspection at Dr Lawson and Dr Alalade on 18 May 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Lawson and Dr Alalade on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Shortfalls identified at the inspection in May 2016 included a lack of governance processes to manage and mitigate risks to patients; a lack of opportunities for staff to provide feedback on service provision; training arrangements were not adequate to ensure staff were supported to carry out their roles. In addition care planning and improving health outcomes for patients was not consistently provided in a manner which met their needs, including those with specific religious needs.

Our key findings were as follows:

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and 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 care and treatment.
- Data showed patient outcomes were low compared to the national average. Unverified data received from the practice showed that exception reporting was improving, but processes in place were not yet fully embedded so that the practice could demonstrate they were meeting patients' needs and improving outcomes.
- Care plans for long term conditions were not routinely kept on patient records or shared with other health professionals.
- Data from the national GP patient survey showed patients rated the practice lower than others for some

# Summary of findings

aspects of care. The practice had carried out a survey of their own to determine possible causes, as national survey results did not align with other positive patient feedback.

- 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 could make an appointment with a named GP, 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 leadership structure and staff felt supported by management. The practice 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.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Maintain securely an accurate and complete record in respect of each patient, including care plans discussed with them and noting when these have been shared with other health professionals when appropriate.

In addition the provider should:

- Review the reasons and risk assessment related to not having a defibrillator on site.
- Review arrangements for identifying patients who are also carers' and provide appropriate support.
- Review arrangements for working with the patient participation group to promote the groups involvement with the running of the practice.
- Review arrangements for reporting significant events to external bodies and acting on safety alerts.

I am taking this service out of special measures. This recognises the improvements made to the quality of care provided by the service.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice, but not routinely shared with external organisations.
- Safety alerts were not consistently acted on.
- 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 clear systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed. The practice did not have a defibrillator on the premises, this had been risk assessed, but not reviewed recently.

### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- Data showed patient outcomes were low compared to the national average. Unverified data received from the practice showed that exception reporting was improving, but processes in place were not yet fully embedded so that the practice could demonstrate they were meeting patients' needs and improving outcomes.
- Care plans for long term conditions were not routinely kept on patient records or shared with other health professionals.

Areas of good practice included:

- 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.

# Summary of findings

## Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. The practice had carried out a survey of their own to determine possible causes, as national survey results did not align with other positive patient feedback.

Areas of good practice included:

- 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.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services, as there are areas where improvements should be made. However, there were areas of good practice:

- 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 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.

**Requires improvement**



## Are services well-led?

The practice is rated as requires improvement for being well-led, as there are areas where improvements should be made..

- There was an overarching governance framework which supported the delivery of the strategy and quality care. This included arrangements to monitor and improve quality and

**Requires improvement**



# Summary of findings

identify risk. There was not oversight of all the systems of the practice such as for carers, sharing of information from significant events and care plans being kept on patient records or shared with other health professionals.

- The patient participation group was established but its activities were limited in supporting the practice.

However, there are areas of good practice:

- The practice had a vision and strategy to deliver quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a focus on continuous learning and improvement.
- There was a 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.
- 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 sought feedback from staff and patients, which it acted on.

# 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 provider was rated as requires improvement for effective, caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for effective, caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group.

- All patients with a long term condition had a named GP and were offered an annual review to check their health and medicines needs were being met. However, reviews for long term conditions had limited information and it was not clear whether this had been shared with the patient to produce a care plan. Staff reported that a written care plan was given to patients, but they did not retain a copy on the patient record. The blank templates for care plans, if completed, provided sufficient information for patients and health professionals to provide care and treatment consistently.
- Data showed patient outcomes were low compared to the national average. Unverified data received from the practice showed that exception reporting was improving, but processes in place were not yet fully embedded so the practice could demonstrate they were meeting patients' needs and improving outcomes.
- Longer appointments and home visits were available when needed.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for effective, caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

**Requires improvement**



# Summary of findings

- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working other health professionals.

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

The provider was rated as requires improvement for effective, caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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. This included a sexual health clinic for students registered with the practice.

**Requires improvement**



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for effective, caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice had patients living in vulnerable circumstances including homeless patients 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.

**Requires improvement**





# 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.

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

The provider was rated as requires improvement for effective, caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 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.

**Requires improvement**



# 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 375 survey forms were distributed and 23 were returned. This represented 0.1% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 94% 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%.

- 76% 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%.

We received feedback from seven patients which were all positive about the standard of care received. They were positive about consultations with GPs and considered they were listened to and trusted GPs when they saw them. The majority were satisfied with appointment availability, with two comments related to longer opening hours at weekends so they could attend appointments on Saturdays and Sundays.

# Dr Lawson and Dr Alalade

## 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, and a practice manager specialist adviser.

## Background to Dr Lawson and Dr Alalade

Dr Lawson and Dr Alalade are also known as the University Practice. The practice is situated in the centre of Portsmouth and provides care and treatment to approximately 18,900 patients. The majority of patients, approximately 13,000, are students at the University of Portsmouth. The practice has a high percentage of patients in the 15 to 34 age group when compared with the England average. Numbers for the other age groups are significantly below England averages. The practice is situated in one of the fourth most deprived areas in England. The practice population is mainly white British, with approximately 10% of patients who live in the area identifying themselves as Black or Asian in origin. The university has students from all parts of the world who register as patients at the practice.

Dr Lawson and Dr Alalade has two GP partners, in addition there are two part time salaried GPs and the practice also uses locum GPs on a regular basis. Two more salaried GPs are due to start work in February and March 2017. The practice has three practice nurses, one who works full time and two nurses who work part time hours. The clinical team are supported by reception and administration staff and a practice manager. The practice provides services under a personal medical service contract.

The practice's usual opening hours are 8.00am until 6.30pm daily (with extended hours being offered between 6.30pm and 8pm on Tuesday evenings); 9am until 11am on Saturdays with a GP and 9am until 1pm on a Saturday with a practice nurse. When the practice is closed, patients are requested to access out of hours GPs via the NHS 111 service.

We inspected the only location:

University Surgery  
The Nuffield Centre  
St Michael's Road  
PO1 2BH

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Lawson and Dr Alalade on 18 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of good governance and informed them that they must become compliant with the law by 31 October 2016. We undertook a follow up inspection on 18 November 2016 to check that action had been taken to comply with legal requirements. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Lawson and Dr Alalade on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Dr Lawson and Dr Alalade on 16 February

# Detailed findings

2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

## 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 16 February 2017.

During our visit we:

- Spoke with a range of staff which included GP partners, salaried GPs, practice nurses, administration staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 18 May 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of minimising risk; reporting and acting on significant events; safeguarding arrangements including training; infection control and medicines management were not adequate.

These arrangements had improved when we undertook a follow up inspection on 24 November 2016 to monitor warning notices, and the practice was at that time rated as requires improvement.

At this follow up inspection on 16 February 2017, the practice is now rated as good for providing safe services.

### Safe track record and learning

The practice had reviewed its procedures 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 an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had undertaken a thorough review of all significant events recorded in the previous 12 months. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a new patient had booked an appointment and the practice discovered when they arrived that the information had been recorded incorrectly under another patient's records who had the same name and address. An apology was provided to the patient and an alert was placed on the

relevant records to alert staff to the fact that there were patients with similar details. Administrative staff were responsible for ensuring full information was requested when booking appointments to prevent reoccurrence.

On this inspection we found that the practice did not consistently demonstrate that they had acted on medicine alerts from the Medicines and Health Regulatory Authority. We found that the alerts were circulated to all GPs in a paper format and individual GPs were required to initial the document to show they had read the contents. However, there was limited evidence of appropriate searches being undertaken on patients' records to see if any action was needed. The practice ran searches on patients records for the relevant searches on the day of inspection. They found that no action was required and the lead GP also ensured they were registered to receive future updates via email in future.

We noted that the folder for paper copies of alerts did contain those from NHS Improvement Patient Safety Alerts and all had been acted on when needed. At the time of the inspection, significant events were not routinely reported to external bodies, such as the clinical commissioning group or the National Reporting and Learning System reporting tool.

### Overview of safety systems and processes

The practice had reviewed systems, processes and practices in place to keep patients safe and safeguarded from abuse and made the necessary improvements, 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 three. Nurses had been trained to level two.

## Are services safe?

- 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.
- 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. 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 four 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 in the form of references, qualifications,

registration with the appropriate professional body and the appropriate checks through the DBS. Where a DBS check was not deemed necessary, a risk assessment had been carried out to demonstrate this.

### Monitoring risks to patients

Risks to patients were now 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. A full health and safety risk assessment had been carried out in October 2016 any required actions were taken.
- The practice premises were owned by the university who were responsible for carrying out fire drills and fire alarm testing. There was an up to date fire risk assessment in place. On the day of the inspection, a fire alarm test was due to be carried out, but this did not happen. The practice liaised with the university to find out why a test was not carried out. The last fire drill was carried out in October 2016. Staff had received fire training safety training in October 2016.
- 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 access to 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. Since the previous inspection, three new administration staff had been employed and this had been welcomed as a positive change by existing staff.

### Arrangements to deal with emergencies and major incidents

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

## Are services safe?

- 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 did not have a defibrillator available on the premises, but had carried out a risk assessment to demonstrate why one was not required, but this had not been reviewed.
- Oxygen with adult and children's masks and 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. This policy had been reviewed in December 2016 and copies were held offsite by the GP partners and practice manager. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 18 May 2016, we rated the practice as inadequate for providing effective services as the arrangements in respect of the Quality and Outcomes Framework showed patient outcomes were at or below average compared to the national average. In addition, there was no schedule for staff training; information about patient care was not routinely shared with relevant health professionals and arrangements for consent needed improving.

These arrangements had improved when we undertook a follow up inspection on 16 February 2017. However, there was insufficient evidence to demonstrate consistently the requirements for providing effective services. The provider is now rated as requires improvement for providing effective services.

### Effective needs assessment

The practice was able to demonstrate that it 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. NICE guidance was discussed at meetings. Templates available on the practice computer system were in line with current guidance and were updated when there were changes.
- 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 95% of the total number of points available. Exception reporting figures were not

available due to the practice changing computer systems and the information not being uploaded automatically. This was verified by NHS England and the local clinical commissioning group.

However we looked at unverified data for exception reporting which showed the practice had made improvement on the previous high exception reporting ratings. For example in diabetes care this had reduced to approximately 30% compared with 46% at the previous inspection for the indicator related to a specific blood test for average blood glucose levels. (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). All indicators captured in the QOF data showed that the practice had achieved 100%, but there was a 15% overall exception rating for clinical domains, with no further details available.

Since our last visit the practice had reviewed its audit procedures. At this visit we saw evidence of clinical and non-clinical audits.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included findings from a two cycle audit on hormone replacement therapy (HRT) to find out whether patients were being treated in line with NICE guidance. The first cycle of the audit identified eight patients on HRT who were not being treated in line with current guidance. The second identified five patients who were not being treated in line with current guidance. As a result of this audit, the template used for reviews was changed, so it aligned with current guidance. A re-audit is planned for July 2017.

### Effective staffing

Training arrangements had been reviewed and improved since our last visit. We found staff had the skills, knowledge and experience to deliver effective care and treatment.



# Are services effective?

## (for example, treatment is effective)

- The practice considered that staffing levels had improved since our previous inspections. At this inspection there were two GP partners and two salaried GPs, with two more salaried GPs due to commence employment shortly after the inspection. The practice hoped this would reduce the need to employ locum GPs.
- 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 demonstrated how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes updates and family planning updates.
- 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 demonstrated 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 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 not consistently 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. Care plans to minimise unplanned admissions to hospital were uploaded to the Hampshire Health Care Record for other health professionals to access.
- We looked at reviews of patients with long term conditions and noted that information was limited and it was not clear whether this had been shared with the patient to produce a care plan. Staff reported that a written care plan was given to patients, but they did not retain a copy on the patient record. The blank templates for care plans, if completed would provide sufficient information for patients and health professionals to provide care and treatment consistently.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The secretaries who worked in the practice maintained a log of urgent referrals and one of the GPs routinely audited all referrals made by the practice to assess for appropriateness and whether the patient had attend their appointment at the hospital. Action was taken if a patient had not attended a hospital appointment.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on an ad hoc basis due to the large proportion of patients who were students and the proportionally low number of patients who had long term conditions or needed palliative care. A joint clinic was run by an external diabetes specialist nurse and one of the practice nurses on a weekly basis.

### Consent to care and treatment

The practice was able to demonstrate that 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.

# Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and military veterans. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.
- Patients with long term conditions such as diabetes and chronic obstructive pulmonary disease (a breathing condition) were offered routine annual reviews.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in

different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 58% to 97%, compared to the national average of 90%. Childhood immunisation rates for five year olds ranged from 69% to 75%, compared to the national average of 88% to 94%. The practice had systems in place to promote uptake, the expected standard for childhood immunisations was 90% for all indicators. Letters were sent to parents and if needed the health visitor was informed of any concerns.

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

# Are services caring?

## Our findings

At our previous inspection on 18 May 2016, we rated the practice as requires improvement for providing caring services as there were mixed results from the national GP patient survey related to care and treatment and the provider had not taken any action.

These arrangements had improved when we undertook a follow up inspection on 16 February 2017. However, there was insufficient evidence to demonstrate consistently the requirements for providing good services. The provider is now rated as requires improvement for providing caring services.

### 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.

Feedback we received from patients was 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 two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 70% 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%.

- 80% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 62% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 45% 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%.
- 73% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% 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 carried out a targeted survey of patients to determine the cause of the mixed responses received and was in the process of analysing the results. The national GP survey figures did not align with comments made via the CQCs Share Your Experience form and feedback from patients received on the day of the inspection visit. Comments received included excellent care; that the practice were always improving the service they gave; and welcoming staff.

### 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 we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients' responses to questions about their involvement in planning and making decisions about their care and treatment were mixed. For example:

- 62% 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%.
- 69% 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%.

## Are services caring?

- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### **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 19 patients as carers which is approximately 0.1% of the practice list, partly due to a high student population. Written information was available to direct carers to the various avenues of support available to them.

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

At our previous inspection on 18 May 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of appointment booking and limited time being available during appointments; access to health screening services aimed at the majority student population, such as sexual health; and learning from complaints needed improving.

These arrangements had improved when we undertook a follow up inspection on 16 February 2017. Changes that had been made were not shown to be fully embedded. The practice is now rated as requires improvement for providing responsive services.

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had also considered the needs of patients who may have specific health, religious or language needs.

- 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. Receptionists alerted the duty GP as soon as a home visit request was made. The duty doctor telephone triaged the request when alerted. This was in line with an NHS England patient safety alert on prioritising home visit requests.
- The practice were able to access a clinical commissioning group commissioned, emergency home visiting service.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A health professional that specialised in mental health carried out a clinic once a week at the practice.

- A diabetic nurse specialist carried out joint clinics with one of the practice nurses on a weekly basis.
- The practice offered a regular sexual health clinic for its registered patients.
- The practice has access to Chinese 'flash cards' which is a system that translates basic medical questions into the Chinese language. This was put into place following feedback from nurses that there were a high proportion of Chinese speaking patients who had limited English speaking.
- The practice had two iPads with applications to assist with translation for patients whose first language was not English.
- Patients of no fixed abode chose to be registered at the practice.

### Access to the service

The practice's usual opening hours are 8.00am until 6.30pm daily (with extended hours being offered between 6.30pm and 8pm on Tuesday evenings); 9am until 11am on Saturdays with a GP and 9am until 1pm on a Saturday with a practice nurse. When the practice is closed patients are requested to access out of hours GPs via the NHS 111 service. 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.

Since our last visit the practice had reviewed access arrangements for appointments and made sure all staff were clear that longer appointments could be offered when needed. Patients requesting to be seen on the day were triaged by a GP or a nurse. The triage nurses were not trained as nurse practitioners or as independent prescribers and would manage minor illnesses in accordance with practice protocols and within their competencies. There was a duty GP system for on the day appointments, which were available during the whole of the opening hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed when compared with local and national averages. The practice were in the process of completing their own survey of patients on these areas, to identify how figures could be improved.

# Are services responsive to people's needs?

(for example, to feedback?)

- 56% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 94% 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

The practice had made improvements to their system 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.

We looked at five complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way and with openness and transparency. 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. For example, a patient was offered an urgent on the day appointment and arrived at the practice expecting to be seen immediately. The practice explained the process for emergency on the day appointments and offered one for later that day, as there was no-one available to see them immediately. The patient did not want to take an appointment offered later in the day due to other commitments. The patient returned shortly after this after speaking with another health professional not employed by the practice. This health professional advised the patient to re-attend the practice and wait to be seen. The practice were able to accommodate this request, but the patient still raised a complaint. This was discussed at the staff meeting to determine whether the situation could have been handled differently. Staff confirmed that complaints were regularly discussed at practice meetings.



# Are services well-led?

Requires improvement 

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

## Our findings

At our previous inspection on 18 May 2016, we rated the practice as inadequate for providing well-led services as there was no vision or strategy for the practice, no overarching governance structure and no clear leadership arrangements. Patient and staff feedback was not proactively sought and acted upon. In addition, there was limited focus on continuous learning and improvement at all levels.

At this inspection on 16 February 2017 improvements have been made and the practice is now rated as requires improvement for being well-led.

### Vision and strategy

Since our last visit the practice had developed a vision to deliver high quality care and promote good outcomes for patients, which it had shared with staff.

The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

- Staff were engaged with promoting the vision and values of the practice.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an improved governance framework operating, but there were still areas to develop.

The practice had an overarching governance framework and in the main 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.
- Policies and procedures were practice specific and readily available and the information was relevant and current and available to all staff.
- A programme of clinical and internal audit had been implemented to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Further improvements were needed to demonstrate that safety alerts were consistently acted upon.
- Systems had been implemented to demonstrate that the performance of the practice was monitored. However, further improvements were needed to ensure the practice could demonstrate that care plans were shared with patients and relevant health professionals to promote positive patient outcomes.

### Leadership and culture

On the day of inspection the partners 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:

- There were processes in place to act on complaints received and learning was shared with all relevant staff.
- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff felt supported by management. The practice had reviewed meeting availability to secure improvement in communication between different staff roles.

- The practice held a range of regular meetings which included clinical meetings where significant events and complaints were discussed. These meetings were minuted and attended by GPs, the practice nurses and the practice manager. Learning from significant events and complaints was cascaded to other teams in their meetings, which were also held regularly.

# Are services well-led?

Requires improvement 

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

- Other meeting included business meetings to discuss forward planning and sustainability of the practice and monthly whole team meetings.
- Staff told us 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. 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

Arrangements for engaging staff and patients in the running of the practice had been reviewed since our last visit and there was evidence of improvement. 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 on a regular basis, but it was not representative of the practice population. Work was ongoing to develop the PPG and include members from the student population. We spoke with two members of the PPG who said that they considered the practice aimed to give quality care and meet the needs of its patients. However, they

considered they could be more involved in discussions around trends and themes identified through significant events and complaints to assist the practice in minimising risk of reoccurrence.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff were able to use a suggestion box to submit ideas on how to improve practice, for example changes to the layout of the waiting area and the reception desk, which the practice had acted upon.
- We received feedback from six members of staff who all said that they had noted improvements since our inspection in May 2016. They said having more administrative staff had made workloads manageable and communication between all types of staff teams had improved. They added that information on the practice was more forthcoming and they were aware of how the partners wanted the practice to develop and were engaged in the process. One commented that the increase in salaried GPs had made more appointments available for patients.

## Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. A plan was in place to commence joint wellbeing meetings for mental health issues with university staff for students. The practice was part of the acute visiting service, commissioned by the CCG to reduce unplanned hospital admissions.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014: Good governance
Treatment of disease, disorder or injury	<p>The registered person did not ensure that when treatment or care of patients was shared with or transferred to other healthcare providers relevant information was readily accessible to ensure the health safety and welfare of patients.</p> <ul style="list-style-type: none"><li>• Patient reviews for long term conditions had limited information held on the patient record and it was not clear whether this had been shared with the patient to produce a care plan. Staff reported that if a written care plan was given to a patient, they did not retain a copy on the patient record.</li></ul> <p>Regulation 17 (1) (2)</p>