

# Dr Lawson and Dr Alalade

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Inadequate



Are services safe?

Requires improvement



Are services effective?

Inadequate



Are services well-led?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced inspection at Dr Lawson and Dr Alalade on 24 November 2016 to monitor whether the registered provider had met the requirements of a warning notice.

Our previous inspection in May 2016 was a comprehensive inspection and we rated the practice inadequate overall. The full report is on our website. As a result of the inspection a warning notice was served. The timescale given to comply with the warning notice was 31 October 2016. The warning notice served related to regulation 17 of the Health and Social Care Act 2008: Good governance.

Areas which did not meet the regulatory requirements were:

The registered person did not have appropriate systems, processes and policies in place to manage and monitor risks to the health, safety and welfare of patients, staff and visitors to the practice:

- Systems in place to demonstrate that significant events were handled appropriately were not effective and did not show that actions had been taken to minimise risk and was monitored.

- The registered person did not have systems in place to ensure they were able to maintain an accurate and complete record in respect of each service user at all times.
- There was no consistent system in place to ensure consent forms were scanned onto computerised records.
- We found that care plans were in paper format and the practice was unable to demonstrate that these had been shared with other health professionals or the patient concerned.
- The registered provider did not proactively engage with staff or provide opportunities for staff to formally feedback on service provision or staffing numbers.
- Training arrangements did not demonstrate that all staff had the necessary skills and competencies to carry out their role.

At this inspection on 24 November 2016 we found the provider had complied with the warning notice and was now compliant with the regulation 17 as set out in the warning notice.

Our key findings were:

# Summary of findings

- Systems were in place to manage significant events appropriately. There were clear processes for reporting and acting on concerns, with details of monitoring actions. Minutes of meetings showed that these had been discussed with staff and learning points noted.
- Arrangements for record keeping had improved and the practice was able to demonstrate that a complete and accurate record was maintained for each service user.
- We found consent forms were scanned onto records in a timely manner.
- Care plans were routinely shared with the patients and relevant health care professionals.
- Staff were provided with opportunities to comment on service provision and staffing.
- The practice had implemented a comprehensive training log and training had been planned for the future.

We have not reviewed the ratings for the practice as part of this inspection. Therefore the overall rating remains inadequate.

**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 being safe until a further comprehensive inspection takes place. However, there were areas of improved practice seen since our last inspection:

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

**Requires improvement**



### Are services effective?

The practice is rated as inadequate for being effective until a further comprehensive inspection takes place. However, there were areas of improved practice seen since our last inspection:

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Training had been provided on areas such as safeguarding adults and children and infection control.
- Arrangements for record keeping had improved and the practice was able to demonstrate that a complete and accurate record was maintained for each service user. Staff had protected time to complete administration tasks. Consent forms were scanned onto records in a timely manner. Care plans were routinely shared with the patients and relevant health care professionals.

**Inadequate**



### Are services well-led?

The practice is rated as inadequate for being well-led until a further comprehensive inspection takes place. However, there were areas of improved practice seen since our last inspection:

- Governance arrangements had been reviewed and systems and processes were in place for assessing and monitoring risk and the quality of the service provision. These included managing significant events and complaints; reviews of policies and procedures and proactive engagement with staff and patients on the running of the service. Staff were provided with opportunities to comment on service provision and staffing.

**Inadequate**



# 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.

## 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 17,500 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 three locum GPs on a regular basis. There are three female GPs and four male GPs. In total this equates to 4.5 full time GPs, providing 36 to 38 sessions per week. 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 alternate Wednesday and Thursday 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. At the time of the inspection the practice was trialling new extended opening hours for the period 11 April to 1 July 2016 which were: 8am to 8pm on Mondays and alternate Wednesdays and Thursdays; 7am to 7pm on Fridays and alternate Wednesdays and Thursdays; 8am to 12pm or 9am to 1pm on Saturday's dependant on GP availability.

We inspected the only location:

University Surgery

The Nuffield Centre

St Michael's Road

PO1 2BH

## Why we carried out this inspection

At the inspection carried out on 18 May 2016, we made a requirement to address shortfalls with, Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send a report of the changes they would make to comply with the regulation they were not meeting at that time.

We carried out this inspection to make sure that the necessary changes have been made. We found the provider

# Detailed findings

was meeting the regulation included within this report. This report should be read in conjunction with the full inspection report for Dr Lawson and Dr Aladade published on 29 September 2016.

## How we carried out this inspection

We carried out an announced visit to the practice on 24 November 2016 and looked specifically at the shortfalls identified in the warning notices served to the provider after our inspection in May 2016.

We did not look at population groups or speak with patients who used the service.

We spoke with the GP partners, the practice manager, nursing staff and reception and administration staff.

We looked at policies and procedures and inspected records related to the running of the service. These included minutes of staff meetings, significant events and action plans produced by the practice to address the issues in the warning notice.

# Are services safe?

## Our findings

### Safe track record and learning

The provider's action plan showed that since the last inspection the practice had revised their significant event policy, incident reporting forms and procedures. Monthly practice meetings had a standing agenda item of significant events. Quarterly meetings had been scheduled to review all incidents. A policy on the duty of candour was written and implemented.

On this inspection we reviewed records related to significant events and found that regular reviews had taken place. There had been one quarterly meeting. Minutes of this meeting showed that all events had been reviewed to monitor whether appropriate actions had been taken. The significant event reporting form was clear, with learning points noted, concise action points and details of who was responsible for the actions.

The practice was able to demonstrate that significant events were being analysed in a constructive manner and shared with staff. For example, an event from 11 November 2015 was reviewed at the annual significant events meeting in September 2016 with all staff. The practice had identified that an incorrect entry was made on a patient's record, which led to another patient receiving the personal details of this patient. The practice noted that their responsibilities under the duty of candour had not been identified and there were shortfalls in checking of entries made by the GP concerned. Actions taken included writing to both patients concerned to apologise for the breach of confidentiality. In addition all GPs were reminded to check patients' personal details when they attended for an appointment to ensure they were correct. Records showed that these actions had been completed. Staff we spoke with confirmed that they had been involved in reviewing significant events.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective staffing

The providers told us in their presentation at the start of the inspection day that they had recruited another salaried GP who was due to commence employment in December 2016 and there were plans to recruit more salaried GPs to provide a total of six whole time equivalents.

Since the last inspection minutes of meetings showed that staff had been consulted on extended hours cover and protected administration time was provided.

The provider's action plan demonstrated that a training log had been created for all staff and a plan put into place for future training. The plan for training was RAG rated, which is where red, amber or green flags are used to identify when the training is due and when it has been completed. The plan clearly showed what training was considered mandatory by the practice and the time intervals that it should be given, for example annually or three yearly.

At this inspection we found that all staff had received safeguarding training on children and adults to the appropriate level. GPs had requested information from the clinical commissioning group on what target day training they had attended. The safeguarding training given included aspects of the Mental Capacity Act 2005 and Deprivation of Liberty. Other training for staff which had been completed included information governance, fire safety, health and safety, and infection control.

Clinical and non-clinical training packs had been developed which showed both mandatory and role specific training that staff were expected to attend. For example, updates on child vaccinations and diabetes care.

### Coordinating patient care and information sharing

Since our last inspection all patients who had a care plan were written to with a copy of their plan. With the patient's consent a copy of the care plan was uploaded to the Hampshire Health Record. The practice had changed its computer system since the previous inspection. The new operating system allowed other health professionals on the same system to have 'read only' access to patient records, where they could view care plans.

A total of 50 care plans had been scanned and uploaded onto patient records and the practice had a plan to complete the remainder. Staff said that they now had sufficient time to complete tasks, due to their roles and responsibilities being clear.

### Consent to care and treatment

The provider's action plan showed that a protocol had been developed since our last inspection to ensure all consent forms were scanned onto the system. Policies associated with consent had been reviewed and updated where necessary.

We reviewed a sample of eight procedures where consent was required. Seven of the consent forms had been uploaded onto the patient records. One was waiting to be uploaded; the consent form was easily found when requested. Part of the new computer system enabled consent to be recorded directly into the record, which would mean that a paper copy would not always be necessary.

# Are services well-led?

Inadequate



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

## Our findings

### Governance arrangements

At the last inspection we found the practice had a governance framework which did not always support the delivery of the strategy and good quality care. At this inspection we found that the governance arrangements had been reviewed.

At this inspection we found that the practice leadership had concentrated on making improvements to the practice as set out in the warning notice.

In particular there were now clear systems in place to manage significant events, for reporting and acting on concerns. Computer systems had been improved and arrangements for record keeping had improved including for consent and care plans.

There was a clear staffing structure and policies and procedures in place for staff to follow.

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

The provider's action plan stated that there was protected time for monthly clinical meetings and monthly whole practice meetings for all staff, where there were opportunities for staff feedback.

We found that meetings had been planned for throughout the forthcoming year. Minutes of clinical and whole practice meetings had a list of attendees and were readily available on the shared drive of the computer system.

Minutes showed that discussions had been held on areas such as our inspection in May 2016 and the areas that needed improvement. Scanning and coding audits which had been introduced as a result and staff consultation on duty rotas.

The practice had also introduced a staff suggestion box. We spoke to two members of staff who said that they used the suggestion box and found it was extremely useful, as they could write ideas down when they had them and not have to wait until the next meeting. As a result of staff feedback a new fax machine had been purchased.