Dr Robinson and Partners

Quality Report

Lake Road Practice
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection at Dr Robinson and Partners, also known as Lake Road Practice, on 6 January 2015. We have rated the practice as good overall. The practice delivered effective care and treatment to its patients. There was a clear vision and strategy which outlined planning objectives for the sustainability of the service in the future. Staff took an active role in the planning and delivery of the service. We saw a clear management structure in place and monitoring which supported the service to run smoothly Dr Robinson and Partners is a training practice for doctors to become GPs.

Our key findings were as follows:

- The practice was clean, well maintained and there were systems in place to maintain appropriate standards of cleanliness and hygiene.
- Patient's access requirements were taken into account when services were planned and delivered. These included availability of appointments outside working hours and physical access for disabled patients.
- GPs and nurses received appropriate training and professional development supervision and training.
- Patients rated the practice above the national average for getting to speak with their preferred GP; their GP was good at involving them in decisions about their care and the helpfulness of receptionists.
- The practice regularly assessed and monitored the quality of its services and actions were taken to improve there when necessary.

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

- Ensure medical devices used to administer care and treatment is monitored to ensure it is available and fit for purpose such as within use by date for sterile items.

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?

Requires improvement

The practice is rated as **requires improvement** for safe as there were areas where improvements should be made.

Systems were in place for reporting, recording and monitoring significant events. Infection prevention and control systems were in place and regular audits were carried out to ensure that all areas were clean and hygienic. Appropriate arrangements were made in relation to obtaining and storing medicines and vaccines.

Risks to patients who used services were assessed but systems and processes to minimise these risks were not implemented well enough to ensure patients were kept safe. Emergency medicines and associated medical devices were available. However, checks on the expiry date and availability of the medical devices used to administer emergency medicines did not follow current guidelines.

Appropriate checks were made on all staff before they started to work. Staff files were comprehensive and complete. Emergency planning arrangements were set up and arrangements had been made with another practice locally which ensured the service could still function in an emergency.

Are services effective?

Good

The practice was rated as **good** for effective.

Data showed patient outcomes were at or above average nationally. National Institute for Clinical Excellence guidance is referenced and used routinely. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessment of capacity and the promotion of good health. Staff received training appropriate to their roles and further training needs identified were planned for. The practice carried out appraisals and there were personal development plans for all staff. Multidisciplinary working with external agencies was also evidenced.

Are services caring?

Good

The practice was rated as **good** for caring.

Data 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 care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Summary of findings

Are services responsive to people's needs?

Good

The practice was rated as **good** for responsive to patient's needs.

There were sustainable systems in place to maintain the level of service provided. Patients reported good access to the practice and a named GP and continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had a system in place for handling complaints and concerns. The practice was proactive in seeking the views of patients and responded to their suggestions to improve the service.

Are services well-led?

Good

The practice was rated as **good** for well-led.

The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to achieving it. There was a clear leadership structure and staff felt supported by management. Lead roles and responsibilities were clearly defined. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice had a number of policies and procedures to govern activity and regular governance meetings took place. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group who spoke positively about how their views were taken on board.

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

Good

The practice was rated as good for the care of older people. Patients aged 75 and over had a named GP to provide continuity and consistency in their care. Same day appointments were offered for older people. Patients who had chronic health conditions were given home visits by their GP to remove the need for them to travel to the practice. The practice also offered end of life care planning. This involved the GP recording a patient's preferences and producing an action plan aimed at achieving the passing of their choice. The action plan may be shared with other care organisations in Portsmouth, such as Portsmouth Out of Hours GP, South Central Ambulance and Portsmouth Hospital Trust. To facilitate this information sharing, Portsmouth uses an End of Life Locality Register which allows all involved agencies to be aware of a patient's choices.

People with long term conditions

Good

The practice was rated as good for the treatment of people with long term conditions.

The practice offered specialist nurse led clinics for the management of several chronic diseases. These involve routine yearly check-ups and more frequent follow-ups as advised by the nurse. GPs were available to advise nurses at all times should the need arise and routinely review the results of these clinics. Clinics focused on Diabetes, Chronic Heart Disease, Cardio Vascular Disease, Hypertension, Asthma, COPD and other respiratory problems. In addition to these specialist clinics, the GPs regularly monitor their patients with Chronic Kidney Disease, Epilepsy, Hypothyroidism, Atrial Fibrillation, Osteoporosis and Pulmonary Arterial Disease as part of their routine clinics.

Families, children and young people

Good

The practice was rated as good for the care of families, children and young people. Advice and support for expectant and post natal mothers was offered. Mother and baby clinics and health checks were available with the mother's named GP at baby's eighth week. Vaccinations were also given at these clinics. Staff were aware of their responsibilities for a child being able to consent to medical treatment. . Chlamydia (sexually transmitted infection) testing packs were available from reception. The practice also offered

Summary of findings

contraception services including emergency contraception, coil fitting, implants and family planning services. The practice had a nominated GP and nurse who were the safeguarding leads for children.

Working age people (including those recently retired and students)

Good

The practice was rated as good for the care of working age people (including those recently retired and students). The practice operated extended opening hours every weekday (Mon-Fri) between 6.30pm and 7pm and between 7am and 8am on Thursday and Saturday mornings between 8am and 11.30am. There was a range of ways to contact the practice. These included on-line, fax, postal and in person repeat prescription requests and telephone and on-line appointment booking services.

People whose circumstances may make them vulnerable

Good

The practice was rated as good for the care of people living in vulnerable circumstances. GPs made home visits to patients who were not able to attend the practice. Same day appointments were available. Patients who had a learning disability had their health reviewed every year by their named GP. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Vulnerable patients had been informed 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.

People experiencing poor mental health (including people with dementia)

Good

The practice was rated as good for the care of people experiencing poor mental health (including dementia).

The practice followed the Dementia Care pathway which covered supporting people with dementia and their carers in health and social care. Patient notes indicated the additional support any patient may need when attending the practice for an appointment and arrangements were made to offer longer appointments at the end of the surgery session. The practice sign-posted patients, experiencing poor mental health, to various support groups and voluntary organisations including Talking Change and CRISIS. Patients also received an annual physical health check with their named GP.

Summary of findings

What people who use the service say

During our inspection we asked 17 patients to tell us about their experience of using the practice. Questions we asked included; practice opening hours; privacy and dignity; trust in the GP; and cleanliness; and whether they would recommend the practice to someone who moved to the area.

Almost all patients were very positive about their experiences of care and treatment at the practice. All the patients told us that the reception staff were helpful and all but two patients were satisfied with the opening hours of the practice. All the patients said they felt that they were listened to by their GP and all felt they were given enough time when they were in their consultations.

We also received 14 comment cards on the day of our inspection. All the comments were positive and told us that the practice staff were efficient, caring and compassionate. Although one comment was less favourable about appointment waiting times this patient's comment added that staff listened and were helpful.

We reviewed data from the national patient survey (published in January 2015) which showed the practice was rated above the national patient satisfaction average by patients who were asked if they had confidence in their GP, whether the GP was good at giving them enough time and if they felt the GP treated them with care and concern.

Areas for improvement

Action the service MUST take to improve

- Ensure medical devices used to administer emergency care and treatment is monitored to ensure it is available and fit for purpose such as within use by date for sterile items.

Dr Robinson and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Dr Robinson and Partners

Dr Robinson and Partners is a training practice situated in Nutfield Place, Portsmouth, Hampshire. The practice shares a building with district nursing, podiatry and dentistry services and is located a short walking distance from Portsmouth city centre. Dr Robinson and Partners has an NHS general medical services (PMS) contract to provide healthcare and does this by providing health services to approximately 14450 patients. Appointments are available between 8.30am and 7pm from Monday to Friday, 7am to 8am every Thursday and 8am to 11.30am every Saturday morning. The practice has opted out of providing out-of-hours services to their own patients and refers them to Care UK via the 111 service.

The mix of patient's gender (male/female) is almost half and half. Approximately 86% of patients are aged less than 65 years old. The practice has a higher number of patients aged less than 18 years old when compared to the England average. The practice is located in a fairly deprived area of Portsmouth and treats a high number of patients who smoke, have high intake of drug and alcohol and experience poor mental health.

The practice has eight GP partners and three salaried GPs who together work an equivalent of nine full time staff. In total there are eight male and three female GPs. The practice also has three nurse practitioners (a nurse practitioner is a registered nurse who has completed advanced coursework and clinical education beyond that required of the general registered nurse role). The GPs and the nurse practitioners are supported by seven practice nurses and two health care assistants GPs and nursing staff are supported by a team of 15 reception staff and a reception manager. The practice also has an administration team which consists of seven administrators, the practice manager and performance and quality manager.

The CQC intelligent monitoring placed the practice in band 5. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

We carried out our inspection at the practice's only location which is situated at;

Nutfield Place

Portsmouth

Hampshire

PO1 4JT

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection was carried out on 6

Detailed findings

January 2015 to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. Organisations included the local Healthwatch, NHS England, and the NHS Portsmouth Clinical Commissioning Group.We asked the practice to send us some information before the inspection took place to enable us to prioritise our areas for inspection.

This information included; practice policies, procedures and some audits. We also reviewed the practice website and looked at information posted on the NHS Choices.

During our visit we spoke with a range of staff which included GPs, nursing and other clinical staff, receptionists, administrators, secretaries, the practice manager and performance and quality manager. We also spoke with patients who used the practice. We reviewed comment cards and feedback where patients and members of the public shared their views and experiences of the practice before and during our visit.

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 are provided for specific groups of people and what good care looks like for them. The population groups:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Requires improvement

Are services safe?

Our findings

Safe Track Record

The practice had a good track record on safety. Staff used information that was gathered from both internal and external sources to identify risks and improve quality in relation to patient safety.

We saw records which showed that medicine alerts received from external bodies such as the Medicines and Healthcare Regulatory Agency (MHRA) were filtered by the management team and relevant ones were emailed to GPs and practice nursing staff. Information shared with staff also included reported incidents, national patient safety alerts as well as comments and complaints received from patients.

All the staff demonstrated an understanding of their responsibilities to raise concerns, and how to report incidents and near misses. For example, a safeguarding concern would be reported to the children's safeguarding lead.

We reviewed safety records and incident reports and minutes of meetings attended by partner GPs for the last three months. However, the three salaried GPs did not attend clinical governance meetings. Learning and improvement from safety incidents are shared with salaried GPs at separate clinical meetings.

The practice had a system in place for reporting, recording and monitoring significant events. The practice kept records of significant events. We saw a summary of 16 significant events created during 2014. We were told by the practice manager that staff were encouraged to speak to management to discuss any event and a form would be completed. Staff were aware of the system for raising issues and felt encouraged to do so.

Significant events were discussed at GP partners meetings which also identified where any learning was required. For example, staff found that blood samples taken on a Saturday were not collected and taken to the local hospital for testing. Staff discussed this and a new contract was made with the collection company to prevent this happening again.

Records confirmed that learning was shared with appropriate staff. For example, during monthly practice receptionists meetings and nurses meetings held every three weeks.

Reliable safety systems and processes including safeguarding

The practice had two named children's safeguarding leads. All of the permanent staff and locum GP we spoke with knew who the leads were. All the GPs and nurses had received level two children safeguarding training and six out of 11 GPs had level three training. The second children's safeguarding lead (a nurse) also had level three training.

Staff told us they would talk to the duty doctor if they were concerned about a safeguarding incident and would also send a task to the patients own GP and advise the safeguarding lead.

A nurse practitioner was one of the children's safeguarding leads. They showed us the system staff used for referring patients they felt was at risk. We saw information about how to report concerns in consulting/treatment rooms. The lead also showed us their 'favourite' links on their computer and how they used the clinical commission group guidelines as required. They went on to say that safeguarding was everybody's business.

Of the 46 staff who worked at the practice, 44 had received training in both adult and children's safeguarding in 2014. We were told that those who missed training had dates booked for theirs.

Patient's individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system which collated all communications about the patient including scanned copies of communications from hospitals. Historical paper patient records were stored away from the public areas of the practice and accessed only by authorised staff.

A chaperone policy was in place and posters advertising this were seen in the patient waiting room (a chaperone is a person who accompanies another person to protect them from inappropriate interactions). The practice had 16 trained chaperones which included 13 administration staff, a health care assistant and the practice manager. Chaperones understood their responsibilities when acting

as chaperones. GPs and nurses documented that a chaperone had been offered and either accepted (with name of chaperone) or declined by the patient, in the patient record using recognised recording codes.

Medicines Management

We looked at the arrangements the practice had for managing medicines. We found there was a clear prescribing procedure. The procedure covered prescribing medicines, repeat prescriptions, reviewing prescribed medicines and prescription authorisation processes. These helped ensure the safe prescribing of medicines to patients. All staff told us they understood the procedure and followed it.

Vaccinations, medicines and emergency medicines were stored appropriately. There was a policy for maintenance of the cold chain (a cold chain is the system for storing vaccines and medicines within the safe temperature range of between 2 and 8 degrees Celsius).

Emergency medicines for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia were available and all staff knew their location. These medicines were found to be available and within their use by dates. The practice did not hold any controlled drugs.

The practice had a protocol for repeat prescribing which was in line with General Medical Council guidance. This covered how staff, who generate prescriptions, were trained, how changes to patients' repeat medicines were managed and the system for reviewing patient's repeat medicines to ensure medicine was still safe and necessary.

We found that blank prescriptions were stored in the GPs printers but consulting rooms were locked for security.

Cleanliness & Infection Control

The practice appeared clean and was odour free. Arrangements were in place to ensure that the environment was also well maintained.

Staff told us that the practice was cleaned out of surgery hours by contract cleaners. We saw a number of cleaners working when we arrived at the practice to carry out our visit which confirmed this. We saw cleaning schedules for the external contractor and bi monthly random area audits that were completed by the cleaning company to indicate that cleaning had been carried out. These were documented and kept by the practice. We spoke with the infection control lead who told us they made visual checks on cleaning standards but these were not recorded.

The practice had an infection control policy which was dated March 2013. Infection control audits were carried out annually which met required standards and a report was produced which identified areas for improvement. These audits were carried out by an external professional. The most recent audit was carried out in November 2014. Actions resulting from this audit were completed or planned to be implemented in the near future.

A nurse was responsible for infection control. All staff had received induction role specific training about infection control, and thereafter annual updates were undertaken. Records showed that 33 of the 46 staff had received annual infection control training in 2014; the remaining 13 had received training in 2011, 2012 or 2013 and were highlighted on the training matrix to receive training.

The practice was part of a health centre and shared the building with other health services. The landlord of the building had taken steps to ensure that Legionella risk assessments and water quality checks were carried out. This ensured that water was not contaminated. Legionella is a bacteria found in the environment which can contaminate water systems in buildings.

Clinical waste was stored and disposed of appropriately. The practice kept waste collection notes on file in accordance with the clinical waste regulations.

Nursing staff wore uniforms and used personal protective equipment (PPE) relevant to their roles. For example, aprons and gloves and records confirmed that all GPs and nursing staff's Hepatitis B immunisation status was checked in 2014.

Equipment

Staff told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained. Records confirmed that equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, portable electrical equipment had been tested in 2014.

Fire extinguishers and fire detection equipment was maintained and tested yearly.

Requires improvement

Are services safe?

Records confirmed that clinical equipment which included blood pressure monitors, weighing scales and the electrocardiogram machine were maintained and tested and calibrated yearly by a specialist company. This contract also had procedures in place to deal with equipment failures and faults. The last service and calibration was carried out in November 2014.

Equipment such as the computer based record systems were password protected and backed up off site to prevent loss of data.

Staffing & Recruitment

The practice had a recruitment policy. Staff recruitment records were stored securely. We looked at four staff records. All contained evidence that appropriate recruitment checks had been carried out prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service. All the GPs and nursing staff had current registrations with their professional bodies, these being the General Medical Council for GPs and Nursing and Midwifery Council for nursing staff.

GP Partners told us they worked together to absorb any workload. For example, they would see 3-4 extra patients each to cover a GP who was off sick. The practice also employed a locum GP (a locum GP is a GP who temporarily fulfils the duties of another GP). We were shown recruitment records for this locum and found all the required checks had been carried out.

There was a good skill mix of staff which included two nurse practitioners and a diabetes nurse who held appointments weekly. There were also four chronic disease management nurses and three junior practice nurses who carried out treatment room duties such as cervical smears. Two health care assistants were trained as phlebotomists (this is a member of staff who takes blood for testing), in addition a receptionist had been trained to carry out phlebotomy. Nurses were part time which meant they were flexible and could assist when needed.

Monitoring Safety & Responding to Risk

Records confirmed that a number of risk assessments had been carried out. These included fire safety, health and safety and water quality (legionella). Legionella is a bacteria found in the environment which can contaminate water systems in buildings.

Actions resulting from a fire risk assessment carried out in June 2014 included the introduction of a fire safety test log book. We saw this book being used correctly to record the tests required by fire safety regulations. We asked the staff if there had been a fire evacuation drill in the past year and three told us there was an evacuation as a result of a false alarm in November 2014.

Arrangements to deal with emergencies and major incidents

The practice had an electronic emergency call system in place on every computer and telephone to enable staff to call for help if they needed urgent assistance. This could be for safety or medical reasons. The building had a CCTV system in place had a panic button on the reception desk.

Records showed that 41 staff received basic life support training in 2014. The remaining staff received training in 2013. Staff knew the location of the automated external defibrillator (AED). Emergency medicines were available, in date and fit for purpose. Emergency devices used to administer emergency medicines was stored in two locations (a treatment room and on a trolley in the duty doctor's room). We found a total of nine pieces of equipment had passed their use by dates. These included two dressings (expiry date of 08/13), four swabs (expiry date of 05/11) and three syringes (expiry date of 02/09, 11/10 and 02/11). This indicated that checks on the expiry date and availability of emergency equipment did not follow current Resuscitation Council (UK) guidelines for primary care services.

Emergency appointments for patients who had urgent problems were available each day both at the practice and for home visits. Information for patients about how to access Out of Hours and urgent treatment was provided in the practice, on the practice website and through their telephone system. The patients we spoke with told us they were able to access urgent treatment if it was required.

The practice had a disaster recovery plan that included arrangements about how patients would continue to be supported during periods of unexpected and/or prolonged

Requires improvement

Are services safe?

disruption to services. For example, a power cut loss of water supply or staff sickness. There was a mutual arrangement with a second practice which ensured patient care was maintained in the event of emergencies. Staff told us they would move services to this practice if Lake Road was out of action.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patients' needs were assessed and treatment was delivered in a way which followed national standards and guidance. The GPs and nursing staff outlined the rationale for their treatment approaches. They were familiar with current best practice guidance by accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

Information reviewed confirmed that each patient was given support to achieve the best health outcome. A GP spoke about practice links with a local hospice. A hospice consultant attended practice meetings twice yearly. District nurses also met with GPs every week to discuss the need of patients at the end of their lives.

The GPs had lead roles in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work. One GP told us they reviewed unplanned admissions to hospital and contacted the patient to ensure they were receiving appropriate treatment and regular reviews. Nursing staff were responsible for patients' chronic disease management, for example diabetes and asthma and received appropriate training for this.

Two members of staff told us they carried out medical record summarising. Hospital letters were read and appropriate 'read' coding of medical diagnosis placed on patient's records (read codes are the standard clinical terminology system used in General Practice).

Management, monitoring and improving outcomes for people

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, child protection alerts management and medicines management.

Practice meetings were held where updated guidelines were shared with staff. Records confirmed this. Staff told us they openly raised and shared concerns about clinical performance and anything they felt was important to them.

GPs confirmed that they followed evidence based practice protocols. They also confirmed that they made use of National Institute for Health and Care Excellence (NICE) guidelines and guidance received from local commissioners. The practice undertook a small amount of minor surgical procedures for example, mole removal. Staff carried these out in line with their registration and NICE guidance. Staff were appropriately trained and kept up to date to ensure they were proficient in carrying out procedures

The practice routinely collected information about peoples care and outcomes and used the Quality and Outcomes Framework (QOF) to assess its performance and undertook regular clinical audits. Clinical meetings took place weekly and audits were carried out and results were used to ensure that staff knowledge was kept up to date with current guidelines. We looked at a total of 11 clinical audits. Three re-audits showed that changes had been implemented and improvements had been made. Examples of these outcomes included; labelling sharps boxes correctly, appropriate urology referrals (urology is the branch of medicine that focuses on the surgical and medical diseases of the male and female urinary tract system and the male reproductive organs) and appropriate prescribing of asthma treating medicines.

Effective staffing

Practice staff included medical, nursing, managerial and administrative staff. Newly appointed staff carried out induction training which included infection control, health and safety, fire safety and information governance. We were told that new staff shadowed existing staff when they were first recruited until both parties felt confident. Staff and records confirmed this.

GPs undertook regular training including that provided by the clinical commissioning group. This kept GPs up to date with how to promote best practice. GPs and nursing staff met regularly to talk about individual patient's care needs. Treatment options were discussed to ensure best practice was promoted and followed.

There were arrangements in place to support learning and professional development. These included annual staff appraisals and revalidation of GPs. Staff confirmed there were annual appraisal meetings which included a review of their performance, forward planning and the identification of training needs. We were told these were very positive and training requests were always accommodated.

Good

Are services effective?

(for example, treatment is effective)

We looked at the results of a national GP patient survey published in January 2015. The results showed a positive patient attitude towards the practice. For example, 96% of respondents had confidence and trust in the GP they saw or spoke to.

Working with colleagues and other services

Arrangements were in place for engagement with other health and social care providers.

The practice held multi-disciplinary team meetings which district nurses, health visitors, practice nurses and GPs attended. The practice was awarded the Royal College of GP's Quality Practice Award and followed the Gold Standard Framework. The National Gold Standards Framework Centre help doctors, nurses and care assistants provide the highest possible standard of care for all patients who may be in the last years of life. Records of meetings for end of life care showed involvement of district nurses and McMillan nurses.

The practice worked with other service providers to meet patient's care needs. Blood results, X-ray results, letters from the local hospital including discharge summaries, out of hour's providers and other services were received both electronically and by post.

The practice shared key information electronically with the Out of Hours (OOH) service about patients nearing the end of their lives, particularly information in relation to decisions that had been made about resuscitation in a medical emergency. Likewise, patient treatment information gathered by the OOH service was shared with the practice the following morning.

Patient information was stored on the practice's electronic record system which was held on practice computers that were all password protected. This information was only accessible to appropriate staff.

All staff who worked at the practice were made aware of the principles which health and social care organisations should use to protect patient/client personal information. We saw this referred to in the induction process and staff were aware of their responsibilities.

Consent to care and treatment

We reviewed data from the national patient survey (published in January 2015) which showed the practice was rated above the national patient satisfaction average by patients who were asked how good they felt the GP was at involving them in decisions about their care and treatment. Of the patients asked, 83% said they felt the GP was good or very good.

The practice told us they incorporated the use of the Mental Capacity Act (MCA) 2005 into everyday practice for people who were unable to consent. All the staff we spoke with demonstrated an understanding of the MCA and its use.

Computers prompted GPs to carry out a Gillick competence assessment on children under 16 years old (Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.).

Health Promotion & Prevention

The practice displayed a large range of health promotion information in the waiting room, corridors and on its website. This information included preventative health care services available. For example, weight management, alcohol and drug advice, health checks and sexual health. A television monitor was also in place in the waiting area to provide this type of information.

We were told that the practice had a large number of patients who misused illegal drugs and alcohol. We were told about the services available to support them and patients were referred to external specialist teams. For example, the Alcohol Intervention Team who offered support, information, advice and signposting to patients who drank above recommended 'safe' levels of alcohol.

The smoking status of patients aged over 16 was captured and 116 patients were supported to stop smoking by practice smoking cessation advisers. During the previous eight months 47 patients had been reported to have stopped smoking.

The practice offered patients, who wished to lose weight, support by providing a weight management clinic which gave advice on how to lose weight and stay healthy. The clinic also offered patients one to one support from a health trainer. We saw details of these initiatives on display in the waiting area and on the practice website.

We saw information about other national programmes which included bowel and breast screening. For example, 46%, of those invited for bowel screening took this up.

Good

Are services effective?

(for example, treatment is effective)

The practice offered travel vaccinations and sign-posted patients to a specialist centres in Portsmouth to for their yellow fever vaccinations. Information for patients who were intending to travel was included on the practice website. The practice also offered a full vaccination program for all children who were registered. This included Measles, Mumps and Rubella (MMR), Polio and Tetanus.

Flu vaccinations were offered to all the patients who were eligible (those over 65, in risk groups or pregnant). We were told that over 2903 patients (68%) came forward for this so far in the current 12 month period (ending March 2015). Shingles vaccinations were also offered and 76% of those patients invited took this up over the same period as the flu vaccinations.

We saw a link to the new patient registration form on the practice website. This form asked for information which included; the patient's medical history, exercise habits and smoking status. A separate alcohol intake self-assessment questionnaire was also here which we were told was available to all new patients during the registration process. New patients were also offered a health check with a practice nurse but we were told this was not a compulsory step towards registering with Dr Robinson and Partners

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

All 17 patients we asked during our inspection told us they felt they were treated with dignity and respect by practice staff,

The layout of the waiting area meant that the reception desk was in the same location but staff were aware of the need for people's privacy to be respected and were heard speaking in a quiet manner. We asked patients how they felt about this and 12 of the 17 said they didn't mind this. However two said they were not happy about being overheard. We spoke with the practice staff who told us that changes were planned to be made when the building was refurbished. There was however, a separate room available for patients to request should they wish to speak to reception staff in private. We saw a poster on the reception desk advertising this and noted the room beside the reception desk.

Consulting and treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times patients were with GPs and nursing staff. Conversations between patients and GPs and nurses could not be heard from outside the rooms which protected patient's privacy. All the treatment and consulting rooms contained a curtain around the examination couch which protected patient's privacy. Telephones were answered away from the desk in a separate office and appointments were made there too.

As a result of feedback we were told that signs were displayed in the waiting area which advertised a breastfeeding mother's room. A sign above the reception desk confirmed this.

Care planning and involvement in decisions about care and treatment

The practice displayed a large range of leaflets and sign-posting documents in its waiting room and on its website. For example, alcohol advice, weight loss, counselling and sexual health. This made patients aware of the options, services and other support available to them. We spoke with staff who confirmed that discussions took place about these options which enabled patients to make informed choices.

We reviewed data from the national patient satisfaction survey which showed the practice was rated above the national patient satisfaction average when asked if they were given enough time during their appointment and whether they were treated with care and concern. All 17 patients we asked during our inspection told they were given enough time during their appointments and 16 said the GP listened to them.

Staff were aware of Gillick competence when asked about treating teenage patients. Gillick competence is a term is used in medical law to decide whether a child (16 years or younger) is able to consent to their own medical treatment, without the need for parental permission or knowledge. Staff confirmed they would make an appointment for someone under 16 if the patient had the ability to give informed consent to treatment.

Patient/carer support to cope emotionally with care and treatment

Staff demonstrated an understanding of the impact a patient's condition/treatment could have on those close to them and were aware of the need to support relatives as well as patients. Staff told us about the links the practice with a local bereavement charity and hospice.

Information and links to counselling support was available on the practice website which included, NHS Counselling, Mental Health, Samaritans, and Cruse Bereavement counselling services.

There was a system for assessing the support needs of carers. The new patient questionnaire asked if the patient looked after someone with a medical condition and if so who and how they were related.

GPs had their own patient lists which meant they had a closer relationship with patients which appeared to work well at times of crisis. Staff told us GPs made contact with the bereaved relative/spouse when they were made aware of the persons passing.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was responsive to people's needs and had sustainable systems in place to maintain the level of service provided.

Staff and GPs told us they took into account patients views and preferences as a natural part of consultations and would note this on their system.

Patients were offered choose and book (choose and book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment at a hospital). Patients could book their own appointment through this system.

We were shown the process staff followed when they received patient test results. This included making follow up appointments or arranging further tests. Staff confirmed this process when asked.

The practice followed a 'five day rule' system for communicating with patients who told staff they were unhappy to wait for the next available routine appointment which could be more than five days away. We were told their GP would arrange appropriate contact which may be a telephone or face to face consultation.

Tackling inequity and promoting equality

The practice was accessible to disabled patients who required level access. We saw three disabled person's parking spaces close to the entrance door. There was also a baby changing and breastfeeding facilities for mothers with babies to use.

The reception desk had a low counter to one side which accommodated wheelchair users. There was a touch screen booking-in monitor in the reception area for people to record their arrival at the practice. Practice staff had access to interpreting services, via language line and two hearing loops were available (one fixed and the other portable). A hearing loop is a special type of sound system for use by people with hearing aids. These facilities were described on the practice website and the hearing loop symbol was advertised on the reception desk.

We observed practice staff support a disabled patient who was at the desk. The patient was seen to be struggling with their mobile phone. Two receptionists went to the person and offered to help them.

Saturday appointments were available for patients who were uncomfortable in large numbers of people. Double appointments were available for patients who had a number of different care needs and staff told us they did not operate a 'one issue at one appointment' approach.

Access to the service

The practice website outlined how patients could book appointments and organise repeat prescriptions online. Routine appointment booking facilities (up to four weeks in advance) were available, online, by telephone, and in person. All appointments were booked with the patients registered GP unless they had a special requirement for a same gender GP. For patients who had urgent issues the practice offered same day appointments. We were told they guaranteed that anyone who called in the morning could have a same day appointment.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. This was provided by an Out-of Hours service. If patients called the practice when it was closed, the answerphone message gave the telephone number they should ring depending on their medical symptoms. Information about the Out-of-Hours service was also provided to new patients via patient information packs and displayed on the practice website.

The practice operated extended opening hours every weekday (Mon-Fri) between 6.30pm and 7pm and between 7am and 8am on Thursday and 8am to 11.30am on Saturday mornings.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and the practice manager was the designated responsible person who handled all complaints in the practice.

There was a complaints system in place. Information about making a complaint was included in the patient's charter which was on the practice website and patient leaflet. However, when we asked 17 patients if they knew how to complain if they had an issue, nine of the 17 said they would did but eight said they were either not sure or definitely didn't know how to. We spoke with the performance and quality manager about these results and

Good

Are services responsive to people's needs?

(for example, to feedback?)

they said they would place information in the waiting area. We saw a complaints log and asked to see a random selection of complaints. All of these showed that they had been investigated and resolved to a satisfactory outcome.

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 and strategy. We were shown the practice's business plan for the 2013/14 and told this would be evaluated in the weeks following of our inspection. A plan for the following year would be developed by practice managers and GP partners. Staff told us they were not invited to partner's strategic planning meetings but their views were regarded.

We were told that progress against delivering the strategy was monitored informally at existing management meetings but the practice had just started the Productive General Practice project. Productive General Practice is an organisation-wide change programme, developed with general practice staff, which supports general practices in realising internal efficiencies, while maintaining quality of care and releasing time to spend on more value added activities.

The practice's plan for 2013-14 outlined how the vision would be achieved. Areas covered included; workload (workforce, succession planning), external factors (organisation relationships, GP contract) and governance (clinical and performance management). We were shown information to confirm that the business plan was being followed. For example, the plan identified the need to redevelop links with external committees, groups and organisations as it has the capacity to do so. We were told the practice was actively working with three other practices on a joint bid for the 2nd wave of the Prime Ministers Challenge Fund. This is a fund to test new ways of improving access to general practice and innovative approaches to providing primary care services.

Governance Arrangements

There were governance arrangements in place and staff were aware of their own roles and responsibilities. Staff were clear about these and understood what they were accountable for. For example, we saw that some staff members had designated lead roles for different aspects of the practice. This included roles such as safeguarding infection control medical emergency medicines lead.

The business manager explained the clinical governance arrangement where monthly governance meetings discussed child protection issues and clinical governance issues in general. These were attended by partner GPs.

Monthly performance reviews also took place for partners and salaried GPs were incentivised by performance related bonus schemes. Other meetings were held which included, monthly staff meetings, weekly nurse meetings where issues of performance could be raised.

Reference guides, in the form of policies and procedures, for nurses and GPs to use in the care of patients were available to relevant staff.

Staff told us they followed strict confidentiality guidelines. We looked at four staff recruitment induction records which confirmed confidentiality was covered. Also staff had received information governance training. We asked a receptionist what she would do if a man came to the desk and asked for his wife's results, she said she would take the patients details to see if there was an alert on there that the patient had given consent, but if they hadn't, they would apologise but explain because of confidentiality, they could not.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at QOF specific monthly team meetings and action plans were produced to maintain or improve outcomes. We looked at minutes from the last two meetings and found that performance, quality and risks had been discussed.

We saw records to support the identification and management of risks which included health and safety, Legionella and fire safety. We were also shown records to confirm that these Legionella was monitored in line with relevant guidance and legislation.

Leadership, openness and transparency

The practice had an open culture which encouraged the sharing of information and learning and centred on the needs of the people who used the service.

The business manager told us they were always available for staff to approach them. This was confirmed by staff who told us that the management team had an open door policy and that they could go and see them whenever they needed too.

Staff told us they attended 'away days' to improve their knowledge and the practice was closed one afternoon a month to allow for all staff to meet and receive relevant training.

Are services well-led?

Good

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

Practice seeks and acts on feedback from users, public and staff

The practice had an active patient participation group (PPG) which was used by the practice, feedback from patients was used to help the practice to learn and improve. The PPG told us that they felt valued by the practice because staff engaged with the PPG and acted on their feedback. The PPG met every four months.

The practice also had a group of approximately 800 patients known as a virtual patient reference group (PRG). Patients and PRG members were asked to feedback their views on a number of topics which included the reception area, clinical care, patient information, appointments and online services. Results of the survey identified that whilst 59% of the patients said they were aware they could request privacy when talking to reception, 35% responded negatively. We were told that the practice acted on this information which resulted in signs being placed in reception to advertise the quiet room.

Another change made as a result of feedback was the introduction of a new telephone system with a local number which replaced the 0844 number which incurred charges when called from mobile phones. Also an appointment electronic call board was placed in the children's waiting area to make it easier for families to see when their child was called.

Staff felt valued and listened to. Team meetings were held every month where staff were given the opportunity to raise issues or make suggestions. We were told that issues could be raised anonymously and there was a system in place to facilitate this. We were assured that any issue raised would be discussed. Records of meetings were seen and staff confirmed this system worked well.

Management lead through learning and improvement

We noted that there was an effective system of appraisal in place which staff found to be relevant and meaningful. Records confirmed that all staff were appraised annually.

Staff told us they had an opportunity to talk about their training needs during their annual appraisal and said they have never had training requests turned down. Staff were allocated protected time to review the practice performance and develop plans for improvement as appropriate. For example, access to medical staff was reviewed and addressed by employing new nurses, GPs and a health care assistant in 2014.

There were arrangements in place to manage staff performance. Staff told us that they could contribute their views to the running of the practice and that they felt they worked well together as part of the practice team to ensure they continued to deliver good quality care. The practice took account of complaints to improve the service and significant events were discussed and learnt from through regular quality meetings.

This section is primarily information for the provider

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	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment We found a total of nine medical devices used to administer emergency treatment had passed their use buy dates. These included two dressings (expiry date of 08/2013), four swabs (expiry date of 05/2011) and three syringes (expiry date of 02/2009, 11/2010 and 02/2011). This was in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 The registered person must – Ensure equipment is properly maintained and suitable for the purposes of the regulated activity.