

Dr Price & Partners

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Price and Partners on 2 August 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Dr Price and Partners on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 1 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 2 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had suitable arrangements in place for managing and acting on areas requiring improvement identified by risk assessments of the building and the environment.

- A plan for staff training including induction was in place and the practice was able to demonstrate there was ongoing training and development in place for staff. There was evidence of training being completed on safeguarding and basic life support. Staff were offered regular appraisals.
- Recruitment processes ensure all relevant information was obtained prior to a new member of staff commencing employment.
- Policies and procedures related to the running of the service had been reviewed to ensure they were relevant and current. There was a system in place to ensure reviews were carried out at appropriate intervals.
- The complaints policy had been reviewed and ensured that complainants were aware of who they could contact if they were not satisfied with the practice response.

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 now rated as good for providing safe services.

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is now rated as good for providing effective services.

- 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.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety and effective identified at our inspection on 2 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and effective identified at our inspection on 2 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and effective identified at our inspection on 2 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and effective identified at our inspection on 2 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and effective identified at our inspection on 2 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and effective identified at our inspection on 2 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Dr Price & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a lead inspector, a GP specialist advisor and another GP specialist advisor who was shadowing the inspection as part of their induction process.

Background to Dr Price & Partners

Dr Price and Partners is situated near the sea front in a residential area of Portsmouth. The practice is also known as Osborne Road and is part of the Trafalgar Medical Group of GP practices.

This meant that the practice has approximately 18000 patients registered with it. Dr Price and Partners has six GP partners four of whom are male and two of whom are female. There are four salaried GPs. The practice also employs five practice nurses and four healthcare assistants. The practice is a training practice and has registrars who are doctors training to become GPs.

The clinical team are supported by an operations manager, a business manager and a team of reception and administration staff. The practice is actively involved in research projects, both locally and nationally.

Dr Price and Partners is situated in an area which is one of the fifth most deprived areas of England. The patients are from a mix of ethnic backgrounds and include White British and migrants from countries such as Syria. The practice has higher numbers of patients aged between 25 to 54 years old, when compared with national averages. There is a high student population in the practice area.

The practice was open between 8.30am until 8pm on Mondays; 8.30am to 6.30pm Tuesdays to Fridays; and 8am until 12pm on one Saturday per month. Telephone lines opened at 8am each day. When the practice is closed, patients are advised to contact the out of doctors' via the NHS 111 service.

We inspected the location:

25 Osborne Road

Southsea

Portsmouth

PO5 3ND

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Price and Partners on 2 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall, with requires improvement in the safe and effective domains. The full comprehensive report following the inspection on 2 August 2016 can be found by selecting the 'all reports' link for Dr Price and Partners on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Price and Partners on 1 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

We carried out an announced visit to the practice on 1 June 2017 and looked specifically at the shortfalls identified in the requirements notices made after our inspection in August 2016.

We did not speak with patients who used the service.

We spoke with the GP partners, the operations and business managers, 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 action plans produced by the practice to address the issues in the requirement notices.

Are services safe?

Our findings

At our previous inspection on 2 August 2016, we rated the practice as requires improvement for providing safe services as there was no overarching risk assessment of the building and the environment. Recommendations were made to review and improve recruitment processes and safeguarding policies.

These arrangements had improved when we undertook a follow up inspection on 1 June 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

We reviewed five personnel files and found all required recruitment checks had been undertaken prior to employment. We found there was proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body; and the appropriate checks through the Disclosure and Barring Service (DBS) and a full employment history. 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.

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. We found that both the adult safeguarding and children's safeguarding policies had been reviewed and updated to ensure information was relevant and current. We also found that all policies and procedures were stored on the shared drive and these had been reviewed and updated where needed. There were dates for future reviews identified.

Monitoring risks to patients

At our previous inspection we found the practice had not carried out a full comprehensive building and environmental risk assessment. The practice did not have an up to date fire risk assessment or a current electrical wiring certificate. At this inspection we found that the required certificated were in place and any remedial actions had been completed to ensure safety, for example on the fixed wiring system. Records of fire drills and checks made on the fire alarm system were in place and we saw these had been undertaken on a regular basis.

During our inspection, we found that the practice had been recorded the minimum and maximum temperatures on medicine fridges weekly on a written record. However, the practice also had data loggers in each medicine fridge which recorded these temperatures on a daily basis and results were able to be downloaded. However, this had not been consistently done and a system to routinely download results, for example, after weekends was not in place. The practice immediately implemented a system to ensure this occurred. We saw that fridge temperatures for all three medicine fridges were within safe limits on the day of inspection.

Arrangements to deal with emergencies and major incidents

At our previous inspection we found not all staff had received annual basic life support training. We looked at training records and found that all staff had received this training.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 2 August 2016 the practice was rated as requires improvement for providing effective services as systems for training and ongoing appraisals were not effective.

These arrangements had improved when we undertook a follow up inspection on 1 June 2017.

The practice is now rated as good for providing effective services.

Effective staffing

The practice had signed up to an online training provider and records showed that all staff had a development plan in place. This included training on the areas which the

practice considered were mandatory, such as, fire safety, safeguarding and infection control. Training on these areas was undertaken on an annual basis and there was an active spreadsheet on which the practice logged training received and highlighted when it was due to be refreshed. Staff we spoke with confirmed they had received mandatory training.

There was evidence in the five staff files we looked at of appraisals taking place. When the member of staff was new, there was a comprehensive induction programme in place with dates for review and a probationary period. Staff we spoke with confirmed they had received appropriate appraisals and induction as needed. Staff had protected time to complete training. There was a plan in place to ensure that appraisals occurred at regular intervals.