

Portchester Practice

Quality Report

56 West Street
Portchester
Fareham
Hampshire
PO16 9TU

Tel: **023 9217 6101**

Website: www.theportchesterpractice.nhs.uk

Date of inspection visit: 11 October 2016

Date of publication: 30/11/2016

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	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6

Detailed findings from this inspection

Our inspection team	8
Background to Portchester Practice	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a focused follow up inspection of Portchester Practice on the 11 October 2016. This inspection was performed to check on the progress of actions taken following an inspection we made on 18 December 2014. These included;

- A lack of systems for regular appraisal and training of staff
- Poor infection control policy and systems to monitor infection control procedures, the quality of the environmental cleaning and not having a policy for the management, testing and investigation of Legionella
- A lack of effective mechanisms in place to seek feedback from staff and to respond to feedback gained.

Following the inspection in December 2014 the provider sent us an action plan which detailed the steps they would take to meet their breaches of regulation. During our latest inspection on 11 October 2016 we found the provider had made the necessary improvements in delivering safe, effective and well led services.

This report covers our findings in relation to the requirements and should be read in conjunction with the comprehensive inspection report published on 16 April 2015. This can be done by selecting the 'all reports' link for Portchester Practice on our website at www.cqc.org.uk

Our key findings across the areas we inspected in this focused follow up inspection were as follows:

- Risks to patients were assessed and well managed. A wide range of risk assessments were now in place in relation to the internal and external premises.
- The practice was visibly clean and tidy. This included the reception and waiting areas, treatment and consultation rooms and toilet facilities. Written cleaning schedules were in place and were being followed.
- There was an up to date infection control policy and systems were in place to monitor infection control procedures and the quality of environmental cleaning, together with a policy for the management, testing and investigation of Legionella (water quality checks).

Summary of findings

- The practice had ensured that a system of regular appraisals had been completed. Future appraisals had been planned. Personal development plans were in place for all staff.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice now had an overview of training which specified what training staff had received or required.
- There were mechanisms in place to seek feedback from staff and this feedback had been positively received and responded to. For example, the introduction of monthly staff meetings and the attendance of a GP partner at every staff meeting.
- Regular meetings were held to address maintenance, cleaning and facilities management issues between the practice and the building's lease owner, NHS England.
- The practice had a vision and strategy. The practice ethos was on display in staff areas. Staff knew and understood their roles and responsibilities in relation to the practice vision and strategy.

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?

At our inspection in December 2014 we found that the provider needed to make improvements in;

- Ensuring the practice was clean and hygienic and that an up to date infection control policy was in place.
- The practice was also informed that it must ensure systems were in place to monitor infection control procedures, the quality of environmental cleaning, have a policy for the management, testing and investigation of Legionella (water borne bacteria).

The practice is rated as good for providing safe services. Significant improvements had been made since the previous inspection. For example;

- Risks to patients were assessed and well managed. A wide range of risk assessments were now in place in relation to the internal and external premises. The practice was visibly clean and tidy. This included reception, the waiting area, treatment and consultation rooms and toilet facilities. Written cleaning schedules were in place and were being followed.
- There was an up to date infection control policy and systems were in place to monitor infection control procedures and the quality of environmental cleaning, together with a policy for the management, testing and investigation of Legionella (water borne bacteria).

Good



Are services effective?

At our inspection in December 2014 we found that staff training needs were not being identified or met and that not all staff had received an annual appraisal.

The practice is rated as good for providing effective services. Significant improvements had been made since the previous inspection. For example;

- The practice had ensured that a system of regular appraisals had been completed. Future appraisals had been planned. Personal development plans were in place for all staff.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice now had an overview of training which specified what training staff had received or required.

Good



Summary of findings

Are services well-led?

At our inspection in December 2014 we found the provider was required to make improvements to;

- Ensure there were mechanisms in place to seek feedback from staff and respond to this feedback.
- Ensure they were aware of the risks in relation to the internal and external premises as part of their lease and use of the property to include the environment and emergency systems meeting the needs of the practice and safety of the patients.
- Display their vision or ethos.

The practice is rated as good for being well-led. Significant improvements had been made since the previous inspection. For example;

- There were systems and processes in place to seek feedback from staff and this feedback had been positively received and responded to. For example, the introduction of monthly staff meetings and the attendance of a GP partner at every staff meeting.
- Regular meetings were held to address maintenance, cleaning and facilities management issues between the practice and the building's lease owner, NHS England.
- The practice had a vision and strategy. The practice ethos was on display in staff areas. Staff knew and understood their roles and responsibilities in relation to the practice vision and strategy.

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

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Effective and Well-led domains mean the rating for this population group is now Good.

Good



People with long term conditions

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Effective and Well-led domains mean the rating for this population group is now Good.

Good



Families, children and young people

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Effective and Well-led domains mean the rating for this population group is now Good.

Good



Working age people (including those recently retired and students)

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Effective and Well-led domains mean the rating for this population group is now Good.

Good



People whose circumstances may make them vulnerable

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Effective and Well-led domains mean the rating for this population group is now Good.

Good



People experiencing poor mental health (including people with dementia)

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Effective and Well-led domains mean the rating for this population group is now Good.

Good



Summary of findings

Portchester Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

Background to Portchester Practice

Portchester Practice is located in West Street, Portchester, Hampshire PO16 9TU. The practice covers a less deprived area than the average for England.

The practice is operated from Portchester Health Centre, which is attached to the local library in the centre of Portchester. The premises are purpose built and owned by NHS property services. The practice building has eight consulting rooms and two treatment rooms. The health centre is used by members of the primary health care team including community midwives. The community nurses and health visitors are based at the health centre. The practice provides a phlebotomy service (a service where blood samples are taken for testing) to meet the needs of their patients.

The practice does not provide an out of hour's service for their patients. Outside normal surgery hours patients are able to access urgent care from the 111 Out of Hours service.

The practice provides a range of primary medical services to approximately 9,200 patients. Patients are supported by six GP partners, one male and five female, one GP registrar, one retained GP and one medical student. A GP registrar has completed their medical training to be a doctor but needs to complete another year in primary

care to specialise as a GP. A retained GP works at the practice part time and is able to maintain their skills and keep up-to-date until such time when they are able to commit to a substantive post in a GP partnership or salaried position. Further support is provided by a practice manager, an assistant practice manager, three practice nurses, two health care support workers, a phlebotomist and administrative and reception staff. The practice is a member of the Fareham and Gosport Clinical Commissioning Group (CCG).

Portchester Practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Portchester practice provides regulated activities from a single location at 56 West Street, Portchester, Fareham, Hampshire PO16 9TU. We visited this location during our inspection.

Why we carried out this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We visited the practice and reviewed documentation and checked on the progress of actions taken following the comprehensive inspection we completed in December 2014.

We inspected the practice, in part, against three of the five questions we ask about services; is the service safe,

Detailed findings

effective, and well led? This is because the service had previously not met some regulatory requirements. At our previous inspection in December 2014 the caring and responsive domains were rated as good. Therefore, these domains were not re-inspected at this focused follow up inspection.

How we carried out this inspection

We spoke with staff and reviewed documents provided by the practice to evidence the improvements made to services.

Are services safe?

Our findings

At our inspection in December 2014 we found that the provider needed to make improvements in;

- Ensuring the practice was clean and hygienic and that an up to date infection control policy was in place.
- The practice was also informed that it must ensure systems were in place to monitor infection control procedures, the quality of environmental cleaning, have a policy for the management, testing and investigation of Legionella (water borne bacteria).

At this inspection we found that the provider had made significant improvements. These included:

- The practice was visibly clean and tidy. This included reception, the waiting area, treatment and consultation rooms and toilet facilities. Written cleaning schedules had been introduced and were being followed. Regular meetings took place with the cleaning contractor via NHS Property Services.

- There was an up to date infection control policy in place and systems were in place to monitor infection control procedures and the quality of environmental cleaning. New protocols had been implemented in line with national guidance on infection control. The infection control policy had been updated within the last 12 months. A complete cycle of three infection control audits had been undertaken since our previous inspection and actions identified from these had been addressed. For example, hand washing audits had been introduced.
- Risks to patients were assessed and well managed. A wide range of risk assessments were now in place in relation to the internal and external premises, including emergency systems such as fire alarms and fire equipment.

There was a policy for the management, testing and investigation of Legionella (water borne bacteria) in place. A full risk assessment on legionella (a water borne infection) had been completed. Regular checks were in place on water quality in line with current practice.

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection in December 2014 we found that staff training needs were not being identified or met and that not all staff had received an annual appraisal.

At this inspection in October 2016, we found that the provider had made significant improvements. For example;

- The practice had ensured that a system of regular appraisals had been completed. All staff had received an annual appraisal. Future appraisals had been planned. Personal development plans were in place for all staff.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice now had an overview of training which specified what training staff had received or required.

The practice had carried out a complete review of staff appraisals and staff training. This included a training needs analysis which identified completed training and required training. For example, staff had completed NVQ training on business and administration and the practice had provided the time and resources for staff to complete this.

Are services well-led?

Good 

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

Our findings

At our inspection in December 2014 we found the provider was required to make improvements to;

- Ensure there were mechanisms in place to seek feedback from staff and respond to this feedback.
- Ensure they were aware of the risks in relation to the internal and external premises as part of their lease and use of the property to include the environment and emergency systems meeting the needs of the practice and safety of the patients.
- Display their vision or ethos.

At this inspection on 11 October 2016 we saw that significant improvements had been made.

- The practice now held monthly facilities management meetings with their lease owner NHS Property Services to address the ongoing maintenance and cleaning of the practice. Minutes from these meetings showed that this included standards of cleaning and regular checks including emergency systems such as fire equipment at the practice.
- The practice management had carried out one to one staff supervision and annual appraisals on a regular basis since the previous inspection. Development areas had been identified and actions agreed to address

these, such as the provision of specific areas of IT training for certain staff by a professional IT contractor. Staff we spoke with told us these actions had taken place and they felt supported by the practice.

- Personal development plans were in place for all staff. Evidence from these showed that staff were in the process of completing NVQ business administration qualifications and other development relevant to their roles.
- The practice had undertaken a staff survey within the last 12 months. Findings from staff feedback had been acted upon. This included the introduction of monthly staff meetings and the attendance of a GP partner at these meetings.

Staff we spoke with during the inspection told us that they felt listened to and supported by the practice management. The practice obtained staff feedback by way of regular meetings, staff surveys and informally through day to day contact. Staff feedback, ideas and suggestions were included as an agenda item and discussed on a monthly basis at staff meetings. Minutes of these meetings showed that staff were able to have any questions they had answered by the practice leadership in a positive manner.

Other staff feedback which had been acted upon included the provision of a permanent desk for the new business apprentice at the practice. Feedback from the five staff we spoke with was positive. Staff felt they were listened to and supported by the practice leadership.