

Portsdown Group Practice

Inspection report

Cosham Park Avenue
Portsmouth
Hampshire
PO6 3BG
Tel: 023 9200 9191
www.portsdowngrouppractice.co.uk

Date of inspection visit: 4 December to 5 December
2018
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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 location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Portsdown Group Practice on 4 and 5 December 2018 as part of our inspection programme.

We based our judgement of the quality of care at this service is on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as good overall.

We have rated all population groups as good with the exception of working age people, which we rated as outstanding.

The **working age people** population group was rated as **outstanding** because:

- The practice had implemented a cervical screening improvement project had achieved a 46% increase in cervical screening uptake between January and October 2018.

We rated the practice as **requires improvement** for providing safe services because:

- There were shortfalls regarding the secure storage of external clinical waste.
- Potential risks to patient had not always been identified or managed.
- There were shortfalls regarding the use of Patient Group Directives (PGDs) to administer medicines, and the safe storage of prescription stationary and equipment.
- Safety incidents were not always identified and lessons learned was not always shared with all relevant staff.

We rated the practice as **good** for providing **effective, caring, responsive** and **well-led** services because:

- The practice undertook a project to improve outcomes for patients who had been indicated as potentially having a long-term condition or disease, but had not been diagnosed. The practice had subsequently increased the number of patients identified as having one of five long term conditions by more than 30% since 2017. Patients identified were invited to the practice for relevant health checks and their notes were coded to ensure they would continue to receive relevant treatment and support.

- The practice had implemented a childhood immunisation improvement project and had subsequently scored above the national target for all four quality indicators.
- The practice had implemented a learning disabilities team and had improved the uptake of annual health checks for patients with a learning disability from 59% in 2015/16 to 83% in 2017/18
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We saw one area of **outstanding** practice:

- The practice had developed long-term conditions teams; including a diabetes team, a respiratory team and a chronic heart disease team. Each team consisted of a lead GP, specialist trained nurses and administrators for long term conditions. The practice had seen an improvement in exception reporting data. For example, the practice had exception reported a total of 1,100 patients in 2016/17 compared to a total of 94 patients in 2017/18.

The area where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.

The areas where the provider **should** make improvements are:

- Lock and secure all external clinical waste bins.
- Review arrangements for the use of Patient Group Directions (PGDs) by individual health professionals working under the direction, to include signatures to confirm how they are used.
- Continue to review systems to monitor prescription stationary distribution throughout the practice, to include a record of serial numbers.
- Review arrangements to monitor and remove expired equipment.
- Continue to share learning from safety incidents with all relevant staff.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Overall summary

Professor Steve Field CBE FRCP FFPH FRCGP Chief
Inspector of General Practice

Population group ratings

Older people	Good 
People with long-term conditions	Good 
Families, children and young people	Good 
Working age people (including those recently retired and students)	Outstanding 
People whose circumstances may make them vulnerable	Good 
People experiencing poor mental health (including people with dementia)	Good 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser, inspection manager, a second CQC inspector, a CQC medicines advisor and an assistant inspector.

Background to Portsdown Group Practice

Portsdown Group Practice provides primary medical services to approximately 43,910 patients. The Registered provider is Portsdown Group Practice.

The practice is registered to provide the following regulated activities; treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and diagnostic and screening procedures. The practice operates from the main location;

Cosham Park Avenue Surgery,

Cosham Park Avenue,

Portsmouth

PO6 3BG

And the branch sites;

Crookhorn lane Surgery, Crookhorn Lane, PO7 5XP

Heyward Road Surgery, Heyward Road, PO4 0DY

Kingston Crescent Surgery, 92 Kingston Crescent, PO2 8AL

Paulsgrove Surgery, 194 Allaway Avenue, PO6 4HJ

Somertown Surgery, Tyseley Road, PO5 4EZ

We visited the main location and all branch sites as part of this inspection.

The practice population is in the third most deprived decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. The average life expectancy is below the national average. The average life expectancy for male patients was 78 years compared to the national average of 79 years. The average life expectancy for female patients was 82 years compared to the national average of 83 years.

There are 14 partners and five salaried GPs, 11 of which are male and eight are female. The practice also employed seven nurse practitioners, a pharmacist, a paramedic, 12 practice nurses, six health care assistants, 7 managers and additional administration and reception staff. The practice was a training practice for doctors training to be GPs and nurses.

The practice was open between 8am until 6.30pm, every week day. The practice offered patients extended hours appointments every Monday and Tuesday evening from 6.30pm until 7.30pm; every Thursday and Friday morning

from 7am until 8am, and every Saturday from 8.30am until 12.30pm, in rotation across the six sites. When the practice is closed patients are directed to out of hours services by dialling the NHS 111 service.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was additional evidence that safe care and treatment was not being provided.</p> <p>In particular:</p> <ul style="list-style-type: none">• We saw that a Health Care Assistant (HCA) was working at a branch site without another clinician present. The practice had not identified this as a potential risk to patient safety.• A HCA had cared for an unwell patient who required emergency treatment until an ambulance arrived, which was outside of their scope of competency. <p>This was in breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>