

Eastney Health Centre

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 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

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 Eastney Medical Centre on 14 April 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice promoted continual development of staff and retained these staff members as employees at the practice. For example, the practice encouraged a staff

Summary of findings

member to progress from a Health Care Assistant onto medical school training and further training as a GP. They have also encouraged a member of the nursing team to train as an advanced nurse practitioner.

The areas where the provider should make improvement are:

- Consider working together with the other practice to allow for better communication of information to patients. Ensure that the information is easily

distinguishable between the two different practices which operate from the premises to increase clarity and accessibility to patients about practice specific information.

- Consider ways to increase the number of identified carers registered at the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. The practice was the highest rated practice in the Portsmouth area (based upon the most recent GP patient survey results).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice is part of the Portsmouth Primary Care Alliance (a primary care organisation which all GP practices within the Portsmouth Clinical Commissioning Group have signed up to) and shares information about their practice with other practices in the Alliance. The practice was rated the highest practice in responsiveness to patients needs in the GP patient survey.

- Patients said they found it easy to make an appointment with a named GP and there was 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.
- There were innovative approaches to providing integrated patient-centred care. For example, the practice provided vibrating and flashing buzzer alert systems to patients who are visually or hearing impaired. This allowed these patients waiting in the waiting area to know when the GP or nurse was ready to see them.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example changing the practice telephone number from a 0844 number back to a local number and extending the telephone triage hours by 30 minutes daily.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- An outreach nurse, conducted the chronic disease reviews for housebound patients and provided a consistent link for nursing home patients.
- The practice held regular multi-disciplinary team meetings with the Macmillan and community nursing teams to discuss elderly patients at risk of hospital admission.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes on the register, whose cholesterol reading was within an acceptable range was 68% compared to the national average of 80% (2014/15 data). The practice identified this as an area for improvement and completed an audit reviewing prescribed medicines and cholesterol levels of patients. Data for the 2015/16 cycle showed improvements and current figures were in line with the national average.
- Patients were referred to and encouraged to attend specialist clinics, for example, specific health information days for newly diagnosed diabetics and rehabilitation for patients with Chronic Obstructive Pulmonary Disorder (COPD) with a focus on breathing exercises and support to improve lung function. COPD is a condition which causes long term breathing difficulties.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- A total of 77% of eligible women attended a cervical screening examination in comparison to the CCG average of 71% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours appointments with a GP every other Saturday morning and Tuesday and Thursday early morning appointments with the practice nurse.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. The practice was rated as good for safe, effective and well-led. The practice was rated as outstanding for caring and responsive.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Yearly reviews are offered for patients with learning disabilities. Patients who do not attend are contacted by the practice. The practice also had good links with the local learning disabilities nurse.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients
- Patients were offered referrals to voluntary services who help isolated patients in need of some social contact.
- The practice offered double appointments for patients as needed; an example was given for patients with eating disorders requiring additional support.
- Handheld vibrating buzzers were offered to patients with visual or hearing impairments to notify patients sitting in the waiting room when the GP or nurse was ready to see them.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations including self-referral to the talking change service.
- The practice worked with a local carer representative who visited the practice weekly. The representative set up a stall in the waiting area to provide support and information to carers as well as support the practice identify new carers.
- Patients and carers were contacted by the practice to remind them of appointments and reception staff followed up on any patients who did not attend.
- 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.
- Nursing staff were trained to level 3 for safeguarding children and all administration staff were trained to level 2.
- There was a separate dedicated GP and Nurse safeguarding lead for safeguarding adults and children.

Outstanding



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- A total of 75% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is worse than the national average of 84%.
- A total of 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a documented care plan in place compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice refers patients experiencing severe mental health problems and in need of urgent attention to the specialist mental health team.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice displays information on local support services including a self-referral pack to the talking change service.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 306 survey forms were distributed and 113 were returned which is a response rate of 37%. This represented 2% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. Patients commented that staff were helpful, flexible and caring. They also felt that staff were good at listening to patients. Five patients commented that there was a long wait for appointments but were happy with the care they received.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recent Family and Friends Test results identified that 80% of patients would recommend the practice to others.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider working together with the other practice to allow for better communication of information to patients. Ensure that the information is easily

distinguishable between the two different practices which operate from the premises to increase clarity and accessibility to patients about practice specific information.

- Consider ways to increase the number of identified carers registered at the practice.

Outstanding practice

- The practice promoted continual development of staff and retained these staff members as employees at the practice. For example, the practice encouraged a staff

member to progress from a Health Care Assistant onto medical school training and further training as a GP. They have also encouraged a member of the nursing team to train as an advanced nurse practitioner.

Eastney Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a CQC inspection manager and an Expert by Experience.

Background to Eastney Health Centre

Eastney Health Centre is located at Highlands Road, Southsea, Hampshire, PO4 9HU. The practice is based in an urban area of Southsea. The practice provides services under a NHS General Medical Services contract and is part of the NHS Portsmouth Clinical Commissioning Group (CCG). The practice has approximately 4800 registered patients. The practice population has a slightly higher proportion of working aged patients (25 to 65 year olds) compared to the national average. A total of 67% of working aged patients registered at the practice are in full or part-time employment or education compared to a national average of 62%. The practice population consists of mainly White British patients, followed by Eastern European patients and a few other ethnicities including patients from the Indian-subcontinent. The building is owned by NHS property services.

The practice has three GP partners and one salaried GP. All four GPs are female, when needed the practice is able to arrange for patients to be seen by a male GP. Together the GPs provided care equivalent to just under three full time GPs over 22 sessions per week. The GPs are supported by three practice nurses, who together are equivalent to one and a half full time nurses. There is an outreach nurse who

works one day per week for the practice (on secondment) and visits the housebound patients. The practice also employs a health care assistant. The clinical team are supported by a management team including secretarial and administrative staff.

The practice reception and phone lines are open between 8.30am and 6.30pm Monday to Friday. From 8am to 8:30am the practice operates an emergency telephone line. Extended hours appointments with the practice nurse are offered on a pre-bookable basis from 7am to 8:30am every Tuesday and from 7:30 to 8:30am every Thursday. Pre-bookable appointments are also available on alternate Saturday mornings from 8am to 10am. Morning appointments with a GP are available between 9 am and 11am daily. Afternoon appointments with a GP are available from 3:30pm to 5:30 daily. The practice offers a telephone triage service daily. Eastney Health Centre has opted out of providing out-of-hours services to their own patients and patients are requested to contact the out of hours GP via the NHS 111 service.

The practice offers online facilities for booking of appointments and for requesting prescriptions.

Why we carried out this inspection

We carried out a comprehensive inspection of this service 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 April 2016.

During our visit we:

- Spoke with a range of staff including, GPs, practice nurses, practice manager and administration and support staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had given a patient an at home blood pressure monitor which had not been calibrated before it was supplied for use (calibration is a process to maintain instrument accuracy). The practice subsequently checked all calibration dates and recalled all BP monitors on loan for further calibration checks. Another example included when the cleaning company had used carpet cleaning equipment that blew a fuse resulting in lack of power to the vaccine fridge. The practice disposed of the vaccines accordingly. The fuse also knocked out power across the practice which resulted in the phone lines failing. As a result, NHS property services (who own the building) liaised with the cleaning team over use of the cleaning equipment. The practice also informed the telephone operator to change the main practice line over to the NHS 111 out of hours contact number if a power failure was to happen in the future.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP and practice nurse for safeguarding adults and for safeguarding children. All staff were aware of who the safeguarding leads were. There was also a safeguarding board which detailed all relevant contacts and useful information.
- The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child protection or child safeguarding level three. All administration staff were trained to Level two for safeguarding children.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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). The practice ensured there was at least one trained chaperone available when the practice was open. The locum induction pack contained information on which staff were trained as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements

Are services safe?

identified as a result. The practice had received 100% on their infection control audit conducted by the Clinical Commissioning Group (CCG) lead infection control nurse for the past two years.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- One of the nurses was in the process of training to become an advanced nurse practitioner. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had an up to date fire risk assessment and carried out regular fire drills. All

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Panic alarms had been installed on the walls of each consulting room and behind reception.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw that the practices had a spare set of defibrillator pads that were out of date. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available. The practice QOF results were comparable to the CCG and national averages and for exception reporting in most clinical domains. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014-March 2015 showed:

- Performance for diabetes related indicators was better than the national average (with the exception of cholesterol level recordings). For example, 96% of patients with diabetes had a foot examination and risk classification within the preceding 12 months, compared to a national average of 88%.
- The percentage of patients with diabetes on the register who had a cholesterol level in an acceptable range was 68% compared to the national average of 81%. The practice identified this as an area of improvement and completed an audit to identify why they were an outlier. The audit focused on diabetic patients cholesterol levels

and the effectiveness of their prescribed medicine. Results of this audit have allowed for medicines to be reviewed and changed accordingly with the involvement of the patient. This has resulted in an improvement in the performance indicator around this. The most recent figures (provided by the practice) show that for the 2015/2016 QOF the percentage has risen to 80% and in line with national averages.

- Performance for mental health related indicators was similar to the national average. For example, 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented within the preceding 12 months in comparison to the national average of 88%. A total of 75% of patients diagnosed with dementia had a care plan review within the preceding 12 months compared to a national average of 84%. The practice were working to improve this by having a recall system in place for patients with dementia to ensure that their care is reviewed annually. The practice also offered dementia screening for patients in the at risk category for early diagnosis of dementia and had put initial plans in place to work towards becoming a dementia friendly practice in the future.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included amending the prescribed medicine available for diabetic patients from the most cost effective to the most effective for the patient in reducing blood sugar levels and cholesterol.
- Information about patients' outcomes was used to make improvements such as providing further education around healthy diet and lifestyle for diabetic patients and to ensure that those patients had regular diabetic review appointments.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was also an induction pack for locum staff which included details of the safeguarding leads and which staff members were trained as chaperones.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Established staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff attended regular training days as part of the Portsmouth Primary Care Alliance (a primary care organisation which all GP practices in the Portsmouth Clinical Commissioning Group have signed up to). Examples of training included updates to mandatory training such as infection control and safeguarding as well as specialist talks around long term conditions and mental health.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear a GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service including self-referral to the local talking therapies team.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 71% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated

Are services effective?

(for example, treatment is effective)

how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 71% of patients aged 50-70 were screened within six months of invitation in comparison to a CCG average of 65% and national average of 73%. The practice screened 55% of patients aged 60-69 within six months of invitation (CCG 54%, national 55%). There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 94% to 98% in comparison to national averages of 94% to 98% and five year olds from 84% to 91% in comparison to a national average of 94% to 97%. The practices Meningitis C booster vaccinations were less than 1% which was also comparable to the national average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There was a language line identification leaflet held at reception to assist staff with contacting a relevant translator. The practice's website also had a translation service incorporated to allow patients to read practice information in their own language.
- Information leaflets were available in easy read format.
- Sign language interpreters could be booked in advance to assist deaf patients.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. However, due to two practices sharing a waiting room it was not clear what information related to which practice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 46 patients as carers (just over 1% of the practice list). Patients identified on the register as carers were sent information leaflets for

support groups and advice. Written information was available to direct carers to the various avenues of support available to them. The practice also worked with a local carer representative who visited the practice weekly. The representative set up a stall in the waiting area to provide support and information to carers as well as support the practice identify new carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice is part of the Portsmouth Primary Care Alliance and shares information about their practice with other practices in the Alliance. The practice was rated the highest practice in responsiveness to patients needs in the GP patient survey.

- The practice offered extended hours on a Tuesday and Thursday morning aimed at working patients who could not attend during normal opening hours. The practice was also available on alternate Saturdays for pre-bookable appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required urgent attention.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A handheld buzzer system was given to partially sighted or blind patients or hearing impaired patients to use in the waiting room. This would flash and vibrate to notify the patient when the GP or nurse was ready to see them.
- Longer appointments were available for patients with mental health problems which included eating disorders.
- An alert was made on patients' notes if longer appointment times were required.
- The practice had baby changing facilities within the disabled toilet; however these were not clearly signposted.
- Patients were offered referrals to voluntary services from an organisation that support isolated patients in need of some social contact.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday. The practice has an emergency telephone line from 8am to 8:30am. Appointments were from 9 to 11am every morning and 3:30 to 5:30pm each afternoon. Pre-bookable extended hours appointments with a practice nurse were offered at the following times 7am to 8:30am Tuesday and 7:30 to 8:30am Thursday mornings. The practice was also open from 8am to 11am on alternate Saturdays; these appointments were only available via pre-booking. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. A telephone triage system was also in place daily.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Five patients out of 47 commented via our comment cards on it being difficult to get an appointment. Patients told us on the day of the inspection that they were able to get appointments when they needed them particularly when using the triage system offered by the GPs and practice nurse.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including posters a summary of the complaints policy and complaints forms. The practice also had an electronic tablet to capture patient feedback including the friends and family test.

Are services responsive to people's needs? (for example, to feedback?)

We looked at four written complaints and three telephone complaints received in the last 12 months and found that complaints were satisfactorily handled and dealt with in a timely manner and the patient always received a written response to their complaint. Lessons were learnt from individual concerns and complaints and also from analysis

of trends and action was taken to as a result to improve the quality of care. For example, there were some complaints about staff attitude on the telephone; as a result customer service skills were discussed in the subsequent staff meeting.

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 to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. The majority of staff were longstanding members who had been working at the practice for over eight years and all stated they enjoyed coming to work.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted staff held regular team building social events. The practice stated they want to develop more formal team building away days.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice and the practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients requested for the opening hours of the triage line to be extended from 9am to 8:30 and to change the phone number from a 0844 number back to a local number. Both requests were discussed at PPG and practice meetings and subsequently implemented.
- The practice had gathered feedback from staff through regular staff meetings, annual appraisals and away days. Staff told us they would not hesitate to give feedback and

Are services well-led?

Good 

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

discuss any concerns or issues with colleagues and management. Administration staff spoke of a meetings book where they can record anything they would like to discuss as an agenda item at the next practice meeting. Minutes were taken at each meeting with actions checked at subsequent meetings. A staff member suggested that patients with chronic diseases should be combined into one recall rather than several individual appointments. The practice has now adopted this process. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was looking into the use of the internet for triage consultations. The practice is also part of the Portsmouth Care Alliance group which offer an acute visiting service to patients and was accessible for all patients registered to a practice that is part of the group. The practice had a strong ethos of supporting staff development. For example, the practice had successfully supported a staff member from a health care assistant onto medical training and then to complete training as a GP. Another staff member was encouraged to pursue advanced nurse practitioner qualifications. Both staff continued to work for the practice.