

Dr Sarah Johnson & Partners (Alma Rd Surgery)

Quality report







Alma Road
Romsey
Hampshire
SO51 8ED

Date of inspection visit:
6 August 2021

Date of publication:

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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.

Overall rating for this location:	Requires improvement	
Rating by key question:		
Are services at this location safe?	Requires improvement	
Are services at this location effective?	Good	
Are services at this location caring?	Good	
Are services at this location responsive?	Good	
Are services at this location well-led?	Requires improvement	

Overall Summary

We carried out an announced inspection at Dr Sarah Johnson and Partners (also known as Alma Road Surgery) on 6 August 2021. Overall, the practice is rated as Requires Improvement.

Following our previous inspection on 12 March 2019, the practice was rated Requires Improvement overall and for three key questions, specifically Safe, Effective and Well-Led. We rated the remaining two key questions Caring and Responsive as Good.

At this inspection, we found that whilst some improvements had been made, the provider was still not compliant with Regulation 12 Health and Social Care Act 2008 (Regulated Activities) (HSCA RA) Regulations 2014 which relates to safe care and treatment. We have rated this practice as Requires Improvement overall. Specifically we have rated the practice as:

Safe – Requires Improvement
Effective - Requires Improvement
Caring - Good
Responsive - Good
Well-led - Requires Improvement

The full reports for previous inspections can be found by selecting the 'all reports' link for Alma Road Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

Due to reported concerns from the March 2019 inspection, we issued a requirement notice for Regulation 12 HSCA (RA) Regulations 2014.

We carried out an announced inspection on 6 August 2021 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 in March 2019.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing facilities
- Completing remote clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit
- Discussions with practice staff

Our findings

We based our judgement of the quality of care at this service 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 found that:

- The practice had made some improvements since our previous inspection in March 2019.
- Systems had been strengthened to ensure training registers were in place and monitored effectively. All staff had undertaken all mandatory training appropriate to their role.
- Recruitment files contained all relevant information.
- Prescription stationery was now stored securely and there was a monitoring system in place.
- Risk assessments were in place for staff who did not require Disclosure and Barring Service checks.
- The practice had made adjustments associated with the COVID-19 pandemic to ensure that patients were kept safe and protected them from avoidable harm.
- The practice was able to demonstrate staff had the skills, knowledge and experience to carry out their roles. Staff members were appraised annually and received appropriate supervision and training.
- The practice provided a personal named GP list system to promote consistency and continuity for its patients.
- 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. Patients could access care and treatment in a timely way.
- However, the practice did not provide care in a way that kept patients safe and protected them from avoidable harm. For example, regular reviews and monitoring for patients prescribed high risk drugs had not been completed in line with national guidance.

We found a breaches of one regulation. The provider **must**:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

In addition, the provider should:

- Continue to improve cervical screening uptake rates.
- Work with patients to form an active patient participation group.
- Continue to identify and support carers.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings:

Older people	Good	●
People with long-term conditions	Requires improvement	●
Families, children and young people	Good	●
Working age people (including those recently retired and students)	Good	●
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 who spoke with staff using video conferencing facilities and undertook a site visit. The inspector was supported by a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Dr Sarah Johnson and Partners

Dr Sarah Johnson and Partners is located at Alma Road, Romsey, Hampshire, SO51 8ED. There is a dispensary at the practice which means prescription medication is able to be collected by those patients that live further than one mile away from a pharmacy.

The provider is registered with CQC to deliver the Regulated Activities:

- Diagnostic and screening procedures,
- Family Planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

Alma Road Surgery is situated within the West Hampshire Clinical Commissioning Group and provides services to approximately 14,752 patients.

The provider is a partnership of GPs which registered with the CQC in 2013. The practice consists of eight GP partners, one salaried GP, one nurse practitioner, four practice nurses, and two health care assistants. Alongside the clinical team, a practice manager is supported by a reception manager who leads a team of receptionists, administrators, secretaries and personal assistants. The dispensary is staffed by a dispensary manager, a pharmacy technician, three dispensers and a delivery driver. The practice is a GP training practice and, at the time of inspection, had two GP Registrars attached to the practice. The practice is part of a GP Federation for the provision of extended access for primary healthcare services.

The practice has a higher than average number of patients over the age of 65 years. The National General Practice Profile states that 97% of the practice population is from a white ethnicity background. Information published by Public Health England, rates the level of deprivation within the practice population group as ten, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 82 years compared to the national average of 79 years. Female life expectancy is 84 years compared to the national average of 83 years.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the regulations that were not being met.

Regulated activity	Regulation
<ul style="list-style-type: none">• Diagnostic and screening procedures.• Treatment of disease, disorder or injury.• Surgical procedures.• Family planning.• Maternity and midwifery services.	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>The provider was not providing care and treatment in a safe way. For example:</p> <ul style="list-style-type: none">• the monitoring of patients receiving certain medicines was not in line with national guidance;• the actioning of MHRA safety alerts was not effective; and,• patients were not being correctly diagnosed with long-term conditions, specifically chronic kidney disease, in a timely manner. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>