

# St Levan Surgery

## Inspection report

350 St Levan Road  
Keyham  
Plymouth  
Devon  
PL2 1JR  
Tel: 01752 561973  
www.stlevansurgery.nhs.uk

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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?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced comprehensive inspection at St Levan Surgery on 24 April 2019 as part of our inspection programme.

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 have rated this practice as good overall. We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Staff were aware of current evidence based guidance. GPs, nurses and locum GPs were skilled in caring for the patient groups and in addition had qualifications and experience in caring for patients with substance misuse, challenging behaviours and supporting patients who were homeless or vulnerably housed.
- One of the GPs working at the practice was a GPwSI (GP with a special interest) and with others prescribed medicines used in heroin, alcohol and opioid addictions.
- 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.
- Patients we spoke with said they found it easy to speak with a GP and said there was continuity of care, with urgent appointments and routine available the same day. Patients could be seen by appointment at different times of the day if they preferred. The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We have rated this practice good for the Older People, Families, children and young people and vulnerable people population groups.

We have rated this practice as requires improvement for the People with long-term conditions population group because: -

- There was not an effective screening programme in place to follow up patients who did not attend the practice or invitations for reviews in relation to their long term conditions

We have rated this practice as requires improvement for working age people population group because:-

- There was not an effective programme in place to follow up patients who did not attend cancer screening programmes.

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

- The practice should review arrangements to improve the uptake for patients with long term conditions.
- The practice should review arrangements to improve the uptake for patients receiving cervical screening and bowel cancer screening.

We saw several areas of outstanding practice including:

- The practice understood its population profile and had used this understanding to provide services tailored to meet the needs of individual patients. Staff worked collaboratively with many other providers, including running dedicated surgeries within homeless drop in centres and hostels, to ensure vulnerable patients were supported to receive coordinated care which met their needs.
- Practice staff used opportunistic, innovative and efficient ways to deliver more joined-up care to patients. For example, the practice worked with the Hepatology Department at to provide a clinic to see patients with viral hepatitis.
- The practice took account of the needs and preferences of patients with vulnerabilities which included poverty, mental health issues, homelessness and substance misuse and provided a special allocation GP service to patients who had been barred from other services due to the nature of their behaviour.

**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

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, and a second GP specialist advisor who was shadowing the team.

## Background to St Levan Surgery

St Levan Surgery is situated in the city of Plymouth. The practice is comprised of two sites, the main site is at 350 St Levan Road Keyham Plymouth Devon PL2 1JR. The smaller branch surgery is Adelaide Street Surgery based at 20 Adelaide Street Stonehouse Plymouth PL1 3JF.

We visited both sites during our inspection. The practice provides a service to approximately 11,500 patients of a diverse age group and offers the following regulated activities:

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

The deprivation decile rating for this area is two (with one being the most deprived and 10 being the least deprived). The latest unemployment data shows that 7% of the practice population are unemployed compared to the national average of 3%. Studies have found for patients living in the poorest areas a 50 year old patient will consult at the same rate as someone aged 70 years. Both practices are located in the most deprived area of

Plymouth with Adelaide Street being the most deprived. The 2011 census data showed that 95% of the local population identified themselves as being White British. The mix of male and female patients were equal.

In addition to the practice having a Personal Medical Services (PMS) contract to deliver care to the patients they also have the local enhanced service contract to provide services for GP-led addiction care and prescribing of medicines or alcohol and substance misuse.

There is a team of five GP partners, two male and three female, five salaried GPs, one retainer GP and a registrar. The GP team were supported by a practice manager, also a partner, three clinical practitioners, five practice nurses, four health care assistants, two social prescribers and additional administration staff.

Patients using the practice also have access to health visitors, counsellors, carer support workers, district nurses and midwives. Other health care professionals visited the practice on a regular basis.

The premises are open from 8.30-6pm Mondays to Fridays. Outside of these times patients are directed to contact the out of hour's service and the NHS 111 number. This is in line with local contract arrangements.

The practice offers a range of appointment types including face to face same day triage appointments, face

to face routine appointments and advance appointments (two to three weeks in advance) as well as online services such as e consultations, access to records, online appointments and repeat prescription requests.

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
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This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
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