

# College Street Medical Practice

## 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?

Requires improvement 

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 College Street Medical Practice on 13 August 2015. The overall rating for the practice was rated as requires improvement and the practice was asked to provide us with an action plan to address the areas of concern that were identified during our inspection.

We carried out a second announced comprehensive inspection at College Street Medical Practice on 15 November 2016 in order to assess improvements and the outcomes from their action plan. The overall rating for this practice following the second inspection is now good.

Our key findings were as follows:

- There was an open and transparent approach to safety within the practice. Effective systems were in place to report, record and learn from significant events. Learning was shared with staff and external stakeholders where appropriate.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Patients were recalled to ensure care was in keeping with best practice.
- Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion and dignity, and staff were supportive and respectful in providing care, involving them in care and decisions about their treatment.
- Patients told us they were usually able to get urgent appointments on the same day with a clinician when they needed one; however it was not easy to get appointments with a named GP.
- 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 and learning from complaints was shared with staff and stakeholders.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. Services were designed to meet the needs of patients.
- 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.

However, there were also areas of practice where the provider should consider improvements.

- Continue to review and take steps to address areas of lower patient satisfaction feedback.
- Maintain a log of medicines alerts received and acted on.

**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 open culture in which all safety concerns reported by staff were dealt with effectively, and a system in place for reporting and recording significant events.
- The practice had robust processes in place to investigate significant events and lessons were shared at monthly team meetings to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support 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. There were designated leads in areas such as safeguarding children and infection control with training provided to support their roles.
- Risks to patients were recognised by all staff and were well managed. The practice had systems in place to deal with emergencies, and arrangements for managing medicines were effective but would be further strengthened by maintaining a log of medicines alerts received and acted on.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed that the practice was performing consistently in line with local practices on the Quality and Outcomes Framework (QOF). Patient outcomes for indicators such as diabetes and hypertension were better than the local CCG averages.
- 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.

Good



# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. There were regular multi-disciplinary meetings with community matrons and care coordinators to discuss patients at risk of admission to hospital.

## Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the national GP patient survey was mixed and showed that although patients rated the care from nurses higher than others they were below local and national averages on other indicators. For example, 72% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 84% and national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.
- The practice's computer system alerted GPs if a patient was also a carer. There were 117 patients on the carers register (1.7% of the practice list), and 36 of them had received a health check.
- Views of external stakeholders were strongly positive.

Requires improvement



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice regularly assessed their performance in areas such as hospital attendances. The nursing team ran daily minor illness appointments in response to patient demand. Staff told us A&E attendances had reduced by 8.64% on previous year figures since the minor illness clinics became fully operational.
- Most patients said they found it easy to make an appointment with urgent appointments available the same day. However, some patients said it was difficult to get an appointment with a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

- The practice offered a range of services within its premises. Patients were encouraged to self-refer to the services as well as to physiotherapy and counselling services.
- Anticoagulation monitoring clinics were provided twice a week from the practice. Home visits were offered to housebound and temporary patients who received anticoagulation treatment to ensure their medicines were managed appropriately.
- 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.

## 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.
- 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 practice meetings. Staff felt confident in communications with the partners through the practice manager.
- The provider was aware of and complied with the requirements of the duty of candour. The practice 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. Regular in-house surveys were undertaken and there was evidence of positive engagement with the patient participation group (PPG).

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

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

- The practice had 1265 patients aged over 65 years old. They offered proactive, personalised care to meet the needs of the older people in their population. For example, patients with visual or hearing problems were flagged on the computer system when they arrived for their appointments so that a clinician seeing them came to call them in person in the waiting room.
- GPs and nurses were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed outcomes for conditions commonly found in older people were overall good. For example, performance on osteoporosis indicators was 100%, compared to the CCG average of 94% and the national average of 87%. There were no patients exception reported for these indicators, compared to the CCG exception reporting average rate of 7% and the national average of 15% (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF).
- Shingles vaccinations were offered to eligible patients including those over 70 years old.
- All patients above 75 years old had a named GP for continuity of care.
- There were 18 patients on the palliative care register. The practice worked proactively with the multi-disciplinary healthcare team to ensure patients were supported in line with the gold standard framework for palliative care.

Good



### People with long term conditions

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

- The practice operated a streamlined recall system which combined appointments for patients with stable multiple chronic diseases into one or two review appointments in a year. This enabled patients to attend a single longer appointment and reduced non-attendance.
- Nursing staff had lead roles in chronic disease management with additional qualifications obtained in diabetes, asthma and

Good



# Summary of findings

chronic obstructive pulmonary disease (COPD). Patients were assigned to the appropriately trained nurse to ensure they were managed effectively. Patients at risk of hospital admission were identified as a priority.

- Anticoagulation monitoring clinics were provided twice a week from the practice. Home visits were offered to housebound and temporary patients who received anticoagulation treatment to ensure their medicines were managed appropriately.
- QOF performance data for 2015/16 showed the practice achieved positive outcomes for most long term conditions, including asthma, chronic obstructive pulmonary disease and heart failure. The practice achieved 100% on rheumatoid arthritis, compared to the CCG average of 92% and the national average of 96%. The exception reporting rate was 0%, compared to the CCG average of 2% and the national average of 8%.
- Longer appointments and home visits were available and offered when needed.

## Families, children and young people

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

- The practice worked closely with midwives, health visitors and family nurses attached to the practice. 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 Accident and Emergency (A&E) attendances. Three members of the nursing team had experience in working in paediatric A&E and used their expertise when dealing with unwell children.
- The practice held meetings every three months with the health visitor, and also reviewed any children on a child protection plan at their clinical meetings.
- Childhood immunisations were provided on Wednesday afternoons by the practice nurses. Performance on standard childhood immunisations was broadly in line with CCG averages. For example, rates for children under two year olds ranged from 65% to 97% (CCG range from 66% to 98%) and five year olds from 87% to 100% (CCG range from 74% to 98%).
- Appointments were available outside of school hours with urgent appointments available on the day for children and babies.
- The practice offered a full range of family planning services including fitting of intra-uterine devices (coil) and contraceptive implant fitting.

Good





# Summary of findings

- The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed.

## **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. This included access to telephone appointments.
- Early morning appointments with the health care assistant and nurses were available from 8am for working patients, and extended opening hours were provided until 8pm on Wednesday evenings.
- The practice was proactive in offering online services such as online prescription requests, appointments, and accessing medical records.
- There was a full range of health promotion and screening information in the practice that reflects the needs for this age group. Self-referral was encouraged for accessing services such as psychological therapies.
- The practice's uptake for cervical screening for eligible patients was 80%, which was slightly lower than the CCG average of 84% and the national average of 82%.
- Breast and bowel cancer screening data was broadly in line with CCG and national averages. For example, the proportion of patients who were screened for bowel cancer within six months of invitation was 55%, compared with a CCG average of 62% and a national average of 58%.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances. There were 714 who were flagged on the computer system to inform staff that the patients may need extra support.

Good



# Summary of findings

- There were 50 people on the learning disabilities register and 76% had their care reviewed in a face to face meeting in the last 12 months. Staff told us they worked closely with the community learning disabilities specialist nurse to ensure their registers were up to date and no patients were missed.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the practice coordinated with the district nursing team for a housebound patient with learning disabilities to ensure the patient had the appropriate treatment at home.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- Staff told us they were aware of how to access interpreting for their patients with hearing impairment and an interpreter could be arranged for those who could not speak in English through a translation service.
- The practice's computer system alerted GPs if a patient was also a carer. There were 117 patients on the carers register (1.7% of the practice list), and 36 of them had received a health check.

## People experiencing poor mental health (including people with dementia)

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

- Published data showed 75% of patients diagnosed with dementia had a care plan reviewed in a face to face review in the preceding 12 months, compared to the CCG average of 75% and the national average of 74%. This was achieved with an exception reporting rate of 6%, compared to the CCG average of 6% and the national average of 5%.
- Practice supplied data showed there were 43 patients diagnosed with severe mental health conditions, and 23 of them had their care reviewed in a face to face meeting in the last 12 months. The practice attributed the low numbers to poor attendance to reviews despite several invitations being sent to patients.

Requires improvement



# Summary of findings

- 90.2% of patients with severe and enduring mental health problems had a comprehensive care plan documented in the preceding 12 months according to 2015/16 QOF data. This was slightly above the CCG average of 87.5% and the national average of 88.7%. Exception reporting rates at 19.6% were slightly above the CCG average of 18% and above the national average of 12.7%.
- Following our inspection we received information from the practice to confirm they had reviewed their registers and removed some patients. They also confirmed that they had taken steps to notify their local mental health provider of patients who were not attending reviews so they could discuss the importance of attending reviews with patients.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Patients with more complex mental health problems were treated in conjunction with the local psychiatric team who offer appointments at Long Eaton Health Centre branch surgery.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, and encouraged them to self-refer to psychotherapy services when needed.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. 255 survey forms were distributed and 112 were returned. This represented a response rate of 44% (approximately 1.7% of the total practice population). The results showed the practice was performing mostly in line with local and national averages, but below average for feedback relating to overall experience.

- 73% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and national average of 85%.
- 68% of patients described the overall experience of this surgery as good compared to the CCG average of 86% and national average of 85%.
- 56% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and national average of 78%.

The practice were aware of their performance and steps were taken to engage patients by obtaining more feedback in order to tailor services to their needs. The steps taken were still being embedded and patient satisfaction had not yet increased.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 completed comment cards; 24 of these were wholly positive about the care and attention received from the whole practice team. However, 14 patients had mixed views, with some of them telling us it was not always possible to see a GP of their choice, and sometimes they waited for a long time to be seen after they arrived for their appointments. There was a common theme around patients being treated with dignity and respect and treated with compassion and kindness.

During our inspection, we also spoke to five patients including three members of the patient participation group (PPG). Feedback from all of them was positive about access to urgent appointments and the helpful manner of the reception team.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to review and take steps to address areas of lower patient satisfaction feedback.
- Maintain a log of medicines alerts received and acted on.

# College Street Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP specialist advisor and a practice management specialist advisor.

## Background to College Street Medical Practice

College Street Medical Practice is located at 86 College Street, Long Eaton, Nottingham, NG10 4NP. The practice provides services for approximately 6700 patients from two sites. The provider has a branch surgery at Long Eaton Health Centre, Midland Street, Long Eaton, Nottingham, NG10 1RY; which we did not visit as part of this inspection. The practice holds a Primary Medical Services contract and provides GP services commissioned by NHS Erewash Clinical Commissioning Group (CCG).

The practice is in the fifth less deprived decile meaning that it has a slightly lower proportion of people living there who are classed as deprived than most areas. Data shows number of younger people aged below 0 to 4 years registered at the practice is slightly higher than the local and national average.

The practice is managed by a GP partner (male) and an advanced nurse practitioner (female partner). They are supported by a clinical team comprising of three salaried GPs (one male and two female), two advanced nurse specialists, two practice nurses and a healthcare assistant. The practice is a teaching and training site for qualified

doctors who would like to become GPs and university nursing students. The practice also employs a practice manager, an assistant practice manager and a team of reception, secretarial and administrative staff. At the time of our visit there was a vacancy for a full time GP.

The practice is open between 8am and 6.30pm Monday to Friday. Appointment times start at 8am and the latest appointment offered at 6pm daily. The practice provides the extended hours service from its branch surgery at Long Eaton Health Centre, operating from 6.30pm to 8pm on Wednesday. GP and nurse appointments are offered up to 7.45pm on Wednesday.

The practice has opted out of providing GP services to patients out of hours. During the evenings and at weekends an out-of-hours service is provided by Derbyshire Health United. Contact is via the NHS 111 telephone number.

## Why we carried out this inspection

We undertook a comprehensive inspection of College Street Medical Practice on 13 August 2015 as part of our new inspection programme. The practice was rated as requires improvement for providing safe, caring, responsive and well led services. The concerns which led to these ratings applied across all the population groups we inspected. All of our reports are published at [www.cqc.org.uk](http://www.cqc.org.uk)

We issued a requirement notice to the provider in respect of good governance and safe care and treatment. We

# Detailed findings

informed the provider that they must provide us with an action plan to inform us how they were going to address the issues of concern. An action plan was received from the practice.

We undertook a further comprehensive inspection of College Street Medical Practice on 15 November 2016 to check that the actions had been completed to address the requirement notice, and confirm that the provider was compliant with legal requirements.

## 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 15 November 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, reception and administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area 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.

- Looked at information the practice used to deliver care and treatment plans.

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

**At our previous inspection on 13 August 2015, we rated the practice as requires improvement for providing safe services. We found that the registered provider had not fully assessed, mitigated and managed risks to service users receiving care and treatment. This included infection control practices and risk assessments specific to health, safety and welfare.**

**These arrangements had significantly improved when we undertook a follow up inspection on 15 November 2016. The practice is now rated as good for providing safe services.**

### Safe track record and learning

The practice had 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 were recording forms available in the practice. There was a comprehensive incident management procedure in place. The practice carried out a thorough analysis of the significant events. Lessons learned were shared through discussion at routine meetings and training sessions.
- Relevant incidents were also reported to the National Reporting and Learning System (NRLS) which is a central database of patient safety incident reports across England and Wales. Clinicians and safety experts analyse these reports to identify common risks to patients and opportunities to improve patient safety which are then shared to promote best practice. We observed that the practice had reported one significant event involving coordinated care for a patient with learning disabilities between the practice and the district nursing services, to ensure lessons learned could be shared nationally.
- The practice adopted a blame free culture once a significant event had been reported and supported staff through an investigation into the event. All significant events were discussed at regular meetings for the various staff groups, and they were listed as a standing

item on meeting agendas. Staff told us they felt comfortable with raising concerns at any time. Minutes were recorded and kept on a shared computer drive so that they were accessible to all staff.

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The patient was immediately informed, an apology given and was given an opportunity to discuss the event.

### Overview of safety systems and processes

The practice demonstrated they 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. There was a lead GP responsible for child and adult safeguarding and staff were aware of whom this was. 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. All staff had received training relevant to their role and GPs were trained to the appropriate level to manage child safeguarding (Level 3).
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams by attending regular meetings to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. In addition, infection control was a standing item on the agenda of monthly clinical meetings to ensure staff were kept up to date

## Are services safe?

with any relevant information. Quarterly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- We reviewed five employment files for clinical and non-clinical staff. We found all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included proof of identification, references, qualifications, registration with the appropriate body and the appropriate DBS checks.
- The arrangements for managing medicines, including controlled drugs, 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. There was a register for patients on high risk medicines with the appropriate follow-up arrangements made by the GPs as appropriate under the shared care protocols. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Nursing staff were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice had a system in place for acting on information received from the Medicines and Healthcare Regulatory Agency (MHRA). There was evidence obtained through patient searches of how they had responded to alerts in checking patients' medicines and taking actions to ensure they were safe. However, the practice did not routinely keep a log of medicines alerts they had received and acted on.

### Monitoring risks to patients

Risks to patients and staff 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 which identified local health and safety representatives. The practice had up

to date fire risk assessments 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 skill 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.
- 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 masks only. First aid kit and accident books 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 and a copy was kept off the practice site.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice staff demonstrated that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including the local Clinical Commissioning Group (CCG) and 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 through clinical meetings and emails circulated by the practice manager. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw evidence of regular meetings with the nursing team where new guidelines were discussed as a standing item at each meeting.

GPs and nurses had specific areas of expertise, such as paediatrics, minor surgery and sexual health, which were utilised to ensure new evidence based techniques and treatments were used to support the delivery of high quality care and acted as a resource to their colleagues.

### Management, monitoring and improving outcomes for people

The nursing team led on chronic disease management within the practice, although there was a nominated GP for each disease area who kept oversight of the performance of the disease related clinical indicators.

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 showed that the practice had achieved 96%, compared to a CCG average of 97% and a national average of 95%. They had an exception reporting rate of 9%, compared to the CCG average of 9% and the national average of 8% (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). A review of some of the exception reporting data showed that patients had been appropriately managed.

Performance in all areas was in line with local and national averages. Data from 2015/16 showed:

- Performance for diabetes related indicators was 91%, compared to the CCG average of 92% and the national average of 90%. The exception reporting rate for diabetes indicators was 8%, lower than the CCG average of 11% and the national average of 12%.
- Performance for mental health related indicators was 99%, above the CCG average of 95% and the national average of 93%. The exception reporting rate was 16%, higher than the CCG average of 13% and national average of 11%.
- Performance for hypertension related indicators was 100%, better than the CCG average of 99% and national average of 97%. The exception reporting rate was 2%, in line with the CCG average of 3% and national average of 4%.

Clinical audits were undertaken within the practice and used to drive improvements.

- There had been two clinical audits undertaken in the last two months. One of these was a completed audit where the improvements made were implemented and monitored. The practice completed an audit to check if patients receiving Vitamin B12 injections were being treated in line with recommended clinical guidelines. The audit showed the practice was not meeting the set standards and there were 10 patients who required further review as they were possibly being treated unnecessarily. The audit was repeated a year later whose results showed the standards were being met, and all 10 patients had been reviewed with the necessary follow up arrangements in place. A laminated sheet of the appropriate pathway was placed in the clinical folder in each consulting room for clinicians to refer to as needed.
- The practice participated in local audits, national benchmarking, accreditation and peer reviews. There was evidence of regular engagement with the CCG on medicines management and involvement in peer reviews. A CCG employed pharmacist was attached to the practice to provide medicines support two sessions a week. National prescribing data showed the practice's prescribing rates were in line with CCG averages. Staff told us they had the lowest antibiotic prescribing rates in the area.

Vulnerable patients at risk of admission to hospital were managed proactively through the unplanned admissions

# Are services effective?

(for example, treatment is effective)

register enhanced service. Under this service, all visit requests from patients on the register were triaged promptly and arrangements in place to ensure they were seen as appropriate. They were discussed at the multidisciplinary meetings attended by a GP, community nurse, community matron and care coordinator with actions recorded for each patient.

## Effective staffing

We saw staff had a range of skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff including locum doctors. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 nursing team had quarterly meetings specific to them and attended local nurse forums to keep up to date with information relevant to their staff group.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Most staff had access to appropriate training to meet their learning needs and to cover the scope of their work. However, we found limited formal training was available for non-clinical staff. The practice manager told us arrangements for an online training system were at advanced stages, and the system was due to become available to all staff shortly after our inspection. This included ongoing support, one-to-one meetings, coaching and mentoring, protected learning time, clinical supervision and facilitation and support for revalidating GPs and Nurses. All staff had received an appraisal within the last 12 months. Staff told us they were supported to develop their careers and undertake external training qualifications if needed.
- There was a good skill mix among the clinicians. For example, the practice had three trained paediatric nurses and one GP who was a former paediatric

registrar. Two of the advanced nurse practitioners were trained to manage minor illness and other nurses had experience in accident and emergency services (A&E), surgery, medical and orthopaedic wards.

## 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. The practice made use of the close location proximity with the community teams based in the same building as the branch surgery by making referrals promptly and discussing them in person.
- Systems were in place linking the practice to the hospitals and the out of hours service providers enabling them to share patient information seamlessly.
- GPs had a buddy system for review of test results which ensured that results were viewed and acted upon on the day of receipt and patients were informed in a timely manner if the initiating GP was away from the practice.

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. We saw evidence of meetings with other health care professionals on a regular 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.

# Are services effective?

## (for example, treatment is effective)

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 the 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. We saw evidence of completed consent forms for minor surgery procedures.

### Supporting patients to live healthier lives

Staff were proactive in identifying patients who may be in need of extra support to live healthier lives and promote their health and wellbeing. For example:

- The practice offered NHS health checks and alcohol screening to encourage healthy lifestyles and early detection of any potential long term conditions. In addition to this, the practice offered a range of services such as smoking cessation, family planning, asthma clinics and child health surveillance.
- Patients who may be isolated were encouraged to attend local social clubs to enable them to interact with other people.

The practice's uptake for the cervical screening programme was 80%, which was in line with the CCG average of 84%

and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 56% of eligible patients were screened for bowel screening in the preceding 30 months, in line with the CCG average of 62% and national average of 58%. There were 76% of eligible patients screened for breast cancer in the preceding 36 months, compared to the CCG average of 76% and national average of 72%. 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 vaccinations given were broadly in line with CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 65% to 97% (CCG range from 66% to 98%) and five year olds from 87% to 100% (CCG range from 74% to 98%).

Patients had access to appropriate health assessments and checks. There were 297 patients aged 40 to 75 years who were offered an NHS health check, and 75% had attended the reviews. 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

**At our previous inspection on 13 August 2015, we rated the practice as requires improvement for providing caring services. Not all patients felt cared for, supported and listened to as reflected in the national patient survey results published in July 2015.**

**At the time we undertook a follow up inspection, the national patient survey results published in July 2016 showed the practice remained below average for indicators related to caring. The practice remains rated as requires improvement for providing caring services.**

### 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 completed comment cards; 24 of these were wholly positive about the care and attention received from the whole practice team. One comment card from a patient with mental health problems highlighted that staff responded compassionately when they needed help and provided support when required. There was a common theme around patients being treated with dignity and respect and treated with compassion and kindness.

Feedback from patients who used the service, carers and community teams was continually positive about the way staff treated people. Examples included:

- Encouraging patients with diabetes to attend courses educating them on how to manage their conditions and actively take ownership of their care.

- The reception staff greeted patients by name and were always polite and friendly.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores were slightly lower than local averages for feedback relating to GPs, but highly positive relating to the nurses. For example:

- 80% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 73% of patients said the GP gave them enough time, compared to the CCG average of 85% and the national average of 87%.
- 85% 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%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 84% and national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 90% and national average of 91%.
- 99% of patients said they had confidence and trust in the last nurse they saw or spoke to, compared to the CCG average of 97% and the national average of 97%.

79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

The practice were aware of their performance and were taking steps to obtain more patient feedback on their experiences during consultation. For example, Patients were given feedback cards available in consulting rooms and encouraged visit the NHS Choices website to enter their feedback. The cards had the name of the clinician written, enabling the practice to capture feedback on individual staff and act on any learning needs identified. Additionally, a comments and suggestions book was available in the waiting room.

### Care planning and involvement in decisions about care and treatment

## Are services caring?

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. Patients felt referrals were made appropriately and they were educated in the management of their long term conditions. We also saw that care plans were personalised.

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

- 74% of patients said the last GP they saw was good at explaining tests and treatments, which is the same as the CCG and national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%

Staff told us that translation services were available for patients who required them and used sign language services for deaf patients.

### **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. For example, there was information related to carers, dementia and mental health. Information about support groups was displayed.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 117 patients as carers (1.7% of the practice list), and 36 of them had received a health check. Parents of young carers were encouraged to complete a questionnaire with suggestions on how to support their carers, which was shared with the local council to enable them to provide appropriate support services. Feedback from a patient we spoke to on the day of inspection, who was also a carer, was positive about the support received from the practice. They told us they were asked about their wellbeing and offered flu vaccinations.

Staff told us that if families had experienced bereavement, their usual GP contacted them via telephone 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. Leaflets on bereavement services for both adults and children were available in the waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 13 August 2015, we rated the practice as requires improvement for providing responsive services in respect of access to non-urgent appointments.**

**These arrangements had significantly improved when we undertook a follow up inspection on 15 November 2016. The practice is now rated as good for providing responsive services.**

### 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. For example, the practice had been unable to recruit into a vacancy for a GP for two years. They subsequently revised their opening hours at the branch surgery, providing clinical sessions with a GP on Monday and Wednesday from 8am to 6.30pm and administration staff presence only on Tuesday, Thursday and Friday from 8am to 1.30pm. This ensured there was clinical safety to patients when appointment clinics were run, and the arrangement was agreed with NHS England and Erewash CCG.

The practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered a range of appointments which included telephone appointments, same day urgent and pre-bookable appointments. There were no closures at lunch time, allowing patients to access the practice all day.
- There were longer appointments available for patients who needed them and they were encouraged to request for longer appointments if required.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Requests were assigned to a home visiting service operated in the local area by a community GP and advance nurse practitioners, ensuring patients were seen within two hours of their request.
- Telephone text reminders were used to remind patients when they had booked appointments.

- Anticoagulation monitoring clinics were provided twice a week from the practice. Home visits were offered to housebound and temporary patients who received anticoagulation treatment to ensure their medicines were managed appropriately.
- Treatment room services such as wound dressings and phlebotomy services were provided from the practice premises.
- Same day appointments were available for children and those with medical problems that required same day consultation with an on call doctor.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately. The practice was a designated Yellow Fever centre.
- There were disabled facilities and translation services available when required.
- The practice regularly assessed their performance in areas such as hospital attendances. The nursing team ran daily minor illness appointments in response to patient demand. Staff told us A&E attendances had reduced by 8.64% on previous year figures since the minor illness clinics became fully operational.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointment times started at 8am and the latest appointment was offered at 6pm daily. The practice provided the extended hours service, operating from 6.30pm to 8pm on Wednesday. GP and nurse appointments were offered up to 7.45pm on Wednesday. They operated a nurse-led telephone triage system whereby patients calling to request for appointments received a call back from an advanced nurse practitioner, who booked them in as appropriate. There were two advanced nurse practitioners on Monday morning to meet the high demand for appointments.

Pre-bookable appointments could be booked up two weeks in advance for the GPs and one month in advance for the nurses. Urgent appointments were available for people who needed them and this included telephone appointments. Patients could access appointments online and request repeat prescriptions using the electronic prescriptions service. The practice told us GP appointments had been increased from 12 to 16 per

# Are services responsive to people's needs?

## (for example, to feedback?)

session and these could be increased up to 20 to meet demand. Patients were encouraged to book the minor illness appointments offered by the nurse practitioners as appropriate to lessen the demand for GP appointments.

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.

- 67% of patients were satisfied with the practice's opening hours, compared to the CCG average of 75% and the national average of 76%.
- 73% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.
- 86% of patients said they were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 87% and the national average of 85%.

However, 43% of patients said they usually wait 15 minutes or less after their appointment time to be seen, compared to the CCG average of 65% and the national average of 65%.

The majority of the completed CQC comments cards were positive about access to appointments. However, three out of 38 comments stated it was difficult to get through to the practice telephone at 8am, the recommended time to call in order to access appointments. Additionally, three comments stated sometimes there were long waiting times to be seen after they arrived for their appointments.

In response to the feedback above, a comprehensive guide had been created for the reception team to assist them when booking appointments to ensure the length of appointment offered was appropriate for dealing with the patients' problems. This was aimed at reducing the waiting times when patients presented with more than one problem when they had been booked for a routine appointment slot. Staff told us patients were notified if the clinicians were running late on appointments.

Staffing rotas had been adjusted to ensure there were more people taking telephone calls at peak times. The message on the practice telephone had been changed to encourage patients with non-urgent queries to call later in the day when the phones were less busy.

There was a pilot scheme operated in the local area whereby a team of clinicians from local surgeries saw all patients with minor illnesses who wanted to be seen on the day from one site. The practice told us they would be included in the scheme from January 2017 and envisaged this would improve access to same day appointments for their patients with GPs providing one session per week to the hub.

### **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 in the reception area, including a complaints leaflet.

There were 20 complaints received in 2015/16 by the practice. We looked at some of the complaints and found these were satisfactorily handled and dealt with in a timely way. Apologies were given to people making complaints where appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and actions were taken to as a result to improve the quality of care. For example, complaints were discussed at practice team meetings so that any learning is shared and changes to policies and procedures are implemented as a practice team.

# 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 previous inspection on 13 August 2015, we rated the practice as requires improvement for providing well-led services in respect of good governance. We found that the registered person did not always maintain accurate and contemporaneous records in respect of staff and the management of regulated activities. Additionally, the practice's auditing systems and governance arrangements needed to be strengthened to ensure they were effective.**

**These arrangements had significantly improved when we undertook a follow up inspection on 15 November 2016. The practice is now rated as good for providing well led services.**

### 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 centred on improving the health and wellbeing of those they cared for, with a vision to work in partnership with staff to provide services in line with regulations and guidance. This was displayed in the waiting room.
- The partners acknowledged challenges with recruiting clinical staff and evolved their skill mix to meet the demands of the service. Plans were in place to use the two nurse practitioners who were qualified mentors to increase the number of nursing students from local universities taken on placements to encourage them to consider future employment in general practice.
- A 'super partnership' was anticipated amongst the six practices in Long Eaton to enable practices to share some of their back office activities and improve financial efficiencies. Some of the staff told us they had spent time with staff at a local practice compare ways of working and share what works well.
- Opening hours at the branch site were continually under review with close liaison with the CCG and NHS England in monitoring access at the surgery. Patients were continually kept informed on any changes through the practice newsletter.

### Governance arrangements

The practice had an effective governance framework which supported the delivery of the strategy and good quality care. The framework 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. All staff had clear responsibilities in both clinical and non-clinical areas.
- There was an appointed Caldicott Guardian within the practice responsible for protecting the confidentiality of patients and enabling appropriate information-sharing.
- Practice specific policies were implemented and were available to all staff. We saw that there were practice meetings where policies and changes were discussed. Other meetings included weekly referral meetings, monthly clinical staff meetings, fortnightly multi-disciplinary team meetings and monthly partners meetings.
- There was a comprehensive understanding of the performance of the practice in respect of QOF achievement, access to appointments and patient satisfaction.
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- Statutory notifications were submitted to the Care Quality Commission (CQC) for notifiable incidents involving the police or coroner due to a patient's death and events which stop the provider from running the service. There were six notifications submitted since the previous CQC inspection.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to lead the practice and ensure high quality care. The clinical team had a range of experience in paediatrics, accident and emergency services (A&E), surgery, medical and orthopaedic wards. These skills were used in providing care to patients within the practice.

There was a clear leadership structure in place and staff felt supported by management. Staff told us the practice held regular team meetings between the staff groups and as a practice, which was evident from the minutes of meetings



# Are services well-led?

Good 

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

held. 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.

The managers encouraged a culture of openness and honesty. Constructive challenge from patients, carers and staff were encouraged and complaints were acted on effectively. 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.
- The practice reviewed all complaints for emerging themes so that lessons could be learned to avoid recurrence.

## 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 national patient survey, the NHS Friends and Family test and carried out their own patient surveys on a regular basis. They reviewed the results at team meetings and discussed ways to continually improve the results and commend the team for positive results.
- The practice engaged positively with their patient participation group (PPG). The group met once every two months on Saturday mornings with eight members in attendance including the practice manager. There

was a display board in the waiting room with information on how to join the group and minutes of meetings were available on the practice website. Members of the PPG we spoke to on the day of inspection told us they had faced challenges with recruiting new members and the practice printed information about joining the group on prescriptions.

- The PPG worked with the practice to produce a seasonal newsletter to communicate changes within the practice and advertise services available to patients. A member of the group with experience in human resources had previously been invited to sit on the recruitment panel when the practice was recruiting new staff. Feedback from the PPG was positive about their interactions with the management and staff. They told us the management was proactive about obtaining and communicating patient feedback, and were open with patients.
- The PPG obtained feedback from other patients by interacting with them in the waiting room and carrying out patient surveys. Actions taken following receiving the feedback were displayed in the waiting room to ensure patients were aware that their suggestions had been taken forward. The group felt they were able to influence change on behalf of other patients and that the management listened to them by obtaining better seating for patients and introducing a booking in computer screen.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt engaged to improve how the practice was run.