

Stafford Medical Group

Quality Report

Locking Castle Medical Centre
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North Somerset
BS24 7DX

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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

Are services responsive to people's needs?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We last carried out a comprehensive inspection of Stafford Medical Group on 4 February 2015. At that inspection the practice was found to be requiring improvement within the responsive domain. . This focused inspection undertaken on 16 September 2015 was specifically to follow up on the findings from our last inspection in February 2015. This report should be read in conjunction with our previous inspection report undertaken on 4 February 2015; this report was published on 23 July 2015.

Since our last inspection action had been taken by the provider to improve the service for patients and we found

the practice was now meeting the regulation for dignity and respect with the overall rating for the responsive domain being good. We found the quality of care in the six population groups remained the same as the previous inspection where we rated them good.

Our key findings were as follows:

- There were arrangements in place to reduce the time patients waited to be seen for their appointments.
- The practice reviewed and identified improvements following national patient survey results to improve patient care.

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 responsive to people's needs?

The practice is rated as good for providing responsive services.

Since our last inspection there have been improvements made with the appointments systems. Patients were respected and GPs were available to see patients within a reasonable time for the first appointment of the day. Actions had been taken to improve appointments generally. To do this the provider had met with the patient participation group to discuss patient survey results had taken action to further improve patient satisfaction and had recruited an additional salaried GP and an additional nurse practitioner. This had increased more face to face appointments for patients.

Good



Stafford Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC inspector.

Background to Stafford Medical Group

We inspected the location of Stafford Medical Group, Locking Castle Medical Centre, Highlands Lane, Weston-Super-Mare, North Somerset, BS24 7DX. We did not inspect its branch surgery on this inspection; Stafford Place Surgery, 4 Stafford Place, Weston-Super-Mare, BS23 2QZ. All registered regulated activities were carried out within both of these premises. This focused inspection was undertaken to follow up on the breach of regulation found at our previous comprehensive inspection undertaken on 4 February 2015.

The practice serves approximately 11,800 patients. The national general practice profile shows the practice has a higher than average to England population of patients aged between the ages of 0 to 14 years old and 40 and 44 years old. They are also below the national and local average for 55 years and older. The practice is in an average area for deprivation in the practice catchment area.

There were three GP partners and two salaried GPs and a long term locum; five male GPs and one female GP. Each week all the GPs work the equivalent to approximately six full time GPs.

There were seven female members of the nursing team which consisted of two nurse practitioners, three practice nurses, two health care assistants and a phlebotomist. Each week all nursing staff work the equivalent to approximately four full time nursing staff.

The practice had a Personal Medical Services contract (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, learning disability, patient participation, immunisations and remote care monitoring.

Locking Castle Medical Centre had core opening hours from 8am until 6:30pm to enable patients to contact the practice. The branch practice Stafford Place Surgery was open reduced hours and patients could contact Locking Castle outside of these hours. Outside of opening hours patients contacted NHS 111 who referred patients to Brisdoc for Out-Of-Hours services to deal with urgent needs when the practice is closed.

Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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

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 patient's needs?
- Is it well-led?

On this inspection we reviewed sections within the responsive domain that required improvements.

We did not carry any additional review of the population groups. The population groups are:

- Older patients
- Patients with long-term conditions
- Families, children and young patients
- Working age patients (including those recently retired and students)
- Patients whose circumstances may make them vulnerable
- Patients experiencing poor mental health (including patients with a form of dementia)

Before visiting, we reviewed a range of information we hold about the practice, this included the provider's action plan which they had sent to us following their last inspection in order to outline to us the action they had taken to improve services for patients. We carried out an announced visit on 16 September 2015.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Access to the service

The main practice was open from 8am until 6:30pm Monday to Friday. All patients could contact the main practice during these hours. The branch surgery was open reduced hours Monday and Friday from 8:30am until 1pm and 2pm until 6pm and Tuesday to Thursday 8:30am until 1pm.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent and routine appointments including home visits and how patients could book online appointments through the website. If patients requiring urgent medical assistance called the practice when it was closed information on the Out of Hour's service was provided to patients.

Longer appointments were available for patients with complex health conditions or needs, such as older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. Home visits were made to one local care home as and when required.

The GP patient survey information taken from July to September 2014 and January to March 2015 from 92 patients showed low patient satisfaction around access to appointments including waiting times to be seen for their appointments. The results were released in July 2015. For example:

- 17.7% of patients were not satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 9.3% and national average of 9.9%.
- 27.9% of patients described their experience of making an appointment as poor compared to the CCG average of 11.1% and national average of 12.4%.
- 55.1% of patients said they usually waited more than 15 minutes after their appointment time compared to the CCG average of 34% and national average of 27.1%.
- 61.2% of patients said they found it hard to get through to the surgery by phone compared to the CCG average of 28.6% and national average of 26.7%.
- 54.9% of patients said they feel they normally have to wait too long to be seen in comparison to the CCG average of 38.1% and national average of 34.5%.

The GP patient survey was taken over the period when we inspected the practice on this occasion as well as the previous inspection. These showed a low satisfaction from patients in respect of their ability to access the service. During this inspection we spoke with six patients; two patients were satisfied with the appointment system; two patients who needed to fit appointments around work told us this was difficult because appointment times did not fit around working hours. The practice did not have an enhanced service to provide extended hours to patients. However, they did have a telephone triage system which enabled patients to provide their availability of when they could be called back by the duty GP. The other two patients did not like the telephone triage system and wanted to be able to book a same day appointment without talking to a GP first. Appointments were triaged due to high demand of the service and the need to prioritise same day face to face appointments for patients who were most in need of them. Routine appointments could be booked up to four weeks in advance.

Previously we found patients were unnecessarily made to wait longer for their appointment time because two GPs regularly started clinics 40 minutes after their first appointment time. Since the last inspection the GPs have improved their clinic start time. We reviewed a random selection for all GP and nursing staff first appointments of the day to determine whether patients had to wait an unreasonable amount of time. Records showed patients were seen either early, on time or within 10 to 15 minutes of their appointment time. The practice had made changes to when appointment times started that were realistic for GPs to meet and changes were made in respect of how many patients were able to be seen during sessions. This change had helped reduce waiting times for patients and enabled them to be seen more promptly. Since the last inspection the practice has recruited a new salaried GP which had helped to increase more face to face appointments for patients. There were also two qualified nurse practitioners who were able to see patients for minor illnesses.

The practice was aware patient satisfaction with appointments was still low and had actively discussed the issue with the patient participation group to see where improvements could be made. They were in the process of producing a patient survey on appointments to determine what patients were specifically unhappy with and to determine whether they could improve the appointments

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system from the results gained. The practice manager also planned to discuss the results at the next all staff meeting in October 2015 to identify from staff suggestions for improvement.