

# College Street Medical Practice

## Quality Report

86 College Street

Long Eaton

Nottingham

Nottinghamshire

NG10 4NP

Tel: 0115 973 4502

Website: [www.collegestreetmedicalpractice.co.uk](http://www.collegestreetmedicalpractice.co.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 service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# 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. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise significant events and safeguard patients from abuse. All opportunities for learning from internal and external incidents were maximised.
- Some risks to patients were assessed and well managed, with the exception of those relating to the environment, infection control and management of the service.
- Most patients' needs were assessed and care was planned and delivered following best practice guidance.

- Data reviewed showed the majority of patient outcomes were comparable to the local and national averages.
- Staff worked closely with other services to ensure that patients' needs were met.
- The majority of patients said they were treated with compassion, dignity and respect and felt they were involved in their care and decisions about their treatment.
- Most patients were able to access care and treatment when they needed it, with urgent appointments available the same day. However, nationally reported data showed some patients did not always find it easy to make an appointment with a named GP and continuity of care was not always maintained.
- The practice implemented suggestions for improvements as a result of feedback from patients and the patient participation group (PPG).
- Information about how to complain was available and easy to understand.

# Summary of findings

- There was a clear leadership structure and most staff felt supported by management.
- The clinical leadership and governance arrangements required strengthening to ensure: robust systems were in place to assess and monitor the service provision; and a practice wide approach to ensuring safe care and treatment. We also noted that the practice was undergoing various changes to drive improvements, following the appointment of additional nursing staff.

However there were areas of practice where the provider needs to make improvements.

The areas where the provider must make improvements are:

- Ensure the implementation and regular review of formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure records relating to staff employed and the management of the regulated activities are sufficiently

detailed and up to date. This includes information related to staff training and personal records, policies and procedures and investigations related to significant events and complaints.

- Ensure identified areas of improvement in relation to infection prevention and control are addressed.
- Ensure notifiable incidents are reported to the Care Quality Commission.

The provider should also:

- Improve the availability of non-urgent appointments and continuity of care for patients.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Carry out re-audits to improve patient outcomes and clinical audits related to minor surgery.
- Ensure all staff are fully supported with formal induction and training relevant to their role.

**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 requires improvement for providing safe, as there are areas where improvements should be made.

Staff understood their responsibilities to raise concerns and to report significant events and incidents. Lessons were learned and communicated widely to support improvement. Suitable arrangements were in place for the management of medicines and dealing with medical emergencies.

However, improvements were required to ensure robust systems were in place and embedded to ensure care and treatment was provided in a safe way for people. For example, although risks to patients and staff were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. This included risks related to the health and safety of people, the environment and infection control practices.

Additionally, ensuring that sufficient staff were in place to meet the patients' needs had been a challenge for the practice; however on-going review arrangements and adjustments were in place to address this. The recruitment process needed strengthening to ensure complete documentation in respect of pre-employment checks was kept for all staff.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective.

Data showed most patient outcomes were comparable to the local and national averages. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE). Most patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing patients' mental capacity and promoting good health. There was evidence that audit was driving improvement in performance to improve patient outcomes.

Most staff received training appropriate to their roles and any further training needs were identified through performance reviews. Appropriate training was planned to meet these needs although the record keeping was limited in respect of some staff's refresher training. There was evidence of appraisals and personal development plans for some staff.

**Good**



# Summary of findings

Staff worked with multi-disciplinary teams to coordinate the care of patients with multiple and / or complex health needs. Improvements had been identified to the processing and recording of patient information.

## Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

The majority of patients we spoke with and the comment cards received confirmed that people were treated with compassion, dignity and respect; and they were involved in decisions about their care and treatment. We saw that staff treated patients with kindness and respect, and maintained their confidentiality.

However, not all patients felt cared for, supported and listened to as reflected in the national patient survey results published in July 2015. For example;

- 59% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local and national averages of 81%.
- 61% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local average of 86% and national average of 85%
- 70% said the last GP they saw or spoke to was good at listening to them compared to the local average of 88% and national average of 89%.

A range of information about the services available for patients was accessible; including information for carers and a local bereavement service

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services, as there are areas where improvements should be made.

The practice reviewed the needs of its local population and engaged with the NHS England Area

Team and Clinical Commissioning Group (CCG). Action plans had been agreed to secure improvements to services where these were identified.

The majority of patients we spoke with and completed comment cards said they found it easy to make an appointment and urgent appointments were usually available the same day.

The practice had experienced staffing shortages since February 2014 and this had impacted on the availability of appointments for

**Requires improvement**



# Summary of findings

patients, continuity of care and patients receiving timely care when they needed it. This was aligned with some of the national GP patient survey results and patient feedback we received. For example:

- 68% found it easy to get through to this surgery by phone compared to the local average of 75% and national average of 73%.
- 62% felt they had to wait too long to be seen compared to the local average of 43% and national average of 42%.
- 52% described their experience of making an appointment as good compared to the local average of 70% and national average of 73%.

However, significant improvements had been made to bridge the gap of GPs through a recruitment of nurse practitioners within the last eight months. The practice had good facilities and was well equipped to treat patients and meet their needs.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

The practice had a vision to deliver good quality care but our inspection findings showed improvements were required to the governance arrangements in place to ensure the delivery of safe care and treatment. The practice had a number of policies and procedures to govern activity, but some of these were overdue a review and / or were not implemented in practice by staff.

Systems in place for reporting notifiable incidents to the Care Quality Commission required strengthening to ensure compliance with the regulations.

There was a documented leadership structure and most staff felt supported by management. The practice had an active patient participation group (PPG) and feedback sought from patients and staff was acted on. Staff felt the practice was committed to continuous learning and improvement. However, the absence or poor record keeping of information related to staff employed and the management of the regulated activities did not fully support this.

**Requires improvement**



# 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 provider was rated as requires improvement for safe, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had 550 patients aged over 75 at the time of our inspection. Nationally reported data showed outcomes for conditions commonly found in older people were overall good with the exception of osteoporosis which was significantly lower than the local and national averages. The practice had achieved total points of 66.7% compared to the CCG average of 88.9% and national average of 81.4%.

The practice offered home visits and rapid access appointments for those with enhanced needs. The practice identified patients with caring responsibilities and those who required additional support including health reviews.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safe, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Longer appointments and home visits were available when needed.

The 2014/15 performance data showed positive outcomes were achieved for most long term conditions. This included asthma, chronic obstructive pulmonary disease, epilepsy and stroke.

People with long term conditions and under the age of 75 had a named GP. However, we were concerned that only one doctor was the named GP for all these patients, although the practice told us patients could choose a preferred GP.

The 2014/15 QOF data showed some patients had not received a structured annual review to check that their health and care needs were being met in the last 12 months.

**Requires improvement**



# Summary of findings

## Families, children and young people

The provider was rated as requires improvement for safe, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had 1 315 patients under the age of 16 at the time of our inspection. Parents told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. Immunisation rates were relatively high for all standard childhood immunisations.

We saw good examples of joint working with health visitors and school nurses. There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances.

The practice held a monthly teenage drop in clinic in the evening. This clinic was designed to encourage teenagers to discuss any confidential issues they may have including sexual health.

Requires improvement



## Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The age profile of patients at the practice mainly comprised of working age persons, students and the recently retired (about 4500 patients).

The needs of this population group had been identified and the practice had adjusted some of the services it offered to ensure these were accessible and flexible. Early morning appointments for blood tests and nurse appointments were available from 8am each day and extended hours were offered till 7.45pm one evening a week. The practice offered online services for booking appointments and ordering repeat medications.

A full range of health promotion and screening that reflects the needs for this age group was offered. Performance indicators for cancer screening and blood pressure checks were comparable to the local and national averages. However, improvements were required to the recording in patient notes of support provided to patients requiring advice on their diet and smoking.

Requires improvement





# Summary of findings

## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of 38 patients with a learning disability and 60.53% of patients had received a health review. A named nurse undertook the annual review including a physical health check and care plans were agreed. Staff offered longer appointments at times convenient for the patient and their carer.

The practice liaised with multi-disciplinary teams in the case management of vulnerable people. Staff told 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 also 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.

Requires improvement



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

The provider was rated as requires improvement for safe, effective, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. People experiencing poor mental health had access to various support groups, voluntary organisations and the local mental health service.

Performance for mental health and dementia related indicators showed positive outcomes for patients. For example:

- 70% of patients on the practice's mental health register had received an annual health check.
- 97.7% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan; and this was above the CCG average of 91.6% and the national average of 88.3%.
- 84.5% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months compared to a CCG average of 85.3% and national average of 84%.

Requires improvement



# Summary of findings

## What people who use the service say

We spoke with seven patients during our inspection. Patient feedback was mostly positive about the care and services provided and the way staff treated them. They said that they were treated with kindness, dignity and respect. Patients said some improvements had been made to enable them to access appropriate care and treatment when they needed it, and urgent appointments were usually available the same day.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which included positive feedback about the cleanliness of the premises, involvement in decisions about care and staff attitude.

Although the majority of patient feedback we received was mostly positive, the July 2015 national GP patient survey results showed the practice was performing below local and national averages. This was also aligned with some of the less positive feedback we received. This included patient's experience of accessing appointments, waiting times, consultation with doctors and nurses. For example,

- 84% of the 128 respondents were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.

- 74% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 68% found it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%.
- 52% described their experience of making an appointment as good compared with a CCG average of 70% and a national average of 73%.
- 54% were satisfied with the surgery's opening hours compared with a CCG and a national average of 75%.
- 42% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 63% and a national average of 65%.
- 38% felt they don't normally have to wait too long to be seen compared with a CCG average of 57% and a national average of 58%.
- 17% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 50% and a national average of 60%.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure the implementation and regular review of formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure records relating to staff employed and the management of the regulated activities are sufficiently detailed and up to date. This includes information related to staff training and personal records, policies and procedures and investigations related to significant events and complaints.
- Ensure identified areas of improvement in relation to infection prevention and control are addressed.

- Ensure notifiable incidents are reported to the Care Quality Commission.

### Action the service **SHOULD** take to improve

- Improve the availability of non-urgent appointments and continuity of care for patients.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Carry out re-audits to improve patient outcomes and clinical audits related to minor surgery.
- Ensure all staff are fully supported with formal induction and training relevant to their role.

# 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. The team included a second Inspector, a GP specialist advisor and a practice manager specialist advisor.

- an advanced nurse practitioner, two advanced nurse specialist, two practice nurses and a healthcare assistant.

The practice is a training practice for GP trainees and one registrar was in post at the time of our inspection.

The practice also employs a practice manager, office supervisor and a team of reception, secretarial and administrative staff.

The practice is part of the Erewash HUB which provides extended hours to 8pm on weekdays and 9am to 12noon over the weekend.

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.

## 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 7,100 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.

College Street Medical Practice is registered with the Care Quality Commission (CQC) to provide the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures and treatment of disease, disorder or injury.

The practice holds a Primary Medical Services (PMS) contract and provides GP services commissioned by NHSE.

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, all of whom are female.

## Why we carried out this inspection

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

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.

# 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 people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. This included Erewash clinical commissioning group, NHS England and Health watch.

We carried out an announced visit on 13 August 2015. During our visit we spoke with a range of staff which included GPs, an advanced nurse practitioner, practice nurses, the practice manager, and reception/administration staff. We spoke with seven patients who used the service including a member of the patient participation group.

We observed how people were being cared for and talked with carers and family members, and reviewed the personal care or treatment records of patients. We reviewed 40 comment cards where patients and members of the public shared their views and experiences of the service. In addition, we received six patient comments via Health watch.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager or GP of any incidents and demonstrated awareness of the recording form available on the practice's computer system.

Staff confirmed improvement work related to the reporting process and promoting their understanding ensured they felt safe to report any significant events, incidents, errors and near misses. As a result, the number of recorded incidents had increased to 51 within the last 12 months as staff felt confident in reporting minor and significant events.

Records reviewed showed significant events were investigated and the outcomes were discussed at the practice meetings. Lessons were shared to make sure that action was taken to improve safety in the practice. For example, following a review of a patient's death, internal flagging systems were strengthened to ensure that patients at high risk of health deterioration / suicide were followed-up within a week.

Additionally, a trend in prescribing errors had been identified and appropriate action had been taken to prevent the errors occurring again. People affected by significant events received a sincere apology and were told about actions taken to improve care.

We also found the recording of significant events needed strengthening to ensure an in-depth analysis was documented in line with the practice policy.

### Overview of safety systems and processes

#### Safeguarding

Arrangements were in place to safeguard children and vulnerable adults from abuse. For example, the practice had policies in place for safeguarding vulnerable adults and children which were accessible to all staff as guidance.

Staff we spoke with understood their responsibilities to safeguard vulnerable patients; although there was an absence of training records for some staff to evidence they

had received up to date training relevant to their role. Meeting minutes showed safeguarding concerns were discussed and shared with other professionals including the health visitor to ensure duty of care for patients.

A notice was displayed in the waiting room, advising patients that staff members would act as chaperones, if required. All staff who acted as chaperones understood the responsibilities of their role and had received a disclosure and barring check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

### Monitoring safety and responding to risk

There were some procedures in place for monitoring and managing risks to patients and staff safety. For example, the practice had an up to date fire risk assessment in place and the fire alarm was tested weekly. Staff were aware of the evacuation procedures although a fire evacuation drill had last been undertaken in March 2014.

The practice also had risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health. Risk assessments related to electrical safety and Legionella were undertaken by the landlord or external providers; and these were shared with us following our inspection.

Assessing and monitoring of risks needed strengthening to ensure a robust system was embedded to minimise risks to people. For example, the practice had contracted an external company to undertake an evaluation of its health and safety procedures to ensure the safety of patients and staff. A report completed in November 2013 identified areas that required improvement and some action points were yet to be completed at the time of our inspection. This included risks assessments for lone working, manual handling, display screen equipment, slips trips and falls.

### Equipment

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was serviced and calibrated to ensure it was working properly.

### Cleanliness and infection control

The practice had liaised with the clinical commissioning group (CCG) infection prevention team to keep up to date with best practice. For example, an external nurse had completed an informal review of the standards of cleanliness and hygiene within the practice on 17 June

# Are services safe?

2015. As a result of this review some action had been taken to address identified improvements. For example, wall mounted liquid hand soaps had been installed, cleaning schedules were put in place for each room and consulting rooms had been decluttered.

However, additional improvements were still required to ensure that people using the service were kept safe. One of the practice nurses had recently been appointed as the infection control clinical lead and planned to undertake further training to enable them to undertake their role. They were tasked to lead the implementation of the agreed action plan. This included ensuring that all staff had received up to date training including hand hygiene, putting in place effective processes for checking staff immunity status including locum staff, undertaking annual infection control audits and reviewing the existing policies and procedures to ensure they were relevant and up to date.

## Medicines Management

The arrangements for managing medicines such as emergency drugs and vaccinations kept patients safe. This included processes in respect of obtaining, prescribing, recording, handling, storing and security of medicines.

Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Records reviewed showed the practice had the lowest prescribing rates of antibiotics within the local area. Prescription pads were securely stored and there were systems in place to monitor their use. Controlled drugs stored onsite were in date and stored securely.

## Recruitment and Staffing

Recruitment checks were carried out and the six files we reviewed showed most of the required recruitment checks had been undertaken prior to staff employment. For example, staff files contained proof of identification, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service.

However, pre-employment medical questionnaires were not completed by most staff, interview summary records

were missing in three out of six files and two staff files did not contain a reference obtained prior to appointment. The practice manager told us this information would be obtained and kept in staff files following our inspection.

The practice management was open about the staffing shortages they had experienced since February 2014 and the difficulty in recruiting a GP to post. This had impacted on the delivery of services which was reflected in the patient feedback we received. For example, some patients told us there had been a lack of continuity of care due to staffing changes; difficulty in accessing non-routine appointments with the GP or nurse and reported lengthy waiting times before being seen by the GP; although some improvements had been noted in 2015.

This negative feedback was also aligned with some of the national GP patient survey results published in July 2015. For example, only 17% of respondents with a preferred GP usually got to see or speak to that GP compared to the CCG average of 50% and national average of 60%.

The practice leadership was fully aware of this feedback and had made some improvements to address the issues. This included recruiting two part time advanced nurse practitioners (ANP) who could see patients with minor illnesses and this allowed the existing GPs to focus on patients with more complex health needs. Opening hours at the branch site were revised and were subject to review at the end of August 2015. This was to ensure adequate staff cover (both clinical and administration) and fulfilment of the provider's contractual commitments to NHS England and the CCG.

At the time of our inspection, ongoing arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The clinical team comprised of a lead GP, three salaried GPs, a registrar, three ANPs, two practice nurses and one health care assistant. There was a rota system in place for all the different staffing groups to ensure that enough of staff were on duty. Staff covered each other during periods of annual leave and sickness.

## Arrangements to deal with emergencies and major incidents

Most staff had received basic life support or cardio pulmonary resuscitation (CPR) training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and

## Are services safe?

oxygen with adult masks. There was also a first aid kit and accident book 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 fit for use.

The practice had a business continuity plan in place for major incidents such as loss in electricity supply, flooding

and a health epidemic. Our review of the plan showed it was last revised in January 2013 and it required a review to ensure up to date information was contained. Additionally, not all staff were fully aware of the contingency measures detailed in the plan.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment for most patients in line with relevant and current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice made use of clinical meetings and IT to ensure all clinical staff were kept up to date with the guidance. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The 2014/15 data showed the practice had achieved 91.2% of the total number of points available, with a clinical exception rate of 9.2%. Exception reporting rates show the percentage of patients who are not included when determining Quality and Outcomes Framework (QOF) achievement.

- The practice scored the maximum available points of 100% for 13 out of 20 clinical domains. This included long term conditions such as asthma, chronic disease, depression, dementia and epilepsy.
- Lower values were achieved for conditions such as:
  - osteoporosis (66.7% compared to a CCG average of 88.9% and national average of 81.4%) and
  - diabetes (83.7% compared to a CCG average of 90.2% and national average of 89.2%) and
  - mental health (92.3% compared to a CCG average of 93.9% and national average of 92.8%).

Clinical audits were carried out to demonstrate quality improvement and staff were involved in reviewing outcomes to improve people's care, treatment and outcomes. We looked at four clinical audits completed in the last two years. One of these was a completed audit

where the improvements made were implemented and monitored. The completed audit cycle reviewed cancer diagnosis made outside the two week referral system and the delays in referring for suspected cancer.

### Effective staffing

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

- Records reviewed showed the practice had a formal induction programme for newly appointed members of staff that covered topics such as safeguarding, health and safety, and confidentiality. We found not all staff files contained documentation to evidence completion of this induction and staff being signed off their probationary period. However, most staff told us they felt well supported with the induction and mentoring they had received including the recently recruited practice nurses.
- The learning needs of staff were identified through a system of supervision, appraisals and meetings. We saw examples of performance reviews undertaken and the agreed action plans between the staff member and their supervisor. A schedule was in place to ensure that staff employed for more than 12 months received a yearly appraisal of their performance.
- Staff had access to and made use of external and in-house training. Our interviews with staff confirmed that the practice was proactive in providing training; and the practice management had identified the need to improve the recording of training updates for staff.
- We noted 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 on most occasions through the practice's patient record system and their intranet system. This included medical records, care plans and test results.



# Are services effective?

## (for example, treatment is effective)

Improvements to the processing of test results had been implemented following a significant event and the recording of information for people receiving end of life care required improvement following an audit completed on 30 June 2015.

Staff worked together with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. For example: patients referred or discharged from hospital; patients with learning disabilities and patients with complex mental health needs who were treated in conjunction with the psychiatric team. Clinical staff attended a weekly meeting where referrals made to other services were discussed.

We saw evidence that multi-disciplinary team meetings took place regularly and these included the community delivery team (CDT), district nurses and the palliative care team. Patients' care plans were reviewed and updated.

### Consent to care and treatment

Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. All clinical staff demonstrated a clear understanding of the Gillick competency test. These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions.

Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. However, the process for seeking consent was not monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation

Information on smoking cessation and diet advice was available from the clinical staff and staff told us patients were signposted to other support services with their consent. However, data reviewed showed 55.2% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months. This was below the CCG average of 80.6% and national average of 86.7%

The practice had a health screening programme in place and data showed comparable outcomes for patients For example;

- The uptake for the cervical screening programme in the preceding five years was 80.2%, compared to the CCG average of 84.8% and national average of 81.8%.
- 75.3% of females aged 50 to 70 had been screened for breast cancer in the last 36 months which was comparable to the CCG average of 78.9% and national average of 72.2%
- 56.4% of patients aged 60 to 69 had been screened for bowel cancer in the 30 months which was comparable to the CCG average of 62% and national average of 58.3%
- 89.7% of patients aged 45 or over had a record of blood pressure in the preceding 5 years which was comparable to the CCG average of 92.2% and national average of 91%

Childhood immunisation rates for the vaccinations given were comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 96.7% to 100% and five year olds from 92.5% to 95.7%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, cardiovascular disease (CVD) and NHS health checks for people aged 40–74. Fifty three percent of NHS health checks had been completed for eligible patients since the start of the scheme in January 2009.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

The feedback received from most patients we spoke with and those who completed Care Quality Commission (CQC) comment cards was largely positive.

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. For example, curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

We spoke with seven patients including a member of the patient participation group (PPG) on the day of our inspection. The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. All but one of the patients' were happy with how they were treated and this was with compassion, dignity and respect. They generally felt happy with the care received and said their dignity and privacy was respected.

Twenty-five out of 40 completed CQC comment cards were wholly positive about the patient's individual experience of this service. Twelve comment cards detailed mixed reviews and three comments were wholly negative. Most patients said the practice offered a good service and staff were attentive, helpful, caring and treated them with respect.

Key themes from the less positive feedback received including comments from Health watch included: lack of continuity of care; difficulty in accessing non-routine appointments with the GP or nurse and "long" waiting times before being seen by the GP.

The practice had ongoing arrangements in place to improve the areas of concern. This included recruiting additional clinical staff which had increased available appointments for patients and promoted continuity of care.

Results from the national GP patient survey published in July 2015 showed 337 surveys were sent out and 128 were received back, representing a 38% completion rate. Some of the results included the following:

- 82% said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) and national averages of 95%.
- 70% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 63% of respondents described their overall experience of this surgery as good compared to the CCG and national averages of 85%.

Although the results showed the practice was below the local and national averages for all of its satisfaction scores on consultations with doctors, comparable results were achieved for nurses. For example;

- 94% said they had confidence and trust in the last nurse they saw compared to the CCG average 96% and national averages of 97%.
- 84% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.

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

Most patients we spoke with told us their health issues were discussed with them and they felt involved in decisions about their care. They also told us they felt listened to and supported by staff, and had sufficient time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback on the comment cards we received was largely positive and aligned with these views.

Records reviewed showed 2% of patients at risk of hospital admission had care plans in place and where appropriate they had also been shared with the out of hour's provider.

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

## Are services caring?

- 63% said the last GP they saw was good at giving them enough time compared to the CCG and national average of 87%.
- 60% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 59% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 81%

Higher values were achieved for consultations with nurses. For example;

- 88% said the last nurse they saw was good at giving them enough time compared to the CCG average of 93% and national average of 92%.
- 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national average of 90%.
- 76% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%

### Patient and carer support to cope emotionally with care and treatment

Patient feedback highlighted that most staff responded compassionately when patient's needed help and provided

support when required. The patient survey information showed most patients were positive about the emotional support provided by nurses and receptionists in particular. For example,

- 88% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 75% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.
- 61% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

The practice had a process in place for identifying carers including recognising the support needs of young carers. Written information was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the CCG had identified the need for practice staff to improve the delivery of the anti-coagulation management service it offered its registered patients. This had been triggered by a review in May 2015 which identified three areas of concern.

An action plan was agreed and improvements were being made and the progress was shared with the CCG. This included ensuring that clinical staff were initiating warfarin in line with the Joint Area Prescribing Committee (JAPC) guidelines and that relevant policies were updated. The CCG told us the practice was keen to improve its services and this would be monitored through planned quality visits and reports received from the practice.

Services were planned and delivered to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example;

- A free hearing screening service was offered for patients aged 55 and over.
- Nurse led clinics were held for the management of patients with asthma and diabetes.
- A monthly teenage clinic was held in the evening when teenagers could attend outside of school or college hours.
- There were longer appointments available for people who needed these including patients with a learning disability and those experiencing poor mental health.
- The practice offered evening appointments on a Tuesday until 7.45pm for working patients and others who could not attend during normal opening hours.
- Home visits were available for patients who would benefit from these including patients living in care homes.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The main site of the practice (86 College Street) was open between:

- 8am and 6.30pm on Monday, Thursday and Friday
- 8am and 8pm on Tuesday; with evening appointments offered from 6.30pm to 7.45pm for patients who could not attend during normal opening hours and
- 8am to 1.30pm on a Wednesday.

The opening hours for the branch site (Long Eaton Health Centre) had been revised to take into account reduced staffing levels. For example, the practice was open 8am to 6.30pm on Monday and Wednesday; and 8am to 1.30pm on Tuesday, Thursday and Friday. This was due to be revised at the end of August 2015.

Arrangements were in place to ensure patients received urgent medical assistance from Derbyshire Health United when both surgery sites were closed.

Routine appointments with the GP could be booked two weeks in advance and four weeks in advance with the nurses. Most of the patients we spoke with were satisfied with the appointment system and said it was easy to use. They confirmed they could see a doctor or nurse on the same day if their need was assessed as being urgent and they could see another doctor if there was a wait to see the GP of their choice.

Ten out of 40 (25%) of the completed Care Quality Commission (CQC) cards detailed patients' difficulty in accessing routine appointments and / or long waiting times for appointments to be seen by a GP. Two patients highlighted the reason for long waiting times or delays was not always explained by staff.

The national patient survey results published in July 2015 showed mixed feedback from patients in response to questions about access and availability of appointments. For example, patients generally rated the practice well in the following areas:

- 84% 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%
- 74% said the last appointment they got was convenient compared to the CCG and national average of 92%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 68% said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.

However,

- 54% were satisfied with the practice's opening hours compared to the CCG and national averages of 75%
- 52% described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 62% felt they had to wait too long to be seen compared to the CCG average of 43% and national average of 42%.
- 48% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 37% and national average of 35% and

This was discussed with the practice management team who explained that historical staffing shortages particularly nurses and doctors had been contributing factors to this mixed response. This had been addressed through a recruitment drive with two additional nurses recently being appointed. The practice management were aware this was an area of regular review in liaison with the patient participation group (PPG). The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. A newsletter produced by the PPG highlighted these issues and advised patients that staff were working to improve the availability of appointments and changes in staff.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures was mostly in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated person who initially handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system for example, posters displayed, summary leaflet available and reception staff would signpost the patients to the practice manager. Most of the patients we spoke with were aware of the process to follow if they wished to make a complaint.

There were 12 complaints received within the last twelve months and we reviewed six complaints in detail. We found these had been satisfactorily handled and dealt with openness and transparency. However, some of the practice responses were not made in a timely manner to the patients and documentation to support the investigation undertaken and lessons learnt needed to be strengthened and shared with the wider team.

Changes made to the practice as a result of complaints included introducing the recording of telephone calls so that the practice manager could review conversations when complaints were made about the availability of appointments and / or staff attitude.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a vision which was clearly displayed in the waiting area and staff knew and understood the values. The vision read “We aim to improve our patients experience, wellbeing and treatment by providing safe and effective care in a non-judgemental way”.

Our inspection findings showed that the practice’s vision was not always being achieved as we identified risks to the delivery of safe care and treatment, and governance arrangements needed to be improved.

The vision and future plans for the practice were not formally set out in the form of a business plan. However, the leadership was clear about the short and long term plans for the practice. This included: succession planning to ensure sufficient staff (particularly GPs) were in place to meet patient’s needs; strengthening the clinical leadership; and a commitment to on-going improvements.

The practice leadership acknowledged the challenges they faced in respect of staffing shortages and recruiting to post a GP since February 2014. In response to this, the practice had recruited advance nurse practitioners (ANP) to bridge the gap. Advanced nurse practitioners are highly experienced and educated members of the clinical care team who are able to diagnose and treat the health care needs of patients or refer to an appropriate specialist if needed.

Additionally, the practice decided to revise the opening hours at the branch site as a short term measure with plans to review this arrangement in liaison with the clinical commissioning group (CCG) and NHS England. These arrangements had been shared with patients via the practice newsletter.

### Governance arrangements

The overarching governance framework for the practice required improvement to enable staff to deliver good quality care. For example:

- Robust and embedded arrangements were not in place for identifying, recording and managing risks and implementing mitigating actions.
- Some practice specific policies required review and staff did not always implement them in practice.

- Records relating to staff employed and the management of regulated activities were not always up to date, complete and accessible on the day of the inspection.
- The practice had identified improvements in the documentation of patient notes to demonstrate the care discussed or delivered.
- The practice needed to ensure they submitted Statutory Notifications 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 as well as they should.

### Leadership, openness and transparency

There was a clear leadership structure in place and most staff were aware of their own roles and responsibilities. The two partners (GP and advanced nurse practitioner) acknowledged that improvements had been made and were still being made to ensure the practice team had the experience, capacity and capability to run the practice.

- Staff told us that the practice held regular team meetings and some of the minutes we looked at showed learning took place and opportunities to improve the service were discussed.
- Most staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt supported if they did. The partners told us they encouraged a culture of openness and honesty.
- Most staff said they felt respected, valued and worked as a team to improve the service delivered by the practice.

The practice had a whistleblowing policy which was available to all staff. Most of the staff we spoke with said that they would feel confident in reporting any concerns. We saw records to confirm that this policy had been used and investigations had been undertaken to address the concerns raised; with advice from an external human resources employment law consultancy firm.

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

The practice encouraged and valued feedback from patients, staff and other stakeholders. It proactively sought patients’ feedback and engaged patients in the delivery of



# Are services well-led?

Requires improvement 

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

the service. For example, the patient participation group (PPG) members were involved in staff interviews and produced a regular newsletter for patients and the practice also undertook patient surveys.

The PPG met on a regular basis and submitted proposals for improvements to the practice management team. As a result of patient feedback, the room temperature in the waiting area was reduced as patients reported it was too hot and pre-bookable appointments for GPs were extended to allow patients to book appointments two weeks in advance with a preferred GP.

The practice had also gathered feedback from staff through meetings, appraisals and informal discussion. Most staff told us they would not hesitate to give feedback and felt involved in improving outcomes for both staff and patients.

## Management lead through learning and improvement

The practice is a GP training practice and two of the nurse practitioners were mentors qualified to supervise nursing students. At the time of our inspection there was one GP in training and no nursing students. The GPs were all involved in revalidation, appraisal schemes and continuing professional development.

Meetings for nurses were held every three months and one of the nurses was being funded to undertake a master's degree programme at a local university. The practice manager attended a monthly meeting including other local practice managers. Practice staff met every second Wednesday of the month as part of educational / study days. The practice was also part of a federation of practices referred to as Erewash Health.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>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.</p> <p>This was in breach of regulation of 12(a)(b)(c)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person did not always: maintain accurate and contemporaneous records in respect of staff and the management of regulated activities.</p> <p>The practice's auditing systems and governance arrangements needed to be strengthened to ensure they were effective.</p> <p>This was in breach of regulation of 17(2)(d)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>