

College Street Medical Practice

Quality Report

86 College Street
Long Eaton
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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 caring?

Requires improvement



Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at College Street Medical Practice on 13 August 2015. The overall rating for the practice was 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 was good. However the practice was rated requires improvement for providing caring services.

As a result of this rating an announced focused inspection took place on 9 August 2017 to assess the improvements made to the caring key question. The practice is rated as requires improvement for providing caring services.

Our key findings were as follows:

- There had been some improvement in the latest results published from the GP patient survey conducted in January 2017. However this was only two months following our inspection on 15 November 2016.

- We received positive comment cards from patients who had attended the practice in the week prior to this inspection.
- We witnessed staff being friendly and approachable to patients during the inspection, often knowing the patients by name.
- Patients told us the staff were caring and treated them with kindness, and never felt rushed.
- The practice had a log of medicine alerts and retained information on how they were acted upon and actions taken.
- A new care coordinator was proactively reviewing patients registered as carers to ensure they had the support and care they required.
- However, the practice had not developed an action plan to address areas of the national GP patient survey which showed results which were lower than the national average.

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 caring?

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

- Data from the national GP patient survey showed improvement in a majority of areas. However, patients were still expressing dissatisfaction with the way tests and treatments were explained to them and the way they were involved in decisions relating to their care.
- There was no formal action plan to improve the service based on recent survey results.
- Patients told us 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.
- We received 161 comment cards of which a majority were positive about the care they received.
- We spoke to seven patients during and following the inspection, all of whom were positive about the care they received.
- 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 112 patients on the carers register (1.7% of the practice list).

Requires improvement



College Street Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC Inspector.

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 6566 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 partner (female). They are supported by a clinical team comprising of two salaried GPs (1 male and 1 female), two nurse practitioners, 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, assistant practice manager and a team of reception, secretarial and administrative staff. At the time of our visit there was a further salaried GP starting in November 2017.

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.

As part of a trial the practice is part of a 'Hub' in Long Eaton which has enabled GP surgeries to offer additional appointments when busy or closed, seven days a week. The hubs provide 15-minute appointments with an advanced nurse practitioner.

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 focused inspection on 9 August 2017 based on the areas in the caring key question which were found to require improvement during the inspection 15 November 2016. This was to review the following areas:

- The results of the patient satisfaction survey was mixed with some areas on GP care lower than the local and national averages.
- Not all patients felt cared for, supported or listened to.

Detailed findings

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 9 August 2017. During our visit we:

- Spoke with 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 comment cards where patients and members of the public shared their views and experiences of the service.

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?

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 caring?

Our findings

At our previous inspection on 15 November 2016, we rated the practice as requires improvement for providing caring services. At that time the national patient survey results published in July 2016 showed the practice remained below average for indicators related to caring.

When we undertook this inspection on 9 August 2017 there had been a new survey undertaken in January 2017 and published on July 2017 which showed some improvement in certain areas. However, some results were lower than local and national averages. The practice continues to be 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, often knowing them by name.

- 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 161 completed comment cards which represented 5.45% of the patient list. Of these 159 were positive about the care and treatment received from the practice team. The two cards with negative views commented they had not felt listened to during the consultation with a GP. However, other comments we received about support from the GP and nurse(s) were very positive.

Of the 159 comment cards which were positive, there were 11 which gave praise for the team. These comments ranged from experiences where nurses had spent additional time with patients to take blood as they had a needle phobia, to patients who had travel arranged for them as they were too ill to use a bus to get to hospital. We were told of a nurse who visited patients homes for monthly blood tests and routinely made them a sandwich and cup of tea as they lived alone, and occasions where the doctor had spent 45

minutes explaining a condition and arranged a follow up appointment of the same length to ensure they understood the treatment plan. Patients stated they had received exceptional care and some told us they would not move out of the area because they would not be able to remain with the practice.

We also spoke with seven patients, during and following the inspection. Patients told us they were well cared for and treated with dignity and respect. Many commented that there had been recent improvement of the care they received from the reception team and clinicians.

There had been 98 responses from 263 GP patient surveys sent out in January 2017, which represented a 37% response rate and 1.4% of the patient list. There had been overall improvements in patient satisfaction in the most recent GP patient survey results. They showed patients felt they were well cared for by nurses; however, outcomes were mixed when the question related to GPs and in some areas, results had decreased further since the previous survey was carried out. For example:

- 72% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%. This was lower than the previous result of 80%.
- 72% of patients said the GP gave them enough time, compared to the CCG average of 86% and the national average of 86%. This was in line with the previous result of 73%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%. This was higher than the previous result of 85%.
- 90% of patients said they had confidence and trust in the last GP they saw or spoke to, compared to the CCG average of 96% and the national average of 95%. This was higher than the previous result of 80%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 83% and national average of 86%. This was higher than the previous result of 72%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 92% and national average of 91%. This was in line with the previous result of 94%.

Are services caring?

- 98% of patients said they had confidence and trust in the last nurse they saw or spoke to, compared to the CCG average of 98% and the national average of 97%. This was in line with the previous result of 99%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%. This was higher than the previous result of 79%.

These results were published in July 2017; however the survey was conducted in January 2017 two months after the last inspection of November 2016. The practice had taken some steps since the last inspection to address the lower patient survey and the specific concerns highlighted in the previous report; for example:

- There had been a 60% reduction in the use of locum doctors to improve continuity within the practice.
- Reception staff had undertaken customer service training to improve understanding and communication.
- The practice had introduced a recording system for phone calls, specifically to review conversations following complaints. This had been seen as a positive change by staff; all reviews were carried out with the relevant staff member and used as a learning tool for staff. Random checks were also carried out and good service was acknowledged.
- The practice had increased the number of online appointments so it reflected the exact availability the practice had and double appointments were available as required. This had reduced the workload on reception staff, allowing them more time with patients in the practice.
- A dementia friendly representative had given training to staff to improve understanding and awareness.
- To allow the GPs more time with patients, if required, three 10 minute 'catch up slots' had been added to each session. This could be used as administrative time if required or if running late would allow the GP to gain ten minutes. The sessions had been extended to allow for this rather than appointments reduced.

The management team had set October as a month in which to conduct further surveys on the treatment and care provided to patients; this was to link in with the flu vaccination. Earlier surveys had been delayed because they did not want to inundate patients with questionnaires. Two

trainee GPs had completed their placements in the last year and as part of this the practice obtained feedback from patients who received treatment from them to enable further development.

As a trial program the clinicians had begun handing out postcards openly asking for feedback on NHS choices, and although early in the process it had seen a rise in comments left on the website.

Although the practice had taken some steps to address areas of low patient satisfaction, the practice had not developed an action plan based on the low scoring areas from the most recent GP patient survey which had shown further decreases in some results since the previous survey results were published, particularly in relation to (add in here which areas had seen a decrease)

Care planning and involvement in decisions about care and treatment

Patients told us they did not always feel involved in decision making about the care and treatment they received.

However, an overwhelming majority of CQC comment cards we received showed positive feedback from patients felt referrals were made appropriately and they were educated in the management of their long term conditions.

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

- 68% of patients said the last GP they saw was good at explaining tests and treatments, which is the same as the CCG 84% and national average of 86%. This was lower than the previous result of 74%.
- 65% 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%. This was lower than the previous result of 71%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 91%. This was lower than the previous result of 89%.

Staff told us that translation services were available for patients who required them and used sign language services for deaf patients. Recently an interpreter in person, rather than by telephone had become the preferred option

Are services caring?

for the practice, and patients were able to book interpreters online to improve convenience for patients. This had led to an increased in the number of patients that booked interpreters on a repeated basis.

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. The practice also had two screens which displayed messages on topical health concerns and local support groups in the waiting area.

The practice team had become more proactive at supporting patients with learning difficulties to access care. This had begun with invitations for health checks with follow up calls if required. At the previous inspection the practice had only completed 75% of the health checks for patients with a learning disability. At this inspection we found 90% of patients had already had an annual health check and there was still seven months to engage with the remaining patients and complete further checks.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 112 patients as carers which represented 1.7% of the practice list. 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.

The management team had reviewed the computer system which highlighted carers to ensure it was current, as some had been incorrectly coded. A new care coordinator had recently started. Any patients, listed as a carer who had not attended a consultation for a year were phoned to ensure they are well and receiving care or support as required. The Care coordinator was able to signpost patients to local groups and organisations, for example a local volunteer group that organised tea dances and film nights specifically for patients and their carers. In addition their role now included having oversight of palliative patients care packages to ensure they were completed and ongoing management in place

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. And staff attended funerals if the family agreed; as staff told us some patients had become more like friends, often with several generations of a family attending the practice.