

Dr Noren & Partners

Quality Report

Dr Noren & Partners
Steyning Health Centre
Steyning
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BN44 3RJ

Tel: 01903 843400

Website: www.steyninghealthcentre.co.uk

Date of inspection visit: 21 July 2017

Date of publication: 25/08/2017

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 effective?

Good



Summary of findings

Contents

Summary of this inspection

| | |
|---|--------|
| Overall summary | Page 2 |
| The five questions we ask and what we found | 3 |

Detailed findings from this inspection

| | |
|------------------------------------|---|
| Our inspection team | 4 |
| Background to Dr Noren & Partners | 4 |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |

Overall summary

Letter from the Chief Inspector of General Practice

When we visited Dr Noren & Partners at Steyning Health Centre on 10 January 2017 to carry out a comprehensive inspection, we rated them as good overall. However, we found the practice required improvement for the provision of effective services and we told them that they must:

- Assess, monitor and mitigate risks relating to the health, safety and welfare of patients related to repeat medicine reviews.

We also said they should:

- Continue to work towards improving the recording of care outcomes for patients with chronic obstructive pulmonary disease.

Following our inspection, the practice sent us an action plan setting out the action they would take to meet the legal requirements in relation to the breaches in regulations that we had identified.

This inspection was an announced focused inspection carried out on 21 July 2017 to confirm that the practice had carried out their action plan and was now meeting the legal requirements. This report should be read in conjunction with the full report of our inspection on 10 January 2017, which can be found on our website at www.cqc.org.uk.

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of effective services. Overall the practice remains rated as good.

On our inspection of 21 July 2017 we found the practice had made improvement and now met the legal requirements in the areas they had previously breached. Specifically we found:

- The practice had reviewed their process for ensuring patients on repeat medicines had these medicines reviewed at appropriate intervals. They had taken action in a number of areas and we saw data that showed significant improvement. For example, in the 12 months up to 21 July 2017, 80% of patients on four or more medicines had a medicine review recorded in their notes compared to the 51% we found at our previous inspection.
- The practice had continued to improve their reviewing and recording of care outcomes for patients with chronic obstructive pulmonary disease (a chronic lung disease). We saw data which showed that for the year April 2016 to March 2017 the practice had achieved 33 of the 35 quality framework points available to them.

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 effective?

When we visited Dr Noren & Partners at Steyning Health Centre on 10 January 2017 to carry out a comprehensive inspection, we rated them as required improvement for the provision of effective services. We found breaches in the regulation relating to safe care and treatment.

We undertook this focused follow up inspection of the practice on the 21 July 2017 to review the actions they had taken to improve the quality of care and to confirm that the practice was now meeting legal requirements.

We found the practice had made improvements and was now meeting the legal requirements in the areas they had previously breached. Specifically we found:

- The practice had reviewed their process for ensuring patients on repeat medicines had these medicines reviewed at appropriate intervals. They had taken action in a number of areas and we saw data that showed significant improvement. For example, in the 12 months up to 21 July 2017 80% of patients on four or more medicines had a medicine review recorded in their notes compared to the 51% we found at our previous inspection.
- The practice had continued to improve their reviewing and recording of care outcomes for patients with chronic obstructive pulmonary disease. We saw data which showed that for the year April 2016 to March 2017 the practice had achieved 33 of the 35 quality framework points available to them.

The practice is now rated as good for the provision of effective services.

Good



Dr Noren & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

This focussed inspection was undertaken by a CQC inspector.

Background to Dr Noren & Partners

Dr Noren and Partners is located in purpose built premises. There are consultation rooms on two floors and a lift to support patients with limited mobility.

The practice is contracted with NHS England to provide a General Medical Services (GMS) to the patients registered with the practice. The practice serves 12,099 patients from the local village and rural area. The practice demographics show that the population has a higher prevalence of patients over 50 years old compared to the national average and a significantly lower prevalence of 20 to 40 year olds and children under 10 years. National data suggested there is minimal deprivation across the local population. Fifty one percent of patients registered have a health condition which requires ongoing care compared to the national average of 54%. The local population was predominantly white British by ethnic origin (97%).

There are four male and three female GPs working at the practice. There are six nurses, two healthcare assistants, a phlebotomist and a paramedic practitioner. A number of administrative staff and a practice manager support the clinical team.

There are 6.5 whole time equivalent (WTE) GPs and 7.3 WTE nursing staff, healthcare assistants and paramedic practitioner.

Dr Noren and Partners is open between 8.00am and 6.30pm Monday to Friday. There were extended hours on Tuesday from 7am and on Wednesdays and Thursdays until 8pm.

Out of hours GP services were available when the practice was closed by phoning 111 and this was advertised on the practice website.

The practice provides services from:

- Steyning Health Centre, Steyning, West Sussex BN44 3RJ and
- Upper Beeding Surgery, 14 Dawn Close, Upper Beeding, West Sussex, BN44 3WG.

We only visited Steyning Health Centre as part of this inspection.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Noren & Partners on 10 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing effective services and good overall. The full comprehensive report following the inspection on 10 January 2017 can be found by selecting the 'all reports' link for Dr Noren & Partners on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Noren & Partners on 21 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

During our visit we:

- Spoke with the senior GP partner, the practice manager and a receptionist.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.

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

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 effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection

When we visited Dr Noren & Partners at Steyning Health Centre on 10 January 2017 to carry out a comprehensive inspection, we rated them as required improvement for the provision of effective services and told them that they must:

- Assess, monitor and mitigate risks relating to the health, safety and welfare of patients related to repeat medicine reviews.

We also told them that they should;

- Continue to work towards improving the recording of care outcomes for patients with chronic obstructive pulmonary disease.

What we found at this inspection

We undertook a focused follow up inspection of the service on 21 July 2017 to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. We saw evidence the practice had taken appropriate action and they are now rated as good for the provision of effective services.

Effective needs assessment

- Following our previous inspection the practice had reviewed how they managed medicine reviews and produced a report setting out action they would take.

We saw evidence this plan had been regularly reviewed and updated. The practice had identified poor record keeping as the key reasons for their low performance scores for managing medicine reviews. The practice told us that at the time of our last inspection they were in the process of introducing a new IT system for patients records and we saw data that showed significant improvement. For example, in the 12 months up to 21 July 2017, 80% of patients on four or more medicines had a medicine review recorded in their notes compared to 51% we found at our previous inspection. We noted the practice policy was to review the medicines of patients on four or more medicines every 12 months.

- At our last inspection in January 2017, we noted that the practice was working to improve the reviewing and recording of care outcomes for patients with chronic obstructive pulmonary disease (COPD). On this inspection we saw evidence this work was continuing and we saw data which showed some improvement in their performance. For example, they had revised the wording of letters sent to patients with COPD inviting them to attend an annual review to make it easier for them to understand the benefits of attending for a review. The practice showed us data which was not yet published, which showed that from April 2016 to March 2017 the practice achieved 33 of the 35 quality framework points available to them, compared to the 25 quality framework points they had achieved in the previous year, April 2015 to March 2015.