

Dr S Nelson & Partners

Inspection report

Overton Park Road
Cheltenham
Gloucestershire
GL50 3BP
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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

We carried out an inspection of this service following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change (either deterioration or improvement) to the quality of care provided since the last inspection.

This inspection focused on the following key questions:

- Is the service Effective?
- Is the service Well-led?

Because of the assurance received from our review of information we carried forward the ratings for the following key questions:

- Is the service Safe?
- Is the service Caring?
- Is the service Responsive?

We have rated the practice as good overall.

We have rated the practice as good for providing effective services.

We found that;

- Patients received effective care and treatment that met their needs.
- Exception reporting for patients with respiratory conditions was higher than local and national averages.

We have rated the practice as requires improvements for patients with long-term conditions and good for all other population groups.

We have rated the practice as requires improvement for provider well led services.

We found that;

- Systems and process to mitigate risk were not always effective.
- Processes to ensure the competency of non-medical prescribers was not embedded.
- There was not oversight of children who failed to attend for secondary care appointments.
- Staff felt supported in their role.

The areas where the provider **must** make improvements are;

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are;

- Ensure consent is obtained and recorded appropriately across the practice.
- Improve the recording of when items requiring action from risk assessments had been completed.
- Continue to improve uptake of cervical screening.
- Ensure processes to review children not brought to secondary care appointments are embedded in practice.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Rosie Benneyworth

Chief Inspector of PMS and Integrated Care

Population group ratings

| | | |
|--|-------------|---|
| Older people | Good |  |
| People with long-term conditions | Good |  |
| Families, children and young people | Good |  |
| Working age people (including those recently retired and students) | Good |  |
| People whose circumstances may make them vulnerable | Good |  |
| People experiencing poor mental health (including people with dementia) | Good |  |

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

Background to Dr S Nelson & Partners

Dr S Nelson & Partners is located at Overton Park Road, Cheltenham, Gloucestershire, GL50 3BP. They do not have a branch surgery.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury, family planning and surgical procedures.

Dr S Nelson and Partners is situated within the NHS Gloucestershire Clinical Commissioning Group (CCG) and provides services to approximately 12,131 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider's clinical team consisted of 10 GPs, three nurse prescribers, one practice nurse, three health care assistants and one community nurse. The administration team consisted of a practice manager, office manager, deputy office manager, data manager, and reception and administration teams.

The provider had formed a primary care network with six other local practices and which covered a combined patient list size of approximately 52,000 patients.

Out of hours services was provided by GDOC.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met...</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of this Part.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• Processes to mitigate risk relating to legionella were not always effective.• The practice could not be assured of the competence of non-medical prescribers. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.</p> |