Dr Nelson & Partners

Quality Report

2 Irnham Road
Minehead
Somerset
TA24 5DL
Tel: 01643 703441
Website: www.harleyhousesurgery.co.uk

Date of inspection visit: 3 August 2015
Date of publication: 10/09/2015

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 safe?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We last carried out a comprehensive inspection of Dr Nelson and partners, also known as Harley House Surgery on 19 November 2014 and found there were a number of areas for improvement. At the last inspection the practice was found to be requiring improvement for aspects of the safe and well led domains. This made the practice requiring improvement overall for all the population groups. The report was published on 31 March 2015. This inspection on 3 August 2015 was specifically to follow up on the findings from our last inspection in November 2014.

We found the practice was now meeting the relevant regulations and was now rated as good for safe and well led. Services for all of the population groups were now rated as good overall.

Our key findings were as follows:

- We found patient records and information was now kept securely at all times.
- All staff who were used as chaperones had in place a disclosure and barring service check.
- There were arrangements in place to deal with medical emergencies appropriately and changes had been made with emergency medicines held at the practice, including those held in GP home visit bags.
- We found the practice had completed clinical audits cycles and the results from these had been shared with others in the team to maintain a consistent approach in treating patients.
- Policies and procedures reviewed reflected current guidance and evidenced that these had been recently reviewed.
- Guidance was followed when providing results for anticoagulant testing to patients in nursing homes and residential care homes.

We saw several areas of outstanding practice including:

- The practice provides care and treatment to approximately 100 patients who have a learning disability who reside in a life skills college and working hotel. The practice had received the Fox's academy community award 2014 for their support and patience in enabling learners to work towards independence. Students had also been invited and attended the patient participation group.

Summary of findings

- The nurse practitioner had provided additional training for local services. For example, they had provided training for staff to administer ear and eye drops to patients who reside in the life skills college. They had also provided additional tissue viability training for the nurses at one of the local nursing homes.
- The practice had held an open day within the last year to promote awareness of what the practice could offer to patients in regards to health promotion, such as smoking cessation and signposting to local support services. It was also an opportunity to encourage patients to sign up for online appointment booking. Patients could also have their blood pressure and cholesterol checked by the nursing team. We were told 120 patients and other members of the community attended this open day.

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?

Good

The practice is rated as good for providing safe services.

Since our last inspection there have been improvements in this area. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Are services well-led?

Good

The practice is rated as good for being well-led.

Since our last inspection there have been improvements in this area. The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received induction into their role, regular performance reviews had been undertaken and staff had attended staff meetings and events continuously improve in practice.

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

Good

The practice is rated as good for the care of older patients.

The practice offered proactive, personalised care to meet the needs of the older patients in its population. The nurse practitioner had the responsibility to visit patients who were housebound or resided in a residential or nursing home. They ensured they had advanced care plans and appropriate health checks. The practice was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs. The practice had a low threshold for prescribing 'just in case medicines' for patients with an end of life plan because of poor access to local pharmacies and the locality of the ambulance service.

People with long term conditions

Good

The practice is rated as good for the care of patients with long-term conditions.

Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young patients.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young patients who had a high number of A&E attendances. The health visitor was based in the practice which improved communication and information sharing. Immunisation rates were either higher than average, average or just below average for standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice intended to develop working with the local school and further promoting health care for school children. The community midwife had access to patient records and so could be updated with patients' medical history promptly.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age patients (including those recently retired and students).

Summary of findings

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice had tried extended hours on both weekday evenings and Saturdays. They found weekday evenings had been more popular and have continued with these extended hours. The practice was proactive in offering online services, such as repeat prescriptions and making an appointment as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of patients whose circumstances may make them vulnerable.

The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability. The practice had carried out annual health checks for patients with a learning disability and 100% of these patients had received a follow-up. They offered longer appointments for patients with a learning disability.

The practice provides care and treatment to approximately 100 patients who reside in a life skills college and a working hotel ran by patients with a diagnosed learning disability. The practice had received the Fox's Academy Community Award 2014 for their support and patience in enabling learners to work towards independence. We received positive comments from a member of staff at the college who was a member of the patient participation group. They told us that students saw the same GP, the service was easy to access and they were provided with prompt appointments when required. Students had also been invited and had attended the patient participation group. All new patients with a learning disability were invited to the practice to see the facilities and meet practice staff to support them in adjusting to the practice.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. They had told vulnerable patients about how to access various support groups and voluntary organisations. We received a comment from a mental health recovery worker who wanted to commend the practice receptionists on how they went over and above to help assist a homeless person they were supporting and the positive effect it had for the person.

The practice often saw patients who were visiting the area on holiday, mainly during the summer months.

Summary of findings

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing and documenting safeguarding concerns.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of patients experiencing poor mental health (including patients living with dementia).

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with a form of dementia. The practice carried out advance care planning for patients living with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including local 'singing for the brain' for patients living with dementia. GPs followed up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. The practice had good communication with the community psychiatric nurse who was based at the local community hospital.

Summary of findings

Outstanding practice

- The practice provides care and treatment to approximately 100 patients who have a learning disability who reside in a life skills college and working hotel. The practice had received the Fox's academy community award 2014 for their support and patience in enabling learners to work towards independence. Students had also been invited and attended the patient participation group.
- The nurse practitioner had provided additional training for local services. For example, they had provided training for staff to administer ear and eye drops to patients who reside in the life skills college. They had also provided additional tissue viability training for the nurses at one of the local nursing homes.
- The practice had held an open day within the last year to promote awareness of what the practice could offer to patients in regards to health promotion, such as smoking cessation and signposting to local support services. It was also an opportunity to encourage patients to sign up for online appointment booking. Patients could also have their blood pressure and cholesterol checked by the nursing team. We were told 120 patients and other members of the community attended this open day.

Dr Nelson & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector who was accompanied by a GP specialist advisor.

Background to Dr Nelson & Partners

We inspected the location of Dr Nelson and partners, Harley House Surgery, 2 Irnham Road, Minehead, Somerset, TA24 5DL, where all registered regulated activities were carried out.

The practice currently serves approximately 7,073 patients and covers the main area of Minehead in Somerset and a number of villages in the surrounding area.

The national general practice profile shows the practice has a large demographic of patients over the age of 65 years old at 52.4%. This is above the England and Somerset Clinical Commissioning Group (CCG) averages, particularly for patients between the ages of 65 to 69 years old and over 85 year olds. The practice is under the national and CCG averages for patients under the age of 19 year olds at 27.3%. The practice patient base is in the middle range for deprivation in the local area.

There were six GP partners, four male and two female, they work hours equivalent to four and a third full time GPs. The practice is a training practice for doctors requiring training in a general practice.

The practice has a nurse practitioner, who works four days a week. A nurse practitioner is an advanced practice registered nurse, who has completed an additional three years training to enable them to have an increased knowledge base, clinical expertise and decision making skills. The nurse practitioner at this practice has also trained to prescribe medicines for a number of additional treatments, such as for urinary tract infections. This enables the GPs to see patients with more complex needs.

In addition to the nurse practitioner the nursing team consists of two female and one male practice nurse, two female health care assistants and two phlebotomists. Phlebotomists are staff who have been trained to undertake blood samples from patients for testing.

Appointments are available from 8am to 6pm Monday to Friday with extended opening hours until 8:30pm on a Tuesday evening.

The practice has a General Medical Service contract with NHS England. The practice refers their patients to Somerset Doctors Urgent Care provided by an organisation called Vocare for Out of Hours services to deal with urgent needs when the practice is closed. Patients also had access to NHS 111 service for medical advice.

Why we carried out this inspection

We carried out a focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to patient's needs?
- Is it well-led?

On this inspection we reviewed sections within the safe and well led domains that required improvements.

We also reviewed the ratings for the specific groups of patients after improvements were seen with the safe and well led domains. The population groups are:

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

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 3 August 2015.

Good

Are services safe?

Our findings

Staffing and recruitment

Following our last inspection the practice had made changes to the practice recruitment policy to ensure it followed current legislation and set out the standards followed when recruiting clinical and non-clinical staff. We reviewed two recruitment records for recently recruited staff. We saw they contained evidence showing appropriate recruitment checks had been undertaken prior to employment. For example, references and the appropriate checks through the Disclosure and Barring Service (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).

We found at our last inspection that staff who chaperoned patients had not had a DBS check undertaken. On this inspection we saw all chaperones had a DBS check in place. We were informed training had been provided by the nurse practitioner for chaperones, which had been agreed with one of the GP partners and incorporated the requirements of the chaperone policy.

We reviewed staff training records which showed staff were now up to date with mandatory training, such as health and safety, basic life support, manual handling, information governance and the safeguarding of vulnerable adults. All staff had received training in child protection to level 3, which had been supplied by an external company.

Monitoring safety and responding to risk

At this inspection we reviewed security arrangements for patient records. This was because at the last inspection patient records were left in an area which could at times be left unattended by staff and the access door into the staffing area was not routinely locked to ensure unauthorised access was reduced. We saw on this inspection, the access door for staff was routinely kept locked and secure and a security code access was now added to the door leading to the patient records.

The practice had last carried out a fire risk assessment in April 2011, which was reviewed by the practice manager annually. We saw recommendations from the initial risk assessment had been completed. We saw staff had completed fire training in the last year. Staff also had access to a fire manual, which provided clear procedures on what to do in an event of a fire. We saw evidence that fire extinguishers had been serviced in September 2014. We saw records that fire alarms were tested weekly and emergency lighting was tested on a monthly basis. The last fire drill had been completed in March 2015 and these were completed on a six monthly basis. The next one was due in September 2015.

Arrangements to deal with emergencies and major incidents

At the previous inspection we found improvements were required to ensure there were suitable emergency medicines available following current researched guidance. Also, we found the need for the practice to review its home visit bags to ensure medicines were checked appropriately and they held medicines appropriate for home visits.

We found the practice had risk assessed what emergency medicines were appropriate for its practice following guidance from website (a CQC myth buster). This professional guidance is provided on our website for GP practices. The practice now had medicines to be used for bradycardia, suspected bacterial meningitis, analgesia and medicines to reduce the effects of an opiate overdose.

We saw records to show emergency medicines were checked on a monthly basis and were kept securely.

Are services well-led?

Good

(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 clear vision to deliver high quality care and promote good outcomes for patients. We found details of the vision and practice values were part of the practice's statement of purpose. The practice aims and objectives included a statement that they would act with integrity and complete confidentiality to ensure a safe and effective service and environment.

The practice had regular meetings to discuss succession planning covering what would affect the practice in the next five years. The practice priorities included discussing appropriate cover for when GP partners retire, providing new partner opportunities, providing good patient care and maintaining business arrangements.

Governance arrangements

Our last inspection showed practice policies and procedures had not been reviewed within the last year, these did not have a date of review and did not reflect current guidance or legislation. We reviewed seven policies during this inspection including those for consent, power of attorney, chaperoning, safeguarding vulnerable adults and children, whistle blowing. We also looked at the continuity and recovery plan. All had been updated recently and evidenced a date of the last review. We saw safeguarding vulnerable adults and child protection policies included information on what staff should do internally and externally when reporting concerns. The recruitment policy now reflected current legislation.

There was a clear leadership structure with named members of staff in lead roles. For example, one of the GP partners was the lead for safeguarding vulnerable adults and children and clinical governance, another GP partner was the lead for palliative care and substance misuse. The nurse practitioner was the lead at the practice for infection control policy and procedures.

One of the GP partners and the practice manager took an active leadership role for overseeing that the systems in place to monitor the quality of the service. Their role was to ensure these were consistently being used and were effective. This included using the Quality and Outcomes Framework (QOF) to measure performance at the practice (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at regular clinical meetings and actions were discussed to maintain or improve outcomes.

At the previous inspection we found the GP partners had completed audits but there was no evidence to show these were discussed with other GPs in the practice to ensure there was shared learning. We saw minutes of a clinical meeting held in June 2015 where an audit cycle had been completed, presented and discussed amongst the team its findings. We saw completed audits on anticoagulation had showed an improvement based on the information of the original audit completed .

The practice identified, recorded and managed risks. They had carried out risk assessments where risks had been identified and action plans had been produced and implemented, for example fire safety had been risk assessed and reviewed annually with actions in place to mitigate potential fire risks and reduce the likelihood of an occurrence.

The practice held regular meetings where governance issues were discussed including the review of complaints, significant events, clinical audits completed and a review of updated guidance including those produced by the National Institute for Health and Care Excellence (NICE). We looked at minutes from these meetings and found that performance, quality and risks had been discussed. We also saw a consultant gynaecologist had attended a GP meeting in March 2015 and provided guidance to the team including updates on NICE guidelines

Management lead through learning and improvement

The practice manager had a system in place to ensure staff received an annual appraisal. We saw staff were up to date with their appraisals and saw evidence of a completed appraisal which included a personal development plan. The practice encouraged staff development and we heard examples of nursing staff which had completed additional training in their role. The practice had guest speakers attend meetings when possible including more recently a consultant gynaecologist who provided advice following a significant event and another consultant in diabetes was

Are services well-led?

Good

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

due to attend a learning and development event later in the year. The majority of the training provided to staff was provided by external companies to provide more practical learning for staff.

The practice provides training for doctors and was registered as a GP training practice. Two of the GPs were qualified GP trainers. The practice normally provided training for one registrar per year. The practice website stated that Harley House Surgery had been awarded an 'A' rating practice for teaching doctors general practice (the highest rating award). This had been awarded through the work achieved by of one of the GP trainers.

Following our last inspection the practice had reviewed the process for monitoring home visit bags. We saw there was a protocol now in place. All GPs had agreed together on specific medicines that all bags should hold and individual GPs decided on any additional medicines they required. All bags were checked on a monthly basis by one of the nursing team.

Following the last inspection the practice had reviewed its procedures for providing anticoagulant results for its patients in nursing homes and residential care homes. Previously we found some GPs were providing results verbally and others were providing them in writing. Since the last inspection we saw a protocol had been implemented for domiciliary anticoagulant monitoring and this described that all results would be provided in writing to nursing homes and residential care homes to enable them to accurately administer the correct dose to the patient.