

East Lynne Medical Centre

Quality Report

3-5 Wellesley Road
Clacton On Sea
Essex
CO15 2NB

Tel: 01255 220010

Website: www.eastlynnemedicalcentre.co.uk

Date of inspection visit: 26 September 2017

Date of publication: 06/11/2017

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

Are services responsive to people's needs?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
What people who use the service say	5
Areas for improvement	5

Detailed findings from this inspection

Our inspection team	6
Background to East Lynne Medical Centre	6
Why we carried out this inspection	6
How we carried out this inspection	6
Action we have told the provider to take	10

Overall summary

Letter from the Chief Inspector of General Practice

We undertook a comprehensive inspection of East Lynne Medical Centre on 28 October 2015. The practice was rated inadequate overall.

We undertook a comprehensive follow-up inspection of East Lynne Medical Centre on 31 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection. The practice was rated as good overall with requires improvement for responsive services.

The full comprehensive and follow-up reports following the inspections can be found by selecting the 'all reports' link for East Lynne Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused follow-up inspection carried out on 26 September 2017 to check that the practice had made sufficient improvements as identified in the last inspection on 31 January 2017. We also needed to monitor and consider anonymous concerns and complaints we had received since the previous inspection on 31 January 2017.

Our key findings were as follows:

- Work had been carried out to understand and improve the appointment making process at the practice. However, patient satisfaction in the July 2017 GP national survey remained extremely low compared to local and national practices.
- There was an action plan to review exception reporting within the Quality and Outcome Framework (QOF) work.
- Nursing staff had been given more responsibilities to carry out long-term condition management reviews.
- A new process monitored concerns and complaints raised verbally.
- Audits and practice patient surveys were used to monitor patient feedback.
- A protocol had been implemented to review vulnerable children and adults that had not attended their hospital or follow-up appointments.
- Patients said they were concerned by the lack of GPs working at the practice. Patients told us that when a nurse or GP asked them to book a follow-up appointment they found none available.
- Patients also said they were also concerned about no continuity of care provided by GPs.

Summary of findings

- Patients accessing the practice by telephone told us on the day of inspection it was difficult.

Actions the practice must take to improve:

- Establish systems or processes to enable the registered person to seek and act on feedback from patients and staff on the services provided in the carrying on of the regulated activities, to continually evaluate and improve services.

Actions the practice should take to improve:

- Improve exception reporting rates.

Consequently, the practice is still rated as requires improvement for providing responsive services.

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 responsive to people's needs?

The practice is rated requires improvement for providing responsive services.

- Changes to improve the appointment making process at the practice had been made. However, patients said access via the telephone to make an appointment, was still difficult.
- A new process was in place to monitor concerns and complaints raised verbally.
- Audits and patient surveys were in use to monitor patient feedback. However, patients we spoke with had a number of concerns regarding accessing care and treatment, and the continuity of care received.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing in line with local and national averages. 310 survey forms were distributed and 127 were returned. This represented a 41% return rate

- 51% of respondents described the overall experience of their GP surgery as fairly good or very good (local average 82%, national average 85%). This showed a 18% decline in satisfaction compared with July 2016 results.
- 36% of respondents described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%. This showed a 22% decline in satisfaction compared with July 2016 results.

We spoke with six patients during the inspection.

- All six patients said they were satisfied with the care they received and thought staff were approachable, helpful and caring.
- Patients told us they were concerned by the lack of GPs working at the practice and the ability to book a follow-up appointment.
- Patients also expressed concern over continuity of care provided by GPs.
- We were also told us on the day of inspection it was difficult to contact the practice by telephone.

Areas for improvement

Action the service **MUST** take to improve

- Establish a system or process to enable the registered person to seek and act on feedback from patients and staff on the services provided in the carrying on of the regulated activities, to continually evaluate and improve services.

Action the service **SHOULD** take to improve

- Improve exception reporting rates.

East Lynne Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to East Lynne Medical Centre

East Lynne Medical Centre is situated in Clacton-on-Sea, Essex. The practice provides primary care services for approximately 9300 patients. It holds a general medical services (GMS) contract with NHS England, and is performance managed by North East Essex Clinical Commissioning Group.

Information viewed on Public Health England, shows the patient population has a higher than average number of patients aged over 50 years old in comparison to the practice average across England. The practice is in an urban area with a high level of socio-economic deprivation. 14% of the practice population are unemployed, which is considerably higher than national average of 5%.

The practice based clinical team consists of one GP partner and a locum GP when needed, three prescribing specialist nurse practitioners, two practice nurses, and a healthcare assistant. They are supported by an offsite managing partner, and three GP partners from a practice in Benfleet that has recently taken over the practice. The administrative team consists of a practice manager, an assistant practice manager, a finance manager, an IT facilitator and reception, administration and secretarial staff.

East Lynne Medical Centre is open between 8am and 6.30pm on weekdays. Appointments are available from 8.30am to 11.30am and 2pm to 6.30pm daily. The practice does not provide extended hours appointments.

The practice has opted out of providing GP out of hour's services. Patients calling the practice outside practice working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment are advised to contact the out of hour's.

Why we carried out this inspection

We undertook a comprehensive inspection of East Lynne Medical Centre on 28 October 2015. The practice was rated inadequate.

We then undertook a comprehensive follow-up inspection of East Lynne Medical Centre on 31 January 2017. The practice was rated requires improvement for responsive services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We undertook a further follow-up focused inspection of East Lynne Medical Centre on 26 September 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 meeting legal requirements. We also followed-up on concerns received after the inspection on 31 January 2017.

The full comprehensive and follow-up reports following the inspections can be found by selecting the 'all reports' link for East Lynne Medical Centre on our website at www.cqc.org.uk.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and followed-up on concerns we had received. We carried out an announced visit on 26 September 2017. During our visit we:

- Spoke with a range of staff (GP, nursing staff, practice management and administrative staff).
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed policies and procedures.
- Received clinical quality data from the practice computer record system for years 2016 to 2017 not yet published.
- Followed up on concerns received after the inspection on 31 January 2017.

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 responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 28 October 2015, we rated the practice as inadequate for providing responsive services. Appointments were not always accessible to patients, and learning from complaints was needed.

Some improvements had been made when we undertook an inspection on 31 January 2017; however, the practice was rated as requires improvement for providing responsive services. Verbally raised concerns were not recorded or monitored, and exception reporting was high and not reviewed. Patient satisfaction was low, the appointment making process needed improvement and children not attending their hospital appointments were not reviewed.

We had also received a number of pieces of negative feedback relating to the lack of appointments, and the number of GPs working at the practice since the 31 January 2017 Inspection. The practice had made some improvements when we undertook this follow up inspection on 26 September 2017; however, we have rated East Lynne Medical Centre as requires improvement for providing responsive services.

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.
- Changes had been made to improve the appointment making process at the practice. However, patients said access via the telephone to make an appointment, was extremely difficult.
- The practice did not offer extended hours appointments.
- Home visits were available for older patients and patients who had clinical need resulting in difficulty attending the practice.
- More nursing staff had been given the responsibility to carry out the chronic disease management reviews. This had previously been carried out in a more opportunistic manner and led to diabetic patients not receiving all eight of the core review checks to maintain satisfactory health.
- A range of nurse-led services such as management of asthma, weight management, diabetes and coronary

heart disease, wound management, smoking cessation clinics and minor illness advice was available. However, patients complained they had difficulty getting an appointment due to the poor telephone access problems experienced.

Access to the service

East Lynne Medical Centre was open between 8am and 6.30pm on weekdays. Appointments were available from 8.30am to 11.30am and 2pm to 6.30pm daily. The practice did not provide extended hours appointments.

The practice had opted out of providing GP out of hour's services. Patients calling the practice outside practice working hours were advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment were advised to contact the out of hour's

Results from the National GP Patient Survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was below local and national averages.

- 61% of respondents were satisfied with the practice's opening hours compared to the local practice average 77% and national averages of 80%. This showed a 5% improvement in satisfaction compared with July 2016 results.
- 22% of respondents said they could get through easily to the practice by phone compared to the local average of 67% and the national average of 71%. This showed a 16% decline in satisfaction compared with July 2016 results.

The new GP partnership took over the practice in August 2016. Therefore, the current provider felt they needed more than five months to January 2017 when the July 2017 GP survey data was collated, to embed improvements published in July 2017. The practice was aware of the recent results in the National GP Patient Survey, and shared with us recent surveys they had undertaken to review those low patients' satisfaction areas with those that had been given an appointment.

40 patients at random attending the surgery were asked the following questions:

- Would you recommend this practice to someone new to the area? 65% of respondents to the survey said they would.

Are services responsive to people's needs?

(for example, to feedback?)

- Do you find it easy to get through to this surgery by telephone? 33% of respondents to the survey said they did.
- Was your experience of making an appointment good? 65% of respondents to the survey said they did.

The practice also asked respondents; how many attempts did it take to obtain the appointment you are here for today? 58% of those who gave a response obtained an appointment on their first attempt. We were told this survey would be performed regularly to inform practice development.

When nurses or GPs told patients to book a follow-up appointment patients found there were none available to book. In response to this concern the practice has devised a new system for clinicians to give patients 'call back cards' if they feel continuity of care is needed.

Listening and learning from concerns and complaints

The practice had effective arrangements to handle complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England and included the local team contact details.
- The practice manager was the designated staff member to lead and manage complaints. There was information available in the practice and on their website to support patients that wanted to make a complaint.
- Complaints and concerns were a standing agenda item at practice meetings and patient participation group (PPG) meetings.
- The complaints received in the last 12 months were well documented, managed, and complainants had received an apology when appropriate. The complaints were reviewed annually to monitor for trends and themes. Verbal complaints were now being recorded and monitored.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation : 17 Good Governance</p> <p>There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:</p> <ul style="list-style-type: none">• The practice did not meet satisfactory patient experience and satisfaction of their service, as reflected in the national GP patient survey data. <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>