

Nelson Medical Practice

Quality Report

East Coast Community Healthcare C.I.C.

The Nelson Medical Practice

Pasteur Road

Great Yarmouth

Norfolk

CR31 0DW

Tel: 01493 419600

Website: www.thenelsonmedicalpractice.nhs.uk

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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 responsive to people's needs?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Nelson Medical Practice on 18 February 2016. We found areas where requirements were required.

We found that effective procedures were not in place for reporting, recording, acting on and monitoring complaints, in order to ensure they are fully investigated, complainants are responded to and ensure reflective and shared learning.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to ensuring robust processes were in place.

We undertook this focused desktop inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

The overall rating for the practice is good. You can read our previous report by selecting the 'all reports' link for on our website at www.cqc.org.uk

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?

At the last inspection on 18 February 2016 we found that:

- Data showed that there was scope for the practice to improve the system used to respond to patients' complaints. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However the policy and procedure were not in line with recognised guidance and contractual obligations for GPs in England. We could not be assured that lessons were learnt from concerns and complaints, or that action was taken to improve the quality of care.

Our focused desktop inspection on 28 October 2016 found that:

The practice is rated as good for providing responsive services.

- The practice had implemented a robust system to ensure that the policy and procedure were in line with recognised guidance and contractual obligations for GPs in England. Written and verbal complaints received by the practice were investigated and responded to and learning outcomes were shared with all staff teams.

This report should be read in conjunction with the full inspection report from 18 February 2016.

Good



Nelson Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was completed by a CQC lead inspector.

Background to Nelson Medical Practice

Nelson Medical Practice provides APMS (alternative provider medical services) to a population of 6,184 patients in Great Yarmouth. The practice's catchment area covers Great Yarmouth through to Bradwell and Gorleston. The practice is managed under East Coast Community Healthcare CIC. East Coast Community Healthcare CIC ('ECCH') is a registered Community Interest Company owned by its shareholders (over 900). The organisation does not distribute profits to its shareholders; instead any profits are reinvested to benefit local communities. ECCH CIC was set up in 2003 by Great Yarmouth Teaching Primary Care Trust.

The practice team consists of five salaried GPs (two female and three male), one nurse practitioner, two practice nurses and one healthcare assistant. The practice manager is supported by a deputy practice manager, a reception manager and a team of administration and reception staff, housekeepers and a number of ECCH Allied Health Professionals including the registered manager who support the practice. The practice provides a number of community services from the practice such as a health trainer. District nurses, physiotherapy and midwifery service are also available on site.

The practice is an established research practice and takes part in clinical research projects. For example research into

medications. It is a teaching and training practice and provides teaching for third year medical students from the University of East Anglia and training for GP registrars. The practice faces a number of challenges, Great Yarmouth is a deprived area and Lowestoft is the fourth most deprived settlement in the East of England. The area has seen a population growth of 6.3% between 2010 and 2014. The practice population has a higher proportion of patients aged over 75 years, 30% of patients are non-English speaking with a high prevalence of long term conditions, such as coronary heart disease, respiratory disease, diabetes and cancer. There are higher disability rates, shorter life expectancies with higher rates of limiting long term illness and rising prevalence of dementia. In addition there is a high prevalence of unhealthy lifestyle behaviours such as smoking, poor diet and high alcohol consumption with high levels of long term unemployment and an increased seasonal population in the coastal areas.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 5.50pm daily. Extended surgery hours are offered from 7.30am to 8.30am Monday and Friday mornings. In addition to pre-bookable appointments that can be booked up to five weeks in advance, urgent appointments are also available for people that need them. The practice offers a range of appointment options which include; pre-bookable appointments, follow up appointments, on-line access, telephone triage and open access for childhood immunisations, patients on the avoiding unplanned admissions register, emergency and walk-in patients who do not have access to a telephone. This is supported by telephone access to a GP of choice for those patients who do not require a face to face consultation.

Detailed findings

Outside of these hours, the out of hours provider is a professional medical agency commissioned by the Great Yarmouth & Waveney Clinical Commissioning Group (Healtheast). Primary medical services are accessed through the NHS 111 service

Why we carried out this inspection

As a result of the last inspection on 18 February 2016 we had concerns and issued a requirement notice in respect of responsive care and treatment. This was because we could not be assured that lessons were learnt from concerns and complaints, or that action was taken to improve the quality of care.

How we carried out this inspection

We reviewed the information received from the practice, spoke with the practice manager and requested additional information from the practice.

We have not revisited Nelson Medical Practice as part of this review because the practice were able to demonstrate they were meeting the standards without the need for a visit

We carried out a desk-based review on 28 October 2016.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found improvements were needed in relation to responsive care and treatment at our last inspection on 18 February 2016.

- Data showed that the system in place for handling complaints and concerns was not in line with recognised guidance and contractual obligations for GPs in England. There was a complaints' policy and procedure and a designated responsible person who handled all complaints. However the policy and procedure were not in line with recognised guidance and contractual obligations for GPs in England and the responsible person was based at the provider's main office. The practice manager told us they dealt with some complaints at the practice including verbal complaints, however these were not recorded and therefore the practice was not able to identify any trends. Once a complaint had been raised the complaints system required the patient raising the complaint to then complete a consent form before the complaint was investigated. We found that where a request for consent forms had not been responded to by the patient; the complaint had been closed and had not been investigated. This meant that those patients who did not have the capacity and/or were unable to complete the consent form would not have their complaint investigated. Therefore we could not be assured that lessons were learnt from concerns and complaints, or that action was taken to improve the quality of care.

The provider sent us an action plan informing us about the action they would take to ensure that they were responsive to patients' complaints. Our focused inspection on 28 October 2016 found that the practice had implemented a robust system to ensure that patients concerns and complaints would be responded to and that those patients who did not have the capacity and /or were unable to complete the consent form would have their complaint re investigated.

- Following our inspection, we discussed this with the registered manager and the practice manager who confirmed that the complaints system would be reviewed.
- The practice provided us with a reviewed written complaints policy. This detailed how the practice would contact patients following verbal and written complaints and ensured the complaint was investigated, responded to and where appropriate learning outcomes were shared with staff.

Since our previous inspection, the practice had undertaken a review and investigation of those complaints where patients had not responded to the consent request form. Where appropriate the practice had made contact with the patient concerned, offered apologies, had put staff training in place, made changes of policy where required to ensure reflective and shared learning and actioned any care and monitoring recommended.