

# Husbands Bosworth Surgery

## Quality Report

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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 safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	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 Husbands Bosworth Surgery on 4 October 2016. Overall the practice is now rated as Good.

The purpose of this inspection was to ensure that sufficient improvement had been made following the practice being placed in to special measures as a result of the findings at our inspection on 28 January 2016 when we found the practice to be inadequate overall.

At this most recent inspection we found that extensive improvements had been made and specifically, the ratings for providing a safe and well led service had improved from being inadequate to good. The rating for providing an effective, caring and responsive service had improved from requiring improvement to good.

Our key findings across all the areas we inspected were as follows:

- The practice had a governance framework in place with systems and processes in place to support the delivery of their strategy.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice had put an effective system in place to safeguard adults and children from abuse.
- Overall risks to patients were assessed and well managed.
- The leadership and systems and processes for the dispensary had been reviewed.
- The system in place for palliative care monitoring and review had been reviewed and new processes put in place.
- The practice now had a quality improvement programme in place which included a rolling programme for clinical audit cycles.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- CQC comments cards were reviewed told us that patients were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

# Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:-

- Ensure that all necessary emergency medicines and equipment are available and suitable for use at all times.
- Increase the testing of fire alarm and legionella temperature control monitoring to a monthly basis as per recognised national guidance.
- When reviewing policies and procedures, add review date and document and amendments made.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

**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?

The practice is rated as good for providing safe services.

- There was a clear and consistent system in place for reporting, recording and monitoring significant events, incidents and accidents. Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had implemented an effective system for dealing with safety alerts.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were effective arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average in most areas.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A system for quality improvement, including clinical audit was in place.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The system for palliative care monitoring had been reviewed and was now effective.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had now identified 54 patients as carers (1.52% of the practice list). We saw that the practice had done an extensive amount of work to try and improve the number of identified carers on their practice list since the last inspection.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had put in place a clear leadership structure for Husbands Bosworth Surgery and staff felt supported by management.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

- The practice had a number of policies and procedures to govern activity and held regular governance meetings.

# 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

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 2.2% of patients who had been assessed as being at risk had a care plan in place which was slightly above the required national target
- At risk patients were discussed at a monthly multidisciplinary meeting.
- The practice had a satellite clinic held at Welford which gave the opportunity for older people to be seen by a GP without having to travel.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- GPs had specialist interests in Rheumatology, Dermatology, Ear Nose and Throat and Ophthalmology.
- The practice had an effective system in place for quality improvement, including clinical audit.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 88.5% which was 4.3% above the CCG average and 4.9% above the national average. Exception reporting was 5.6% which was 0.8% above the CCG average and 1.8% above national average.
- The percentage of patients with COPD who had a review, undertaken by a healthcare professional was 97.4% which was 8.4% above the CCG average and 7.6% above the national average. Exception reporting was 28.3 % which was 13.5% above the CCG average and 17.2% above the national average. We discussed this with the practice and found that a GP partner had reviewed the figures and found that they had a coding issue.

Good



# Summary of findings

- The practice's computer system alerted GPs if a patient was also a carer. (% of the practice list).
- Longer appointments and home visits were available when needed.
- Patients had a named GP and the practice had a system in place for recalling patients for a structure annual review to check their health and medicines needs were being met.

## Families, children and young people

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

- 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 people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Appointments were available outside of school hours. Extended hours appointments were available at the Market Harborough Medical Centre on a Monday evening.
- The practice offered a chlamydia screening and sexual health advice service.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national average of 80%.
- The practice had a satellite clinic at Welford which gave parents the opportunity for their children to be seen by a GP without having to travel.

Good



## Working age people (including those recently retired and students)

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

- 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 offered extended opening hours for appointments on a Monday evening at the Market Harborough Medical Centre.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- There was a good uptake for both health checks and health screening. For example, the practice had an uptake of 65% of

Good



# Summary of findings

those eligible for bowel screening which was slightly above the CCG average of 64% and national average of 60%. The practice had an uptake of 83% of those eligible for breast screening which was slightly above the CCG average of 82% but well above the national average of 70%.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 95% of patients registered at the practice with a learning disability had received a face to face annual review in the last 12 months.
- 100% of patients on the palliative care register had received a face to face review in the last 12 months. 1.84% of these patients had a care plan in place.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations. For example, First Contact, a multi-agency scheme for access to a range of services for vulnerable people in Leicestershire
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## People experiencing poor mental health (including people with dementia)

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

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- Four patients diagnosed with depression had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016.

The results showed the practice was performing in line with local and national averages. 220 survey forms were distributed and 111 were returned. This represented 3% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.

- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Patients expressed their appreciation of the surgery facility and most described the service as excellent and the staff as very welcoming, polite, caring, professional and friendly.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure that all necessary emergency medicines and equipment are available and suitable for use at all times.
- Increase the testing of fire alarm and legionella temperature control monitoring to a monthly basis as per recognised national guidance.
- When reviewing policies and procedures, add review date and document and amendments made.

# Husbands Bosworth Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, member of the CQC medicines team and a practice manager specialist adviser.

## Background to Husbands Bosworth Surgery

Husbands Bosworth Surgery is part of The Market Harborough and Bosworth Partnership. It is a GP practice which provides a range of primary medical services to around 3,529 patients. The practice dispenses medicines to patients living more than 1.6km from a pharmacy.

The practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (CCG). The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

At the Husbands Bosworth Surgery the service is provided by two GP partners (male), two salaried GPs (female), one practice supervisor, two nurses, three dispensers, two health care assistants and one phlebotomist, one team leader, four receptionists and a diabetes nurse specialist. Local community health teams support the GPs in provision of maternity and health visitor services.

The Market Harborough and Bosworth Partnership is a General Practice Partnership open to all patients living

within the boundaries of Market Harborough Medical Centre and Husbands Bosworth Surgery. It has three locations registered with the Care Quality Commission (CQC).

Market Harborough Medical Centre, 67, Coventry Road, Market Harborough, Leicestershire, LE16 9BX.

Husbands Bosworth Surgery, Kilworth Road, Husbands Bosworth, LE17 6JZ. Branch surgery - Welford Surgery, Village Hall, West Street, Welford, Northamptonshire, NN6 6HU

Minor Injuries Unit, Market Harborough and District Hospital, 58, Coventry Road, Market Harborough, Leicestershire, LE16 9DD.

The location we inspected on 4 October 2016 was Husbands Bosworth Surgery, Kilworth Road, Husbands Bosworth, LE17 6JZ.

Husbands Bosworth surgery was open between 8.00am and 6.30pm. The dispensary was open 8.15am to 1.00pm and 1.30pm to 6.00pm. The practice offered a range of GP and nurse appointments. Extended hours were on a Monday evening from 6.30pm to 8.30pm at the Market Harborough Medical Centre. These appointments were for working patients who could not attend during normal opening hours.

We also visited the satellite clinic held at the Village Hall, West Street, Welford, Northamptonshire, NN6 6HU. It is rented from the local council. It had parking at the side of the building. Appointments were available between 9am to 12 o'clock on a Tuesday and Thursday.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided for Leicester City, Leicestershire and Rutland by Northern Doctors Urgent

# Detailed findings

Care Ltd and the 111 service is provided by Derbyshire Health United. There were arrangements in place for services to be provided when the practice is closed and these are displayed on the practice website.

## Why we carried out this inspection

On 28 January 2016 we had carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. That inspection was planned to check whether the provider was 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.

At that inspection we found the practice inadequate overall but specifically the rating for providing a safe and well led service was inadequate. Effective, Caring and Responsive was rated as requires improvement. As a result the practice was placed in special measures for a period of six months from 14 April 2016. The practice were also issued with an enforcement action which provided a clear timeframe in which to improve the quality of care they provide.

We carried out this further comprehensive inspection to ensure that sufficient improvement had been made in order for the practice to be taken out of special measures.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

We carried out an announced visit on 4 October 2016.

During our visit we:

- Spoke with a range of staff.
- Observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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 people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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 safe?

## Our findings

### Safe track record and learning

At the inspection in January 2016 we found that the practice did not have an effective, consistent or clear system in place in regard to significant events. Therefore we could not be assured that the practice could evidence a safe track record over the long term. Significant events meetings took place but it was difficult to understand discussion, learning and actions. The practice had a system for recording 'near miss' incidents within the dispensary. The system for discussing and learning from all types of incidents and errors, including those relating to medicines was lacking. There was no system in place for the management of safety alerts.

At this inspection we saw evidence that the practice had implemented a new and effective system for the reporting, recording, investigation and analysis of significant events. We looked at significant event reporting in some detail and found that significant events were reported, recorded and thoroughly investigated. We saw that they had been thoroughly reviewed and discussed on a monthly basis. Actions had been reviewed at the initial review and further reviewed at the monthly meeting. It was difficult to track discussions that had taken place from the minutes we reviewed. Staff we spoke with were well aware of this new system and were pleased that all staff groups were represented and they were able to discuss events, gain feedback and learning which would ensure that patients are kept safe from harm.

We saw evidence of learning from medicines incidents and near-misses within the dispensary. Incidents were logged at time of occurrence and then reviewed monthly in dispensary meetings attended by the GP lead for the dispensary. Incidents were also shared across the group to ensure appropriate actions were taken to minimise the risks of similar errors occurring again within each service. For example, in relation to a cold chain failure and the actions that had been taken and measures put in place to reduce a future recurrence and improve patient safety.

At this inspection we saw that the practice now had an effective system in place for dealing with patient safety alerts. There was a safety alerts policy in place which had been reviewed in June 2016. We saw evidence of alerts that had been actioned as necessary and where appropriate been discussed at practice meetings. For example in regard

to emergency hormones and the use of diabetic testing strips and saw that the necessary action had been taken and this had been documented. The dispensary also had systems in place to deal with any medicines alerts or recalls, and we saw evidence of dispensary staff being made aware of alerts and actioning ones appropriate to their area.

The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

### Overview of safety systems and processes

- At our inspection in January 2016 we found evidence that there were inadequate systems or processes in place to safeguard service users from abuse and improper treatment. The system in place to monitor adults and children who had safeguarding issues was not effective. The safeguarding register had not been regularly reviewed and updated.
- At this inspection we found that the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The safeguarding lead had reviewed and updated the safeguarding register. We looked at patient records and found that the practice now monitored adults and children who had safeguarding issues. Appropriate alerts were on the patient electronic records to alert staff when the patients attended for appointments. The GPs attended regular safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses to level 2.

## Are services safe?

- Dispensary staff also had a good awareness of adult and child safeguarding concerns and described how they would report any concerns, an example of having reported a concern appropriately was provided by one of the dispensers.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- Since the last inspection in January 2016 the practice had improved the systems in place to ensure patients and staff were protected from the risk of infection. One of the senior practice nurses from the Market Harborough Medical Centre was the lead nurse for infection control and a GP partner represented the partnership in regard to infection control. We observed the practice to be generally clean and tidy. The practice employed an external cleaning company. Daily cleaning took place with a full deep clean every three months. We saw there was a cleaning schedule for the premises which detailed cleaning to be carried out for specific areas of the practice, for example, treatment rooms and consultation rooms. . . Evidence of the documentation was sent to us after the inspection. Disposable curtains were in place in the consultation and treatment rooms we looked at and there was a schedule in place for changing them at the required intervals. Nurses we spoke with told us they also had responsibility for cleaning their own treatment rooms and specific medical equipment, such as spirometers or nebulisers used in the practice.
- The practice had employed an external company to do a full infection control audit in July 2016. They had put together an action plan and the practice had identified a timeframe and a person responsible for the actions. Infection control audits for Sharps bin compliance, hand hygiene and cleanliness of vaccine refrigerators had also taken place since the last inspection.
- We found that the practice infection control policy was in the process of being reviewed and updated to ensure that staff had the guidance to ensure that patients were kept safe from the risk of infection.
- Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Staff we spoke with told us they received good supervision and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises. The health care assistant was in the process of being trained to administer the shingles vaccination but had not yet been fully assessed to carry out this immunisation.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, and had opportunities for continuing learning and development.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. Staff provided us with a copy of their most recent audit of returned medicines. Dispensers described a change in their processes to reduce potential returns and planned to reaudit this at the end of this year.
- Dispensary staff showed us standard operating procedures (SOP) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence that the GPs actively collaborated with the dispensary staff of review these procedures and they were specific to the practice.
- At the inspection in January 2016 we could not be assured that the competence level of staff was checked on a yearly basis. At this inspection we saw evidence that staff had had an annual appraisal and an assessment of their competence. We observed safe processes for the dispensing of medicines.

## Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the key held securely.
- At the inspection in January 2016 we found stock checks of controlled drugs had not taken place over a five month period, from July to December 2015. At this inspection we saw evidence that stock was checked at an appropriate frequency for the quantities held, for example, monthly.
- There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- The dispensary staff alerted GPs when a medication review was overdue by one month and prescriptions could only be issued once a GP had authorised the prescription. This ensured patients were receiving medicines that remained clinically appropriate for them.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We saw in patient records we reviewed that an alert was on the patient electronic record together with a newly devised template which gave NICE guidance to guide a GP when prescribing a high risk medicine. A high risk drug prescribing protocol was also in place.
- Records showed that dispensary refrigerators and room temperatures were checked daily which ensured medicines were stored at the appropriate temperature. Dispensary staff demonstrated the actions they had taken following power shortages. The process was robust and well documented.
- The surgery had arranged a medicines delivery service to patients in their own homes and we saw a standard operating procedure (SOP) to describe this activity.
- The dispensary staff offer reasonable adjustments to the dispensing process where necessary, for example they provide monitored dosage systems following clinician assessment of need.
- At the inspection in January 2016 we found that the practice did not have an effective system in place for the security of blank prescription pads and stationary. At this inspection we found the practice had improved their system and blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

- At our inspection in January 2016 we found that there were limited procedures in place for monitoring and managing risks to patient and staff safety at the main practice and the satellite clinic at the village hall in Welford.
- At this inspection we found there were now effective procedures in place for monitoring and managing risks to patient and staff safety. Risk assessments had been completed and each risk was rated and mitigated and these included risk assessments for the village hall where a satellite clinic was held every Tuesday and Thursday morning.
- The practice had up to date fire risk assessments and carried out regular fire drills. We saw that the fire alarm was tested on a three monthly basis. After discussion with management this will be increased to once a month from October 2016 to further ensure patient safety.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. This included the equipment used at the satellite clinic in the village hall at Welford.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Water temperature monitoring checks were

## Are services safe?

carried out on a three monthly basis but after discussion with the management team this would be increased to monthly from October 2016 as per recognised legionella management guidelines.

- The practice had been in contact with the village hall committee and it was evident that they were working in partnership to ensure that the building kept people safe.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. At the satellite clinic at Welford oxygen and emergency medicines were available. A community defibrillator was attached to the external wall of the building. A first aid kit and accident book were available.
- Emergency medicines were held at the practice in a secure, easily accessible area and all staff knew of their location. We saw that checks were undertaken to ensure they were available and within their expiry date. All the medicines we checked were in date although one item of equipment was out of date, this was replaced immediately.
- The practice had a disaster handling business contingency recovery protocol in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

At the inspection in January 2016 we saw NICE guidance was discussed at management meetings but no evidence on how the practice ensured that clinical staff accessed the guidance and used this information to deliver care and treatment that met peoples' needs.

At this inspection we found that the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. They now had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE on the practice computer system and used this information to deliver care and treatment that met patients' needs. Staff we spoke with told us that the new system put in place was much improved and enabled them to keep up to date with current guidance.

Meeting minutes we reviewed demonstrated that NICE guidance was discussed and disseminated. In August 2016 the practice discussed the NICE guidance for Gestational Diabetes.

The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results for 2014/15 were 99.7% of the total number of points available, with 9.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for QOF (or other national) clinical targets. Data from 2014/15 showed;

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 97% which was 6.9% above the CCG average and 5.6% above the national average. Exception reporting was 2.9% which was 2.7% below CCG average and 2.3% below national average.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that includes an assessment of asthma was 80.7% which was 6.3% above the CCG average and 5.4% above the national average. Exception reporting was 11.9% which was 0.7% below the CCG average and 4.4% above national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 88.5% which was 4.3% above the CCG average and 4.9% above the national average. Exception reporting was 5.6% which was 0.8% above the CCG average and 1.8% above national average.
- The percentage of patients with COPD who had a review, undertaken by a healthcare professional was 97.4% which was 8.4% above the CCG average and 7.6% above the national average. Exception reporting was 28.3 % which was 13.5% above the CCG average and 17.2% above the national average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 76.5% which was 6.3% below the CCG average and 7.5% below the national average. Exception reporting was 19% which was 8% above the CCG average and 10.7% above the national average.

The figures for 2014/15 also showed that the practice had higher than local and national average exception reporting in some of the above areas such as COPD and Dementia. We discussed this with the practice and found that a GP partner had reviewed the figures and found that they had a coding issue. Patients are now asked to attend in the month of their birthday for a review and reminder letters are sent out. An improved template had also been put in place for clinical staff to use. In other cases we saw that patients had been appropriately exception reported. We looked at the current results for 2015/16 which had not yet

# Are services effective?

## (for example, treatment is effective)

been published and found that the exception reporting for some of the indicators had now improved. For example, Diabetes was 8.60%, Hypertension 3.66% and Dementia 19.24%.

In January 2016 the practice told us that they did not have an effective system in place for carrying out full cycle clinical audits and no system or process in place to identify areas for quality improvement.

At this inspection we now found that the practice had a system in place for quality improvement, including clinical audit. They had formulated an audit programme and five audits had been undertaken since the last inspection. Three of which were full clinical cycles where the improvements made were implemented and monitored and there were plans to re-audit them again in 2017. Two further audits were planned for December 2016, the use of antifungal agents and the use of anticoagulant medicines.

The practice had an audit programme planned for 2017 which included five clinical reaudits and new clinical areas, for example, Non-steroidal anti-inflammatory medicines and medicines used for the treatment of epilepsy.

Findings were used by the practice to improve services. We looked at a Pacemaker Audit in which it identified how many patients had a pacemaker fitted. The audit focussed on whether the patient had a specific pacemaker called implantable cardioverter defibrillator (ICD) as this had implications on patients if they required end of life care. All GPs were provided with information and a code has been put on the patient record to ensure all clinicians are aware of the need to consider deactivation of the ICD in a timely manner.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered areas such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as asthma and diabetes.
- The practice had implemented a new system for the reporting, recording, investigation and analysis of significant events and staff training had taken place.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice took part in the East Leicestershire and Rutland Practice Learning Time (PLT) where the practice closed and staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. We found that three of the GP partners had not completed fire safety awareness. We spoke with management who told us that they would ensure that this was completed at the practice learning time on Thursday 6th October. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care plans, medical records, special patient notes, investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

At the inspection in January 2016 we found that the practice did not have a robust or adequate system in place for palliative care monitoring and review.

At this inspection we found that the system in place for palliative care monitoring had been reviewed and the practice now had an effective system in place. They were able to evidence that they worked together and with other health and social care professionals to understand and

# Are services effective?

(for example, treatment is effective)

meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a

long-condition, vulnerable patients and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example, First Contact.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national average of 80%. The practice offered telephone reminders and a letter for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had an uptake of 65% of those eligible for bowel screening which was slightly above the CCG average of 64% and national average of 60%. The practice had an uptake of 83% of those eligible for breast screening which was slightly above the CCG average of 82% but well above the national average of 70%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 100%, which was above the CCG range of 95% to 98% and five year olds from 86% to 100%, which was comparable to the CCG range of 93% and 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

Whilst on the inspection we observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

All 36 patient Care Quality Commission comment cards we received were positive about the service experienced. They highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with a member of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the July 2016 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

CQC Comments cards we reviewed were positive in regard to GPs and nursing staff. They told us they good at listening, displayed care and concern and gave them time to discuss their concerns.

### Care planning and involvement in decisions about care and treatment

Patient feedback on the comment cards we received told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the July 2016 national GP patient survey showed patients mixed results to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages for two of the three questions asked. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85% Staff we spoke with told us that training had been given to enable more nurses to see patients with diabetes and involve them in decisions about their care.

The practice had reviewed the data from the national patient survey from January 2016 and had undertaken two patient surveys in March and September 2016. data from the General Practice Assessment Questionnaire on 1st August 2016 told us:-

- 95% of patients said the clinical staff they saw were good at involving them in decisions about their care compared national average of 91%.

## Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice had a wide range of information leaflets were available in easy read format.

### **Patient and carer support to cope emotionally with care and treatment**

At the inspection in January 2016 we found that the practice had only identified 0.68% of the practice list as carers. We did not see any written information available to direct carers to the various avenues of support available to them.

At this inspection we looked at the practice's computer system and saw that it alerted GPs if a patient was a carer. The practice had now identified 54 patients as carers (1.52% of the practice list). We saw that the practice had done an extensive amount of work to try and improve the number of identified carers on their practice list since the

last inspection. There were carers support posters and information in the waiting area. Written information was available to direct carers to the various avenues of support available to them.

Information in regard to carers was added to the practice information booklet, new patient questionnaires, discussed at over 65 years of age health checks and clinical staff had a pop up alert to remind them patients attended the surgery for an appointment. The practice had held two events in conjunction with Voluntary Action South Leicestershire who run the Support for Carers Leicestershire project to support carers throughout the county. This was to support the carers already registered at the practice and to encourage more patients to register as a carer on their patient electronic record.

Patient information leaflets and notices were also available in the patient waiting area which told patients how to access a number of other support groups and organisations. Information about support groups was also available on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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.

- The practice offered extended hours on a Monday evening from 6.30pm to 8.30pm but patients had to travel to the Market Harborough Medical Centre. These appointments were aimed for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. A CQC comment card completed by a parent told us that they were pleased to be able to get a same day appointment when needed for their children.
- At the inspection in January 2016 we found that the practice had a ramp for patients with restricted mobility to enter the building. There was no disability access or facilities once you entered the building. At this inspection we found the practice had a process in place to support patients who had difficulties accessing the building because of its age and layout. Staff told us that any patients with reduced mobility who came to the practice to pick up prescriptions or to book an appointment were told to ring when in the car park and a member of staff would go out to their car to assist with them.
- A hearing loop and translation services were available.

### Access to the service

Husbands Bosworth surgery was open between 8.00am and 6.30pm. The dispensary was open 8.15am to 1.00pm and 1.30pm to 6.00pm.

GP appointments were available from 9am to 5.10pm Monday to Friday. Nurse appointments from 8.30am to 12.30 and 2pm to 5.30pm. Since the last inspection the

practice had more pre-bookable appointments available in advance to reduce the number of patients ringing the practice on the day. Telephone consultations and home visits were also available on the day.

The satellite clinic held at Welford Village hall was open and appointments were available between 9am to 12 o'clock on a Tuesday and Thursday.

The practice offered extended hours on a Monday evening from 6.30pm to 8.30pm at the Market Harborough Medical Centre. These appointments were for working patients who could not attend during normal opening hours. In addition to pre-bookable appointments for GPs can be booked up to four weeks in advance.

Urgent appointments were also available on the day for people that needed them.

Results from the July 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to CCG average of 74% and national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and national average of 73%.

The practice had undertaken a General Practice Assessment Questionnaire on 1st August 2016. CQC comments cards we reviewed told us that patients were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A summary leaflet was available in the practice.

## Are services responsive to people's needs? (for example, to feedback?)

- The practice website contained good information and advice on complaints. It also contained advice on how to access advocacy services.

We looked at four complaints received since the last inspection in January 2016. We found that they were satisfactorily handled and dealt with in a timely manner. However complaints were difficult to track through the practice as there was no referencing system to ensure that they were reviewed and discussed as per the practice policy. We spoke with the management team who told us they would implement a unique referencing system going forward.

At the inspection in January 2016 we did not find any evidence to demonstrate that complaints were discussed and learning identified. At this inspection we reviewed meeting minutes and found that complaints were regularly discussed. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, customer care training for reception staff.

# 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 vision to deliver high quality care and promote good outcomes for patients.

The practice had a mission statement which said the partnership would provide high quality, safe Primary Care services for their patients.

The GP partners had plans to build a new surgery in Husbands Bosworth. Discussions and initial plans had been completed and the GP partners hoped that the building would be commenced at the start of 2017 and finished by the end of the year.

### Governance arrangements

At our inspection in January 2016 we found that the practice had a limited governance framework in place to support the delivery of their strategy. There had been a lack of effective systems in place in order to monitor quality and make improvements, limited arrangements for identifying and managing risks, an unstructured approach to dealing with significant events and safeguarding.

At our most recent inspection we found that systems and processes had been fully reviewed and the practice now had an overarching governance framework which supported the delivery of their strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were now aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a clear and consistent system in place for reporting, recording and monitoring significant events, incidents and accidents. The lead GPs for this area are continuing to fine tune the system to ensure that it remains effective and appropriate to the needs of the service.
- We found that the practice had implemented an effective system for dealing with safety alerts.
- There was a structured and effective approach in place for dealing with safeguarding.

- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We found that the leadership in the dispensary had been strengthened and systems and processes in place were effective.
- The practice had put in place a quality improvement programme which included completed clinical audit cycles.
- Practice specific policies were implemented and were available to all staff. We looked at 20 policies and all had been reviewed in 2016. However we found that they did not include a section where amendments were documented or a review date set.
- Mechanisms were now in place to seek feedback from staff and patients and this feedback was responded to. For example, practice patient surveys and responses on NHS choices.

### Leadership and culture

When we inspected in January 2016 we found there was a documented leadership structure for the Husbands Bosworth surgery but it was not clear who took overall responsibility.

At this inspection we found that the leadership structure had been reviewed and there was a clearer team structure with shared lead responsibilities. We saw and staff we spoke with told us there had been an evident change in culture within the practice in order to encourage and support the staff who worked there. This was apparent from the records we viewed and staff told us there had been many changes and they now felt supported in all areas and welcomed the culture of openness and honesty.

At the inspection in January 2016 we found that the minutes we reviewed were in a wide variety of formats. We found that it was difficult to try and identify what had taken place, what actions and learning had been shared, who was responsible for actions and a timeframe.

At this inspection we found that the practice had continued to hold a wide variety of meetings. Meetings were well documented and the new format was easy to read and there was a set agenda which included areas such as significant events, complaints, safety alerts and NICE guidance.

# Are services well-led?

Good 

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

At this inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- Staff told us and records we viewed reflected, that the practice held regular team meetings.
- Staff said they felt respected, valued and supported and spoke positively about the open culture and changes that had been made since our last inspection. All staff were engaged and involved in discussions about how to run and develop the practice, and the partners encouraged members of staff to identify opportunities to improve the service delivered by the practice

## Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through patient surveys, Friends and Family Testing (FFT), the patient participation group (PPG) and complaints received.

- The practice had carried out two patient's surveys in March and August 2016. We saw an action plan in place. telephone access and improvement of clinic waiting times.
- Market Harborough and Bosworth Partnership had an active patient participation group (PPG). We spoke with a PPG member who told us that themembers of the PPG were for both Husbands Bosworth and Market Harborough GP practices. They told us that they took part in meet and great sessions but these took place the Market Harborough practice. However they always ensured that any plans for improvements discussed at the PPG were relevant and incorporated at Husbands Bosworth.
- At the inspection in January 2016 we did not see any evidence of where the practice had gathered feedback from staff. Whilst we did not see any formal evidence of staff feedback at this inspection we saw that regular weekly meetings were now held and staff we spoke with were extremely pleased with the new culture within the practice. They told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or the management team.
- Staff told us they felt more involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was proactive and forward thinking and had enlisted external help in order to address in a timely way, the issues identified at our inspection in January 2016. This had included support from the East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) and the Leicestershire Local Medical Committee (LLMC).