

# Dr HP Borse & Partner

## Inspection report

Meir Primary Care Centre  
Weston Road  
Stoke On Trent  
ST3 6AB  
Tel: 03001230903  
www.drborseandpartner.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 location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced comprehensive inspection) at Dr H P Borse and Partner on 21 and 23 September 2022. Overall, the practice is rated as requires improvement.

Safe - Requires improvement

Effective - Requires improvement

Caring – Good

Responsive - Good

Well-led - Requires improvement

Following our previous inspection on 29 January 2018, the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr H P Borse and Partner on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up concerns reported to us.

- We inspected safe, effective, caring, responsive and well led.
- We investigated through the inspection of the practice the information of concern received to the Care Quality Commission, We found the information received to be almost wholly accurate.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.
- Staff feedback questionnaires

## Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

# Overall summary

## **We have rated this practice requires improvement for providing safe services. This is because:**

- The practice's safeguarding policy and lead were unknown to some staff.
- The practice systems for recruitment, infection prevention and control, induction training and training oversight required improvement.
- The practice's long-term condition recall systems for the appropriate and safe use of medicines, including medicines optimisation and appropriate monitoring, required improvement.
- Improvements were needed to the practice's system for recording and acting on safety alerts.

## **We have rated this practice requires improvement for providing effective services. This is because:**

- Improvements were needed in performance related to cervical screening.
- Systems and processes for managing risks, issues and monitoring required improvement.

## **We have rated this practice good for providing caring services. This is because:**

- Staff treated patients with kindness, respect and compassion and involved them in decisions about their care.

## **We have rated this practice good for providing a responsive services. This is because:**

- Patients could access care and treatment in a timely way.

## **We have rated this practice requires improvement for providing well – led services. This is because:**

- The practice did not have clear and effective processes for managing risks, issues and performance.
- Improvement was needed in the completion of complaint documentation.
- The practice culture did not always effectively support high quality sustainable care, as staff were unaware of policies and support such as Freedom to Speak Up guardian's and whistleblowing policies or where to locate them.

## **We found three breaches of regulations. The provider must:**

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed

## **The provider should:**

- Reinststate a patient Participation Group to gather patient views and consider an in-house patient survey.
- Consider implementing strategies to improve the update of cancer screening such as cervical screening.
- Implement systems and oversight of the practice Patient Group Directions (PGD)s.

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

## **Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Dr HP Borse & Partner

Dr H P Borse and Partner is located in Stoke on Trent Staffordshire at:

Meir Primary Care Centre

Weston Road,

Meir,

Stoke-on-Trent,

ST3 6AB

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

The practice is situated within the Stoke on Trent Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 4,859. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 94.5% white, 1.4% Mixed, Other 0.2%, Black 1% and Asian 3%.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of two GP partners and a regular locum GP. The practice has a team of one nurse and one healthcare assistant. The GPs are supported at the practice by a practice manager, deputy practice manager and three reception staff.

The practice is open between 8am to 6.30pm Monday, Tuesday, Wednesday and Friday and 8am to 1pm on Thursdays. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the Primary Care Network, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111.

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 Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely Family planning services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• Infection prevention and control (IPC) audits had not been fully actioned.</li><li>• Staff were unaware of the practice IPC policy, or where this was located.</li><li>• There was a lack of systems and processes to ensure single use items, sterilised equipment and refrigerated medicines were in date.</li><li>• Some Patient Group Directions (PGD) did not contain all the information required.</li><li>• The practice had not ensured they had had a copy of or sight of their tenanted premises health and safety risk assessments.</li></ul> <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• There was a lack of oversight on the systems and processes to enable the registered person to ensure</li></ul>

# Requirement notices

that the service was operating in accordance with their recruitment procedures such as, disclosure and barring checks (DBS), references, full employment history and staff immunisations.

- There was a lack of systems or processes to be assured that all clinical and non-clinical staff members had completed all training relevant to their role including locum staff.
- The practice did not have a specific cleaning log in place for clinical and non-clinical areas.
- Not all staff were up to date with infection prevention and control (IPC) training.
- There was no specific IPC training or support regarding IPC audits and action planning for the staff member who had taken on the lead role.
- Some single use equipment was found to be out of date, such as blood bottles, forceps, urine testing strips and some refrigerated vaccine medicines. Those found were all removed during the inspection.
- There were no embedded systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of IPC.
- The vaccine fridge temperature log was incomplete there was the potential risk of a vaccine failing to create the desired immune response and give protection if they became too hot or too cold.
- The practice did not always follow their significant events policy when an incident or near miss had occurred. The significant events log held maintained a summary of events. There was little evidence of a root cause analysis, policy reviews or actions such as staff retaining, competency reviews or an evaluation of the actions taken in response to the events to prevent reoccurrence.

There was a lack of systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Systems or processes that enabled the registered person to ensure that all policies were practice specific or sufficient.
- Staff were unaware of the ability to access a Freedom to Speak Up Guardian and the whistleblowing policy contained out of date links and information.

This section is primarily information for the provider

# Requirement notices

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

## Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- The practice recruitment records were incomplete. This included, full records of employment history, references, disclosure and barring checks (DBS) staff vaccination histories, for all clinical and non-clinical staff in place.

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.