Dr HP Borse & Partner

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 well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr HP Borse & Partner on 17 October 2016. The overall rating for the practice was good with requires improvement in providing safe and well-led services. The full comprehensive report on the 17 October 2016 inspection can be found by selecting the 'all reports' link for Dr HP Borse & Partner on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 27 June 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 at our previous inspection on 17 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings were as follows:

- Improvements had been made in the reporting, recording and sharing of significant events to maximise learning.
- A system had been implemented to receive and act on alerts about medicines that may affect patients' safety.
- Recruitment checks had been improved and met legislative requirements.
- All staff had been made aware of the safeguarding lead and the contact details for external safeguarding teams were accessible in most areas.
- An injectable analgesic medicine for pain relief had been obtained in the event of an emergency. However, the provider did not have an effective system in place for the monitoring and the management of emergency medicines.
- A system had been implemented for the management and security of prescription pads but this was not always effective.
- A system had been implemented for the monitoring of uncollected prescriptions.

Summary of findings

- Fridge temperatures where vaccines were stored were checked and recorded on a daily basis. Improvements had been made to securing the safety of the power point of fridges but did not mitigate the risk of one fridge being accidently turned off.
- Some improvements had been made to the governance arrangements. However, not all arrangements for assessing and monitoring risks were effective or embedded into practice.

We also saw the following best practice recommendations we previously made in relation to providing a responsive service had been actioned:

- The complaints procedure had been made readily accessible to patients and included the escalation process should they not be happy with the outcome or the management of their complaint.
- A log of verbal complaints was maintained so that discussions with patients were recorded and analysed for trends.

However, there were also areas of practice where the provider needs to make improvements.

The provide must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular, ensure systems for the monitoring and management of emergency medicines are effective.

The provider should:

- Carry out a regular analysis of significant events to identify any patterns and trends and maximise learning.
- Improve systems for the monitoring of emergency medicines held in GP bags to ensure they are in date.
- Ensure the system for tracking prescriptions through the practice is effective and prescription forms are kept secure.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

- Improvements had been made in the reporting, recording and sharing of significant events to maximise learning.
- A system had been implemented to receive and act on alerts about medicines that may affect patients' safety.
- Recruitment checks had been improved and met legislative requirements.
- All staff had been made aware of the safeguarding lead and the contact details for external safeguarding teams were accessible in most areas.
- An injectable analgesic medicine for pain relief had been obtained in the event of an emergency.
- A system had been implemented for the management and security of prescription pads, but this was not always effective.
- A system had been implemented for the monitoring of uncollected prescriptions.
- Fridge temperatures where vaccines were stored were checked and recorded on a daily basis. Improvements had been made to securing the safety of the power point of fridges but did not mitigate the risk of one fridge being accidently turned off.

Are services well-led?

Requires improvement

- Some improvements had been made to the governance arrangements. However, not all arrangements for assessing and monitoring risks were effective or embedded into practice.
- There was a lack of effective monitoring and removal of out of date emergency medicines held.
- The systems for the tracking and security of prescription stationary was not effective.
- The risk of one fridge being accidently turned off due to the power point being obstructed had not been fully mitigated.

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 provider had resolved the concerns for safety identified at our inspection on 17 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People with long term conditions
The provider had resolved the concerns for safety identified at our inspection on 17 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Families, children and young people
The provider had resolved the concerns for safety identified at our inspection on 17 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Working age people (including those recently retired and students)
The provider had resolved the concerns for safety identified at our inspection on 17 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People whose circumstances may make them vulnerable
The provider had resolved the concerns for safety identified at our inspection on 17 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People experiencing poor mental health (including people with dementia)
The provider had resolved the concerns for safety identified at our inspection on 17 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular, ensure systems for the monitoring and management of emergency medicines are effective.

Action the service SHOULD take to improve

- Carry out a regular analysis of significant events to identify any patterns and trends and maximise learning.
- Improve systems for the monitoring of emergency medicines held in GP bags to ensure they are in date.
- Ensure the system for tracking prescriptions through the practice is effective and prescription forms are kept secure.

Dr HP Borse & Partner

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a Care Quality Commission (CQC) lead inspector.The team included a GP specialist advisor.

Background to Dr HP Borse & Partner

Dr H P Borse & Partners is registered with CQC as a partnership provider operating out of modern purpose built premises in Stoke On Trent. The practice is part of the NHS Stoke On Trent Clinical Commissioning Group and holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. Car parking, including disabled parking, is available and shared with other health providers based at this location.

At the time of this inspection the practice had 4900 registered patients. The practice area is one of higher deprivation when compared to the local and national average. The practice population is mainly comparable to England averages with a slightly lower population of patients aged 30-49 years. The practice has 3% of unemployed patients compared to the local average of 7% and the national average of 4%.

The practice staffing comprises of:

- Three GP male partners (male)
- One nurse prescriber
- One health care support worker
- A practice manager
- A secretary and a team of five reception and administrative staff.
- A female locum GP visits the practice once a week to provide contraceptive advice and services.

The practice is open 8am to 8pm Monday and Wednesday. From 8am to 7pm Tuesday and Friday and from 8am to 1pm on a Thursday. The practice is closed each Thursday afternoon.

Appointments with GPs in the mornings are available from 8.40am to 11.30am on a Monday, Tuesday and Wednesday morning and until 11.40am on a Thursday and Friday. Afternoon appointments with GPs are from 2pm to 7.10pm on a Monday, 2pm to 5pm on a Tuesday, 3pm to 7pm on a Wednesday and 2pm to 5.10pm on a Friday. Appointments with the nurse are available on a Monday and Wednesday from 9am to 12.40pm and 1.20pm to 6.50pm. From 9am to 1pm on a Thursday and from 9am to 2.50pm on a Friday.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by an out of hours provider accessed by calling NHS 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr HP Borse & Partner on 17 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall with requires improvement for providing safe and well-led

services. The full comprehensive report on the 17 October 2016 inspection can be found by selecting the 'all reports' link for Dr HP Borse & Partner on our website at www.cqc.org.uk.

We undertook a further announced focused inspection of Dr HP Borse & Partner on 26 June 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 now meeting legal requirements.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced focused inspection on 26 June 2017. During our inspection we:

- Spoke with a range of staff to include three GPs, the practice manager, practice nurse, and two reception and administrative staff.
- Spoke with one patient who used the service.
- Reviewed the governance arrangements for assessing and monitoring risk to include:
- The recording, sharing of information and analysis of significant events.
- The actions taken in response to external alerts issued that may affect patient safety.
- The emergency medicines held, fridge temperatures and the security of prescription pads and monitoring of uncollected prescriptions.
- Recruitment documentation held in relation to two staff employed.
- Reviewed the management of complaints.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed protocols, minutes of meetings held and looked at information the practice used to deliver care and treatment.

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.

Good

Are services safe?

Our findings

At our previous inspection on 17 October 2016, we rated the practice as requires improvement for providing safe services. This was because:

- There was not an effective system in place for the recording of and sharing and auditing significant events to maximise learning and identify any patterns and trends.
- The provider did not have an effective system in place to receive and act on alerts about medicines that may affect patients' safety.
- Recruitment checks did not meet legislative requirements.
- Not all staff we spoke with were aware of the safeguarding lead and the contact details for external safeguarding teams were not readily accessible.
- An injectable analgesic medicine for pain relief was not held in the event of an emergency.
- There was not an effective system for the management and security of prescription pads and the monitoring of uncollected prescriptions.
- Fridge temperatures were not being checked and recorded on a regular basis to ensure vaccines were stored within the manufacture's recommended temperature range and safety of the power point was not secure.

Most arrangements had improved when we undertook a follow up inspection on 27 June 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At the previous inspection we found staff understood their responsibility to raise significant events and we saw evidence that action had been taken. However, not all significant events had been recorded and the practice had not shared outcomes with all staff or carried out an overarching review of significant events to identify trends, maximise learning and help mitigate further errors. During this inspection we found improvements had been made in the reporting, recording and sharing of significant events. Eight significant events had been raised since the last inspection and recorded on a central spreadsheet. The event details, action taken and outcome were documented and discussed at GP, clinical meetings and where appropriate wider practice meetings. An analysis of significant events had yet to be undertaken to establish why events had occurred and to maximise learning and identify any patterns and trends.

We previously found the practice had a process in place to receive alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). However, the system did not provide a detailed account of the action taken as a result of receiving all alerts. Minutes of clinical meetings did not have patient safety alerts as an agenda item or evidence these had been discussed. We found not all clinicians were able to share examples of recent alerts received or the action taken as a result of these alerts. At this inspection we saw a system had been implemented to receive and act on alerts about medicines that may affect patients' safety. We saw evidence that the practice manager had signed up to ensure all external safety alerts were received, recorded on a spreadsheet and circulated amongst clinicians. For example, an electronic search had been completed to identify any patients that may be affected in relation to an alert issued in April 2017. A small number of patients were identified, alerts put on their records and action taken. Minutes of GP and clinical meetings held showed alerts were shared and discussed amongst the team.

Overview of safety systems and processes

We previously identified shortfalls in the provider's recruitment practices and found not all checks met legislative requirements. No new staff had been employed since the last inspection. We therefore reviewed the personnel files we looked at during the previous inspection and found improvements in the recruitment checks obtained. For example, proof of identification, references, registration with the appropriate professional body where required, health assessment and checks through the Disclosure and Barring Service (DBS).

Not all staff we spoke with at the previous inspection were aware of the safeguarding lead and the contact details for external safeguarding teams were not readily accessible. At this inspection we saw information for internal safeguarding leads was accessible to staff. Staff we spoke with were aware of the safeguarding lead and demonstrated an understanding of the procedure to follow if they had any safeguarding concerns. An information pack

had been developed for each room that included contact details for external agencies. We saw a procedure had been implemented to follow up babies that did not attend their appointments and this had been shared with all clinicians at a clinical meeting and discussions and actions minuted.

At the previous inspection we found processes were in place for handling repeat prescriptions but the management of uncollected prescriptions and the security and tracking of prescription stationary throughout the practice was not effective. At this inspection we found arrangements for the monitoring of uncollected prescriptions had improved. We were told that 98% of patients now utilised the electronic prescription service (EPS). EPS is a new NHS service that allows GPs to send prescriptions directly to a patients chosen pharmacy through IT systems. However, we found the system implemented for tracking blank prescription stationary through the practice was not effective. For example, the practice manager had developed a spreadsheet to record dates, prescription numbers and the name of clinicians the prescriptions had been allocated to. However, we found two blank prescription forms in a GP bag which had not been recorded.

We previously found the provider had procedures in place for the management of medicines including emergency medicines and vaccines. However, we found some gaps in the recording of fridge temperatures and fridges were not hard wired, therefore there was a risk of the power being accidently turned off. At this inspection we reviewed records for the two fridges used to store vaccines and saw that the fridge temperatures were being checked and recorded on a daily basis during practice opening hours. Procedures were also in place for checking fridge temperatures in the absence of nominated staff. We saw arrangements had been made to secure the safety of the power point of fridges but this did not mitigate the risk of one fridge being accidently turned off due to the power point being obstructed.

Arrangements to deal with emergencies and major incidents

Following the previous inspection we asked the provider to consider expanding the practice emergency medicines to include an injectable analgesic for pain relief or carry out a risk assessment as to why this is not required. We saw at this inspection the provider had since obtained the medicine and this was stored securely with other emergency medicines held and staff knew of their location. There was a system in place for checking the central stock held and the expiry dates of these medicines. We saw GPs managed the medicines held in their home visit bags. However, we found three out of four medicines held in one GP bag were out of date in addition to some out of date adrenaline (used to treat life threatening allergic reactions) in the practice emergency medicines box, other adrenaline was in date. These shortfalls were immediately rectified and medicines were removed and replaced during the inspection.

Are services well-led?

Requires improvement

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

Our findings

At the previous inspection on 17 October 2016, we rated the practice as requires improvement for providing well-led services. This was because:

- Governance arrangements for assessing and monitoring risks and the quality of the service

  provision were not effective.

We found a number of arrangements had improved when we undertook a follow up inspection on 27 June 2017. However, the practice continues to be rated as Requires improvement for providing well-led services.

Governance arrangements

At the previous inspection we identified that the governance arrangements in place was mixed. We saw there were areas of risk that had been well managed. These included the practice performance in the Quality and Outcome Framework (QoF). There was a staffing structure in place with named members of staff in lead roles. The staff team was established and were supported by the partners in their work. The practice had a number of policies and procedures in place to govern activity. However, when potential risks had been identified, the practice had not always taken the appropriate steps to mitigate them.

At this inspection we saw that practice had improved some systems for assessing and monitoring risks:

- We saw significant events had been recorded, shared in clinical and wider practice meetings and acted upon.
- We saw a system had been implemented to receive and act on alerts about medicines that may affect patients' safety.
- All staff had been made aware of the safeguarding lead and the contact details for external safeguarding teams were accessible in packs held in each of the treatment and consultation rooms.
- The arrangements for checking the temperature of fridges used to store medicines had been appropriately reviewed.
- The practice manager had developed a staff recruitment spreadsheet to record all of the required checks in the event of new staff being employed.

However there a lack of effective governance arrangements to support the safe management of all medicines:

- There was no system in place to monitor the expiry dates of the emergency drugs held in GP home visit bags.
- Out of date medicine had not been removed from the emergency medicine box.
- The system implemented for the tracking of and the security of blank prescription stationary was not effective.
- Arrangements had been made to secure the safety of the power point of fridges but this did not mitigate the risk of one fridge being accidently turned off due to the power point being obstructed.

Leadership and culture

Whole practice meetings had been instigated and minuted. We saw the nurse and health care assistant were now involved in clinical meetings held to discuss events, share guidance and learning. The nurse told us they felt well supported and appreciated her progressive involvement in clinical discussions. A five year written business development had been developed and implemented since the last inspection and the practice had introduced a programme of continuous clinical audit to demonstrate quality improvement in patient outcomes. Staff we spoke with told us they were well supported by the partners and management team.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered person had systems or processes in place that operating ineffectively in that they failed to: • Monitor the expiry dates of the emergency drugs held in GP home visit bags or removing out of date medicine in the emergency medicine box. • Have an effective system in place for the tracking and security of prescription stationary. • Mitigate the risk of one fridge being accidently turned off due to the power point being obstructed. This was a breach in Regulation 17 (2)(b) Good Governance.