

# Husbands Bosworth Surgery

## Inspection 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

**This practice is rated as Requires Improvement overall.** (Previous rating November 2016 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Husbands Bosworth Surgery on 22nd August 2018 as part of our inspection programme to ensure the improvements we had seen in November 2016 had been maintained. The practice was inspected in April 2016 and found to be inadequate in safe and well led and placed in special measures. When we inspected in November 2016 we found that it was good overall.

At this inspection we found:

- The practice had some systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The systems in place for appropriate and safe handling of medicines was not effective and put patients at risk of receiving compromised treatment.
- The system for emergency medicines was not safe and had not been acted on following the November 2016 inspection.

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- The practice did not have an effective governance system for the Dispensary which had been reported in April 2016.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

The areas where the provider **must** make improvements are:

- 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.

The areas where the provider **should** make improvements are:

- Improve the system for recording and storing blank prescriptions.

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

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager 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 3,566 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 between general practices and NHS England for delivering primary care services to local communities.

At Husbands Bosworth Surgery the service is provided by three GP partners (female), three salaried GP's (two female and one male), two practice nurses, one healthcare assistant and three dispensers, one dispensary manager, one practice manager and one team leader, supported by a team of receptionists and secretaries.

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, Markets Harborough, Leicestershire, LE16 9BX.

Husbands Bosworth Surgery, 1 Marsh Drive, Husbands Bosworth, Leicestershire, LE17 6PU.

Minor Injuries Unit, 33 Leicester Road, Market Harborough, Leicestershire, LE16 7BN.

The location we inspected on 22nd August 2018 was Husbands Bosworth Surgery, 1 Marsh Drive, Husbands Bosworth, Leicestershire, LE17 6PU.

Husbands Bosworth Surgery was open between 8.00am and 6.30pm between Monday and Friday. The dispensary was open between 8.15am to 1pm and 1.30pm to 6pm from Monday to Friday. Extended hours were on a Monday evening from 6.30pm to 8.30pm at the Market Harborough Medical Centre. These were appointments for patients who could not attend during normal opening hours.

Husbands Bosworth Surgery also have a satellite clinic held at Welford Village Hall, West Street, Welford, Northamptonshire, NN6 6HU which was not visited as part of the inspection. GP appointments were available on Thursday mornings.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care. Information is available on the practice website for patients who require information.

# Are services safe?

## We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for safe because:

- On the day of inspection, we found that the system in place for monitoring medicines which required refrigeration was not effective. Three fridges within the practice had breached the recommended temperature and we found no action had been taken or escalated to practice management.
- We found that staff had not escalated the breaks in the cold chain as directed in the practice's cold chain policy and there were no routine checks to ensure staff were completed this as necessary.
- We looked at the systems in place for the management of controlled drugs where we found that the dispensing and security were not effective as errors were found in the registers. We also found dispensers were not completing second checks when dispensing and destroying controlled drugs which was the correct procedure.
- The system in place for the management of emergency medicines was not effective as medicines were located in multiple locations. The practice relied on the dispensary to hold some emergency medicines however dispensary staff were not aware they were the only location of some emergency medicines.

## Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. Staff knew how to identify and report concerns. We saw evidence of safeguarding concerns being raised and investigated. The safeguarding lead produced a report which would be discussed at a multidisciplinary meeting with other agencies. Learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults

who may be vulnerable.). Chaperones had also received specific training for the role. The practice recorded on appointment records when chaperones were offered to patients and if the patient had requested a chaperone.

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The new building was purpose built for the practice and had received an infection control assessment before it opened. There was an effective system to manage infection prevention and control as an ongoing process.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. Staff knew how to report faulty equipment according to the practice policy.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Due to the provider having two locations staff could work at either practice to cover any staff shortages.
- New starters received a formal induction process including mandatory training and procedures. The practice also had a buddy mentoring scheme in place for one to one mentoring through the role for new starters. Temporary staff were not employed at the practice.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The practice had an emergency button system if urgent help was required.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

# Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice had some systems for appropriate and safe handling of medicines however on the day of inspection we saw these systems were not always being adhered to. The systems for the monitoring fridge temperatures, dispensing controlled drugs, the security of blank prescription papers and emergency medications needed to be improved.

The practice had an identified lead for the dispensary however did not attend the practice on a regular basis.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice liaised with the local medicines optimisation team to ensure prescribing was in line with local guidance and to complete any cost saving opportunities that were identified. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were standard operating procedures for dispensing procedures which were relevant and reviewed regularly.
- On the day of inspection, we saw that the monitoring of the cold chain was not effective and staff recorded fridge temperatures which were outside the recommended range of two to eight degrees. We reviewed the practice policy which outlined what to do in the event of high temperature readings, but this had not been adhered to. We looked at records for the past two months of recordings and found consistently high figures of 14 degrees which put the medicines in the fridge at risk of not being effective treatment.
- The practice had a separate fridge for vaccinations. We reviewed the records and found occasions in which the fridge had also breached the temperature monitoring and not been reported to practice management. We saw evidence that one reading was recorded as 29.2

degrees. Following our inspection, NHS England were contacted and visited the practice. NHS England investigated and informed the practice there was no risk to patients who had received vaccinations due to the high recording of the vaccine fridge being a human error where the room temperature had been recorded.

- There was a system for recording prescription stationary when received at the practice however there was no system for recording where the blank prescriptions went within the practice.
- There were standard operating procedures for the dispensing process which kept patient safe. However, we saw that the standard operating procedure for the dispensing of controlled drugs was not being followed. We saw evidence on the day of two controlled drug discrepancies which had been missed at a stock check. Staff told us that dispensing and destruction of controlled drugs were second checked by another member of staff however there was no evidence of this in any dispensing records or the latest destruction log.
- Emergency medicines were available at the practice however not all medicines were kept in the same place. Not all staff knew the procedure on where emergency medication could be obtained from in an emergency.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines with GP's and the dispensary offered a review of medication and compliance if they felt it was appropriate.

## Track record on safety

The practice had systems in place to ensure safety within the practice.

- There were comprehensive risk assessments in relation to safety issues such as infection prevention and control, portable appliance testing, equipment calibration and fire. This helped understand risks and gave a clear and accurate assessment of safety.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice

## Are services safe?

learned and shared lessons, identified themes and took action to improve safety in the practice. All incidents were discussed at team meetings for all staff to be informed.

- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the evidence tables for further information.**

# Are services effective?

**We rated the practice and all of the population groups as good for providing effective services overall.**

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice.

- We saw that clinicians *assessed* needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had an alert on their notes and had regular clinical reviews including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice's performance on quality indicators for long term conditions was consistently in line or above with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% with uptake rates for children aged two at 100% for receiving all required immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment at the practice or in secondary care. This would then be referred onto the safeguarding lead if required.

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

- The practice's uptake for cervical screening was 79%, which was below the 80% coverage target for the national screening programme. However this was above the local and national averages at 77% and 72%.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. Any vulnerable patients identified were discussed at monthly meetings to share and discuss concerns.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long term medication.



# Are services effective?

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. The practice would include discussions with family or carers when required to ensure vulnerable patients are supported.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with average local and national averages. We saw some high exception reporting within mental health patients however staff demonstrated this was in cases where patients had failed to respond after three invitations.

## Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- The practice completed regular audits on minor surgeries such as implants to ensure care was consistent for patients.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. Nurses who offered cervical screening kept individual audits on their samples efficacy.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date and were aware of changes and updates of local and national prescribing changes.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for vulnerable patients.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- We saw evidence of the practice creating care plans with other agencies, for patients who were frequently admitted to secondary care. The practice demonstrated this was effective at reducing hospital attendances.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice developed a template to structure end of life care which included local and national guidance. We saw evidence of patients on end of life care being discussed at monthly meetings with other relevant healthcare agencies when necessary.

## Are services effective?

- The practice could refer to clinics held at St Luke's treatment centre for ultrasound or echocardiography so patients did not have to travel to a hospital.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. Practice staff told us they would signpost to social prescribing schemes and had a range of leaflets to offer patients for information.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- Patients were signposted to local support groups via a referral to First Contact, a group who would support patients through a range of situations.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately by completing regular audits.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP 2017 patient survey results were mostly in line with local and national averages for questions relating to kindness, respect and compassion, however some results were below local and national averages. The practice were aware of this and had ran their own feedback for more information on patient feedback however did not find any dissatisfaction in the same areas. The practice demonstrated changes they had made following patient feedback such as introducing eco-friendly compostable cups for patients and installing a radio to distract from conversations at the reception desk. The practice's GP patients survey for 2018 showed improvements in patient satisfaction with all figures being in line with local and national averages.

## **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice had a range of leaflets available for patients on range of support systems available in the local area.
- The practice proactively identified carers and supported them. The practice had a carers champion who would support patients and give them useful information.
- The practice's 2017 GP patient survey results were below local and national averages for questions relating to involvement in decisions about care and treatment. The 2018 GP results showed patient satisfaction had increased and all areas of the survey were in line with local and national averages.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- The dispensary had a private room to conduct medication reviews or help patients if they needed extra support with their medicines.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as good for providing responsive services.**

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone appointments were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered. The practice had moved into a new purpose built building which had increased patient and staff satisfaction.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example weekly or monthly blister packs or large print information leaflets.
- The practice held a register of patients were at risk of hospital admissions, care home residents and those nearing the end of their lives. Advanced care plans were produced for these patients with the aim of avoiding unplanned admissions to hospital. Any patients who had a care plan were prioritised by the practice for enhanced on the day access to their GP by phone or a home visit.
- Patients had access to the Acute Injuries Unit, which is run by the partnership, at St Luke's Hospital which meant that patients did not have to travel to hospitals for minor injuries.
- The practice had developed templates for patients on end of life care or those with cancer or cardiovascular disease. These included local and national guidance for best treatment options.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home. Weekly visits were conducted at care homes the GP's supported.
- The practice offered a weekly GP clinic at Welford Surgery to cater for the needs of patients who did not have access to transport.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients with complex conditions or multiple conditions were offered double appointments with clinician's.
- Diabetic patients could access extended hours with a diabetic specialist nurse on Mondays at Market Harborough Medical Centre.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- Patients who found it difficult to access the service during working hours could use the extended hours services at Market Harborough Medical Centre, and could also attend services at St Luke's hospital for tests or acute injuries to avoid having to travel to hospital.

People whose circumstances make them vulnerable:

# Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- Patients with a learning disability were offered annual health checks.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Patients with dementia were signposted to a memory advisor who supported patients are their carers or family.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Patients could access local psychological therapy either by self-referral or GP referral.
- Patients with severe mental health illness were recorded on a register and invited for annual reviews with extended appointments.

## Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

## Listening and learning from concerns and complaints

The practice *took* complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

**Please refer to the evidence tables for further information.**

# Are services well-led?

## We rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- Leaders were not always visible and involved on a daily basis at the practice dispensary. We found a number of issues with the dispensary which the lead GP and practice management were not aware of. This put patients at risk.
- The dispensary leadership was identified as an issue in our January 2016 inspection which has not been continually monitored.
- The practice had not acted on previous inspection findings. The practice inspection in October 2016 identified that the system for emergency medicines was not effective and needed to ensure that medicines were available to all staff. We found on this inspection that this had not been addressed and the system for emergency medicines was not effective.

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. However on the day of the inspection we found that the lead for the dispensary did not routinely work in the practice and only attended the dispensary during monthly dispensary meetings.

- Leaders were knowledgeable about most issues and priorities relating to the quality and future of services.
- Leaders at all levels were approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- On the day of inspection we found the clinical oversight and leadership of the dispensary was not effective. This had been identified at a previous inspection in January 2016. Since the January 2016 inspection a lead GP had been appointed however did not routinely visit the dispensary. Staff on the day of this inspection told us that they could contact the lead GP via the phone or computer system however they did not feel fully supported with this system.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice aimed to provide patients with high quality, accessible care in a safe, responsive and courteous manner.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy and if any behaviour or feedback fell short of their strategy they would challenge it.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements



# Are services well-led?

The practice had a range of governance documents however we found that not all governance arrangements were effectively implemented.

- Structures, processes and systems to support good governance and management were clearly set out. However we saw evidence that the governance of the dispensary was not effective and put patients at risk when they received medications.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended however we found there were policies not being followed for example the cold chain policy or controlled drug dispensing. There was no monitoring of performance against procedures.

## Managing risks, issues and performance

There were some processes for managing risks, issues and performance. However on the day of the inspection we saw evidence of risks to patients which had not been appropriately escalated to the management team such as breaches of the cold chain and discrepancies in controlled drug stock.

- There was process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice did not always act on previous risks such as the location of emergency medication which was found in our October 2016 inspection. At this inspection we found that the system in place for emergency medicines was not effective and put patients at risk. The management team had not put a system in place following the October 2016 to effectively manage this risk.
- Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**Please refer to the evidence tables for further information.**

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance  <b>There was a lack of focus in the clinical leadership, oversight and governance systems required in relation to the safety and management of medicines.</b>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	



This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider was issued a warning notice due to failing to provide care and treatment to service users in a safe way. The systems for managing and storing medicines, including vaccines, emergency medicines and stock medicines were not effective.