

# 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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



# 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 28 January 2016. Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough. Patients did not always receive a verbal and written apology.
- There was a limited 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 practice did not have a structured or robust approach for dealing with safeguarding.
- The practice did not have a robust or adequate system in place for palliative care monitoring and review.

- Data showed patient outcomes were above average compared to the locality and nationally. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect. However, some felt the attitude of reception staff needed addressing.
- Urgent appointments were usually available on the day they were requested.
- The practice had a proactive patient participation group and have sought feedback from patients.
  - There was a documented leadership structure for the Husbands Bosworth surgery but it was not clear who took overall responsibility for the surgery.

The areas where the provider must make improvements are:

- Introduce a robust system for reporting, recording, acting on and monitoring significant events, incidents and near misses and complaints.
- Implement a robust system for dealing with safety alerts.

# Summary of findings

- Have a robust system in place to ensure that patients are safeguarded from abuse and improper treatment.
- Ensure the practice has a robust quality improvement programme which includes completed clinical audit cycles.
- Ensure there is adequate leadership in the dispensary and systems and processes in the dispensary are robust.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Clarify the leadership structure for the surgery and ensure there is leadership capacity to deliver all improvements.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice and which identify the responsible person.
- Ensure there are mechanisms in place to seek feedback from staff and patients and this feedback is responded to.

The areas where the provider should make improvement are:

- Ensure standard operating procedures for the dispensary include a competency section.

- Ensure competencies of dispensary staff are checked appropriately
- Ensure actions from infection control audits are recorded and implemented.
- Have in place a robust cleaning schedule to give assurance specific rooms are being cleaned.
- Improve the system for the identification of carers
- Embed a formalised process for the recording of minutes of meetings.

I am placing this practice in special measures. Where a practice is rated as inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

**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 inadequate for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. People did not always receive a verbal and written apology.
- The practice had some processes and practices in place to keep patients safe and safeguarded from abuse but they were not robust, clearly defined or embedded.
- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the current building and Welford village hall which are used to undertake regulated activities.
- Dispensing errors were not reliably recorded and there was limited evidence for any being written up as Significant Events.

Inadequate



### Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was limited evidence that audit was driving improvement in performance to improve patient outcomes.
- The practice did not have a robust or adequate system in place for palliative care monitoring and review. Personalised care plans kept in a patient's house had not been reviewed. This meant that the patient or relative would have to update out-of-hours on their current condition. Special patient notes were not used for any patients.
- 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.

Requires improvement



# Summary of findings

- We did not see evidence that multi-disciplinary team meetings took place on a monthly basis or that care plans were routinely reviewed and updated.

## Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care. 72% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 81% , national average 82%). 78% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 85%).
- The majority of patients said they were treated with compassion, dignity and respect. However, some felt the attitude of reception staff needed addressing.
- 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 where possible.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had only identified 0.68% of the practice list as carers.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care.
- From comments cards we reviewed most patients said they found it easy to make an appointment, there was continuity of care, with urgent appointments available on the same day.
- The practice had identified that the building was high risk but comments cards we reviewed told us they met patient needs.
- Patients could get information about how to complain in a format they could understand.

**Requires improvement**



## Are services well-led?

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

**Inadequate**



# Summary of findings

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. This included initial plans to build a new surgery in Husbands Bosworth. Staff we spoke with were clear about the vision and their responsibilities in relation to this.
- There was a documented leadership structure for the Husbands Bosworth surgery but it was not clear who took overall responsibility for the surgery.
- There was a limited 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 practice did not have a clear or consistent system in place for reporting, recording and monitoring significant events, incidents and accidents.
- There was not a structured or robust approach for dealing with dealing with safeguarding.
- There was not a robust system in place to ensure that the patient group directives (PGD's) were signed by a GP.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice did not have a programme of continuous quality improvement, for example, completed clinical audit cycles.
- There was no evidence that learning from complaints had been shared with staff.
- There were no robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

# 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 inadequate for the care of older people.

The provider was rated as inadequate for safe and well led services and requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Care and treatment of older people did not always reflect current evidence-based practice, and some older people did not have care plans where necessary.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above CCG and national average. For example, hypertension was 100% which was 2.1% above the CCG average and 2.2% above the national average.
- 100% of patients on four medicines or more had received an annual medical review in the last 12 months.
- Flu vaccination rates for the over 65s were 67.49% which was below the national average of 73.24%.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.
- The practice have a satellite clinic held at Welford which gives the opportunity for older people to be seen by a GP without having to travel.

Inadequate



### People with long term conditions

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

The provider was rated as inadequate for safe and well led services and requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.

Inadequate



# Summary of findings

- Clinical audits did not demonstrate quality improvement. In the practice presentation at the start of the inspection the registered manager identified that this was one area that needed improvement.
- 72% of respondents who completed the January 2016 national patient survey said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).
- The performance for patients with hypertension 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 have 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 0.8% above the CCG average and 1.8% above national average.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had only identified 0.68% of the practice list as carers.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.

## Families, children and young people

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

The provider was rated as inadequate for safe and well led services and requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There was not a structured or robust approach for dealing with dealing with safeguarding.
- There were some 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.
- Appointments were available outside of school hours. Extended hours appointments are available at the Market Harborough Medical Centre on a Monday evening.

**Inadequate**





# Summary of findings

- Childhood immunisation rates for the vaccinations given were comparable to the CCG average.
- The practice offers a chlamydia screening and sexual health advice service.
- The practice's uptake for the cervical screening programme was 80.6%, which was comparable to the CCG average of 80.9% and the national average of 80%.
- The practice have a satellite clinic at Welford which gives parents the opportunity for their children to be seen by a GP without having to travel.

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

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

The provider was rated as inadequate for safe and well led services and requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 reflects the needs for this age group.
- There was a good uptake for both health checks and health screening.

**Inadequate**



## **People whose circumstances may make them vulnerable**

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

The provider was rated as inadequate for safe and well led services and requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 83.3% of patients with a learning disability had had an annual health checks.

**Inadequate**



# Summary of findings

- Only 51.47% of patients on the palliative care register had had an annual health check.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- Most staff knew how to recognise signs of abuse in vulnerable adults and children.

Most 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.

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

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

The provider was rated as inadequate for safe and well led services and requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Only 47.62 % of people experiencing poor mental health had received an annual physical health check.
- Only 40 % of people who have depression had received an annual physical health check.
- 100% of patients with Dementia had received an annual medical review in the last 12 months.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always those with dementia.
- It 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 including MIND.

Inadequate



# Summary of findings

## What people who use the service say

The national patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 238 survey forms were distributed and 47% were returned.

- 94% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 87% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).

- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards out of which 42 were positive about the standard of care received. Patients said they felt the practice offered a good and responsive service. Most staff were helpful, caring and treated them with dignity and respect.

Five negative comments were around staff attitude, lack of appointments and the process of giving out laboratory results in a timely manner.

## Areas for improvement

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

- Introduce a robust system for reporting, recording, acting on and monitoring significant events, incidents and near misses and complaints.
- Implement a robust system for dealing with safety alerts.
- Have a robust system in place to ensure that patients are safeguarded from abuse and improper treatment.
- Ensure the practice has a robust quality improvement programme which includes completed clinical audit cycles.
- Ensure there is adequate leadership in the dispensary and systems and processes in the dispensary are robust.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Clarify the leadership structure for the surgery and ensure there is leadership capacity to deliver all improvements.

- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice and which identify the responsible person.
- Ensure there are mechanisms in place to seek feedback from staff and patients and this feedback is responded to.

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

- Ensure standard operating procedures for the dispensary include a competency section.
- Ensure competencies of dispensary staff are checked appropriately
- Ensure actions from infection control audits are recorded and implemented.
- Have in place a robust cleaning schedule to give assurance specific rooms are being cleaned.
- Improve the system for the identification of carers
- Embed a formalised process for the recording of minutes of meetings.

# 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 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 3,600 patients. The practice has a dispensary which dispenses medicines to 90% of patients registered with the practice.

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 three GP partners (male), two salaried GPs (female), a business and finance manager, two practice managers, one acting practice supervisor, two nurses, two dispensers, three health care assistants, four receptionists and a diabetes nurse specialist. Local community health teams support the GPs in provision of maternity and health visitor services.

The practice has a higher than average population of patients over the age of 65. 24.2% compared to the national average of 17.1%. They have a lower than average population of patients under the age of 18. 17.6% compared to the national average of 20.7%.

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice.

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. Satellite Clinic held at Welford 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 28 January 2016 was Husbands Bosworth Surgery, Kilworth Road, Husbands Bosworth, LE17 6JZ. Satellite Clinic held at Welford Village Hall, West Street, Welford, Northamptonshire, NN6 6HU

The surgery at Husbands Bosworth is in a converted bungalow and has a small car park. The branch surgery was in Welford Village Hall which the practice rented from the local council. It had parking at the side of the building.

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

# Detailed findings

1.30pm to 6.00pm. GP appointments are available from 9am to 5.10pm Monday to Friday. Nurse appointments from 8.30am to 12.30 and 2pm to 5.30pm. Telephone consultations and home visits are also available on the day.

The satellite clinic is open and appointments are 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 are for working patients who could not attend during normal opening hours.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided to Leicester City, Leicestershire and Rutland by Central Nottinghamshire Clinical Services. 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

We inspected this service as part of our new comprehensive inspection programme.

We 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. The inspection was planned to check whether the provider is 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.

## 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 28 January 2016.

During our visit we:

- Spoke with a range of staff which included GPs, Business Manager, Practice managers, nurses, health care assistant, dispenser together with reception and administration staff.
- Observed how patients were being cared for and talked with carers and/or family members
- 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

- The practice had a system in place but we found that it was not robust, consistent or clear in regard to significant events. Therefore we could not be assured that the practice could evidence a safe track record over the long term.
- The original significant event forms seen had very little information on them. There was no detail of who had raised the significant event. We were unable to ascertain who had undertaken the investigation or what actions and learning had taken place.
- Significant events meetings took place but difficult to understand discussion, learning and actions. For example, a wrong name had been put on a clinical investigation. The practice had not repeated this investigation to ensure patient safety. A second significant event we reviewed was in relation to the mental health of a patient. The practice had made a referral but the referral had not been accepted due to the patient living between county borders. The form had only a brief description of the event. No learning or action taken. On meeting minutes we reviewed for 25 September 2015 there was an action to raise with this issue with the CCG. On minutes of a meeting for 22 January 2016 this action was still outstanding.
- The Market Harborough and Husbands Bosworth Partnership had a policy for Reporting of Significant Events/Critical Incidents which stated that a member of staff should complete the form in full which will then be checked by the practice manager. These will be reviewed at the quarterly significant event meeting or sooner if deemed appropriate.
- The practice had a system for recording 'near miss' incidents within the dispensary. We saw a near miss incident recorded for 4 January 2016. The system for discussing and learning from all types of incidents and errors, including those relating to medicines was lacking. There was a risk that appropriate actions to minimise the chance of similar errors occurring again were not taken. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.

- There was limited evidence of dissemination of learning from significant events in order to improve safety in the practice.
- Safety alerts were received by the practice manager via email. They told us they forwarded them to relevant staff. The practice policy relating to safety alerts identified and advised the need for two people to receive alerts. On the day of the inspection the registered manager was unable to show us a system in place. There was no log of alerts received or how they had been actioned. In the meeting minutes we looked at we saw that a safety alert in regard to the uptake of the influenza vaccine had been discussed. The practice was unable to evidence that all staff were aware of any relevant alerts to the practice and where they needed to take action.

### Overview of safety systems and processes

During our inspection we found that the practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse,

- The practice had an appointed dedicated GP as the lead in safeguarding vulnerable adults and children. The dedicated GP had been trained in both adult and child safeguarding and could demonstrate they had the necessary training to enable them to fulfil these roles. Staff demonstrated they understood their responsibilities and most had received training relevant to their role. Most staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern. All the GPs were trained to Safeguarding level 3.
- The practice did not have a robust system in place to monitor adults and children who had safeguarding issues. We found that the lead did not have an overarching view of the safeguarding issues in relation to patients registered with Husbands Bosworth. The safeguarding register had not been regularly reviewed and updated. Some patients on the register had not been discussed or reviewed for a long period of time. For example, the parent of a two children had a safeguarding issue but the two children had no information on their patient record to say they had been seen or that a care plan had been put in place. Safeguarding meetings were held quarterly at Market Harborough Medical Centre.



## Are services safe?

- 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 check (DBS check). (DBS The practice website contained relevant and easily accessible information in regard to the use of chaperones.
- The practice had a system to ensure patients and staff were protected from the risk of infection. One of the practice nurses at the Market Harborough Medical Centre was the lead nurse for infection control.
- We observed the premises to be generally clean and tidy. The practice employed an external cleaning company for two hours three days a week. We saw there was a cleaning schedule for the premises which details of the specific areas of the practice, for example, treatment rooms. There were no formal records that the management team carried out any spot checks of the cleaning within the surgery. Disposable curtains were in place in the consultation and treatment rooms but had not been dated to say when they had last been changed.
- An infection control audit had been undertaken on 13 October 2015 and we saw evidence that some action had been taken or was in progress to address any improvements identified as a result. However no action plan had been put in place to identify a timeframe or who was responsible for the actions.
- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure processes were suitable and the quality of the service was maintained. Dispensing staffing levels were in line with DSQS guidance.
- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. However the practice did not follow guidance as they did not contain the competency level of staff required. We could not be assured that the competence level of staff was checked on a yearly basis.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. Most of these were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. However we found on the day of the inspection that the monthly stock check of controlled drugs had not taken place over a five month period, from July to December 2015. Staff we spoke with told us that controlled drugs were checked but no documentation had been completed. They also told us dispensary meetings took place but were not formally minuted.
- There were arrangements in place for the destruction of controlled drugs. Members of dispensing staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. We looked at records of refrigerator temperatures for the fridges in treatment rooms and saw that these had been checked daily.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription pads were kept securely but we could not be assured that the practice had a system in place that if prescriptions or prescription stationary was lost or stolen that they could promptly be identified and investigated. Since the inspection the practice have put a prescription security protocol in place.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. We were told that they received regular informal supervision and support in their role.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. 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. On the day of the inspection we found that

## Are services safe?

the PGDs had been signed incorrectly and did not contain the signature of a doctor. Since the inspection we have received evidence that they have now all been signed by the prescribing lead for the surgery.

- We reviewed three 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

- The practice did not have robust systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice.
- The practice had described the building as high risk. It was a converted bungalow and there were in the process of planning a new build. The risk assessments we saw for each room were minimal. The depth of documentation was not robust. The risk assessments did not include areas such as condensation at the windows and carpets to most rooms. Risks were not mitigated. No action plan of actions to be taken with designated responsibility and a time frame for any identified actions in meeting minutes we reviewed we could not see when any of the issues had been discussed. The Market Harborough and Husbands Bosworth Partnership had a risk assessment toolkit but this had not been implemented at Husbands Bosworth Surgery.
- We inspected the satellite clinic at the village hall at Welford. The practice had not carried out any risk assessments. For example, in relation to fire, emergency medical situations or loss of electricity supply or use of the building.
- The practice had some risk assessments in place to monitor safety of the premises such as fire, oxygen and nitrogen safe handling and storage, control of substances hazardous to health, use of a practice wheelchair, infection control and a legionella investigations report completed every six months. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice had carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and most clinical equipment was checked to ensure it was working properly. We found weighing scales and a portable blood pressure monitor at the Welford branch surgery which had not been checked since 2011.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. This was completed on a weekly basis.

### 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 both Husbands Bosworth and the Welford branch surgery.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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. However each risk was not rated and mitigating actions recorded to reduce and manage the risk. Since the inspection we have seen evidence that the disaster handling business contingency recovery protocol has been updated.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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.

- The practice had systems in place to keep all clinical staff up to date. On the day of the inspection we were told that staff had access to guidelines from NICE. We saw guidance was discussed at management meetings, for example, 2 week wait colorectal pathway changes but we did not see any 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

### 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 were 99.6% 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 are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any 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 of 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 have 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% above the CCG average and 4.4% above national average.

- The performance for patients with hypertension 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 have 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 0.8% above the CCG average and 1.8% above national average.
- The dementia diagnosis rate was 76.5% which was 6.3% above the CCG average and 7.5% above the national average. Exception reporting was 19% which was 8% above the CCG average and 10.7% above national average.

Clinical audits did not demonstrate quality improvement.

- In the practice presentation at the start of the inspection the registered manager identified that this was one area that needed improvement. There had been three clinical audits completed in the last two years, two of these were completed audits. The audits we reviewed were data gathering and were carried out in response to requests by the CCG. Therefore were not assured that the practice had a system or process in place to identify areas for quality improvement in patient care. In the meeting minutes we reviewed we did not see any evidence that these had been discussed. The Market Harborough and Husbands Bosworth Partnership had a Clinical Governance Policy which said that they will undertake regular clinical audits, record the results and plan improvements to patient benefit.

The practice did not have a robust or adequate system in place for palliative care monitoring and review.

- The practice had a palliative care register. We found issues with the coding on patient records. Personalised care plans kept in a patient's house had not been reviewed. This meant that the patient or relative would have to update out-of-hours on their current condition. Special patient notes were not used for any patients.

# Are services effective?

## (for example, treatment is effective)

MDT Meetings took place but were joint for Husbands Bosworth and Market Harborough Medical Centre. The Market Harborough and Husbands Bosworth Partnership had an End of Life Policy which says that regular MDT meetings will take place in which information will be cascaded and a review of end of life/palliative care registers will take place.

- The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area. For emergency admissions for medicine and general surgery the practice had 41.7% per 1,000 population compared to CCG average of 43.3%.

### 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. It covered such topics 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included appraisals, informal clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff had access to and made use of e-learning training modules and in-house training.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.

### 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 and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care services to understand and 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.
- We did not see evidence that multi-disciplinary team meetings took place on a monthly basis or that care plans were routinely reviewed and updated.

### 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-term

# Are services effective?

(for example, treatment is effective)

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 80.6%, which was comparable to the CCG average of 80.9% and the national average of 80%. There was a policy to send out a reminder 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.
- Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds were 92% - 100 % which was higher than the CCG average of 98% and five year olds from 85% to 93% which in some areas was lower than CCG average of 88%-95%.
- Flu vaccination rates for the over 65s were 67.49% which was below the national average of 73.24%. For the at risk groups the practice scored 53.14% which was above the national average of 50.16%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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.

42 out of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced. Out of the five negative comments staff attitude, lack of appointments and the process of giving out laboratory results in a timely manner.

Patients said they felt the practice offered a good and responsive service. Most staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). The PPG was a joint group with the Market Harborough Medical Centre. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that most staff responded compassionately when they needed help and provided support when required.

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

- 90% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 87%, national average 87%).

- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 87% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 82% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

### 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 January 2016 national patient survey showed patients had mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results were in line or below local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).
- 78% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 85%).

The practice website contained relevant and easily accessible information

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had only identified 0.68% of the practice list as carers. We did not see any written

## Are services caring?

information available to direct carers to the various avenues of support available to them. However the practice website contained accessible information for carers on what support was available in the area.

The practice website contained good information to support patient who had suffered a bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- 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.
- The practice had a ramp for patients with restricted mobility to enter the building. However, due to the layout of the inside of the building there was no disability access or facilities once you entered the building.
- A hearing loop and translation services available.
- The practice website identified that a British Sign Language interpreter could be booked in advance for hard of hearing patients who use British Sign Language.

### 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 are available from 9am to 5.10pm Monday to Friday. Nurse appointments from 8.30am to 12.30 and 2pm to 5.30pm. Telephone consultations and home visits are 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 are for working patients who could not attend during normal opening hours.

In addition to pre-bookable appointments that could be booked up to four weeks in advance for GPs and six weeks in advance for the nursing team. Urgent appointments were also available on the day for people that needed them.

Results from the January 2016 national patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages except for the practice opening hours.

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 94% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 73% patients said they always or almost always see or speak to the GP they prefer (CCG average 60%, national average 59%).

Patient feedback on the comment cards we received told us that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

The practice had a 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.
- The practice website contained good information and advice on complaints. It also contained advice on how to access advocacy services.
- We looked at three complaints received in the last 12 months and found they were handled in a timely manner.
- From minutes of meetings we looked at on the day of the inspection we did not find any evidence of lessons learned from complaints.



# Are services well-led?

Inadequate 

(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.

### Governance arrangements

- There was a documented leadership structure for the Husbands Bosworth surgery but it was not clear who took overall responsibility for the surgery.
- There was a limited 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 practice did not have a clear or consistent system in place for reporting, recording and monitoring significant events, incidents and accidents.
- There was not a structured or robust approach for dealing with safeguarding.
- There was not a robust system in place to ensure that the patient group directives (PGD's) were signed by a GP.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice did not have a robust quality improvement programme, for example, completed clinical audit cycles.
- There were no robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was no evidence that discussions or learning from complaints had taken place. Staff we spoke told us complaints were not discussed unless they had involvement.
- The practice held a variety of meetings. 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.

### Leadership and culture

The surgery was run by the Market Harborough and Husbands Bosworth Partnership. In the presentation three GP partners were identified as responsible for the practice. We were told the partners were visible in the practice they were approachable and always took the time to listen to all members of staff.

When there were unexpected or unintended safety incidents:

- The practice did not give the affected people reasonable support, truthful information and a verbal and written apology
- They did not keep written records of verbal interactions as well as written correspondence.

There was not a clear leadership structure in place however staff we spoke with told us they felt supported by management.

- Staff told us the practice did not hold regular team meetings.
- Staff told us there was an open culture within the practice and they felt they could raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the management team.

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

The practice encouraged feedback from patients. It had gathered feedback from patients through the patient participation group (PPG), the NHS Friends and Family Test (FFT) and complaints received.

- Market Harborough and Bosworth Partnership had an active patient participation group (PPG). We spoke with a PPG member who told us that ten members of the PPG are given the survey to complete. The ten members are for both Husbands Bosworth and Market Harborough. The questions are set by the partnership and different surveys are sent to them throughout the year.

# Are services well-led?

Inadequate 

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

- We did not see any evidence of where the practice had gathered feedback from staff. However staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management
- Since the inspection we have seen evidence of two nurse patients surveys carried out in December 2015 and January 2016. All of the comments were extremely positive in terms of quality of care given to them by the nursing team.
- The practice gathered feedback through Friends and Family Testing. We reviewed the results for 2015 and found that staff attitude was a common theme. We did not see any evidence that the practice had acknowledged this and that any discussions had taken place. Further reference in two CQC comments cards from the day of the inspection made reference to reception staff attitude. We were told that an external facilitator had done some customer care training. This was held at the Market Harborough Medical Centre. There was no evidence of any shared learning or an action plan going forward.



## Enforcement actions

### 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	17 (1) - Systems and processes must be established and operated effectively to enable you to:
Maternity and midwifery services	17 (2) -
Surgical procedures	(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); and
Treatment of disease, disorder or injury	(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.
	This was in breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).