

Market Harborough Medical Centre

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

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

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 Market Harborough Medical Centre on 3 March 2016. Overall the practice is rated as requires improvement.

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. On the inspection we saw evidence that the practice had just commenced a new system for significant events which will ensure that patients are kept safe.
- Risks to patients were assessed and well managed, with the exception of those relating to legionella water checks.
- Some systems and processes with the dispensary were not robust.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to
- Urgent appointments were available on the day they were requested.
- Prescription pads and blank prescription forms for use on the practice printers were not tracked through the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a number of policies and procedures to govern activity.
- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

Summary of findings

- Ensure there is adequate leadership in the dispensary and systems and processes in the dispensary are robust.
- Ensure there is a robust process for the handling of repeat prescriptions and repeat prescriptions are signed by a GP before medicines are dispensed to a patient.
- Take action to address identified concerns with infection control practice. For example, update training for infection control lead and attendance at link meetings, cleaning schedules for equipment and documentation for cleaning spot checks.
- Ensure there is a robust process in place for the blank prescription forms for use in printers and hand written prescriptions pads to be tracked through the practice.
- Ensure that the new system for the reporting, recording and investigation of significant events is embedded and ensure that people affected receive reasonable support and a verbal and written apology.
- Put a system in place to ensure near miss errors in the dispensary are recorded and investigated.
- Undertake regular legionella water checks as identified in the legionella risk assessment.
- Undertake a further risk assessment for the storage of emergency equipment and medicines required for emergency situations to ensure the safety of patients and ensure they are responded to in a timely manner.
- Embed a process to ensure staff training is monitored.

In addition the provider should:

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 requires improvement for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough. On the inspection we saw evidence that the practice had just commenced a new system for significant events which will ensure that patients are kept safe.
- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff.
- Risks to patients were assessed and well managed, with the exception of those relating to legionella water checks.
- Some systems and processes with the dispensary were not robust.
- The systems and processes in place in regard to infection control were not robust. For example, update training for infection control lead and attendance at link meetings, lack of cleaning schedules for equipment and documentation for cleaning spot checks.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed 12 personnel files and found appropriate recruitment checks had been undertaken prior to employment.

Requires improvement



Are services effective?

The practice is rated as good 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.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people's needs?

The practice is rated as good 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The surgery offered a medicines delivery service to patients in their own homes. We saw evidence of an SOP to describe this activity. The dispensary staff were able to give examples of offering reasonable adjustments to the dispensing process to support patients to take their medicines e.g. colour coding labels
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision to deliver high quality safe primary care services for their patients as they set out in their statement of purpose. To focus on the prevention of disease by promoting health and wellbeing, offering care and advice to our patients
- The practice did not have a clear or consistent system in place for reporting, recording and monitoring significant events, incidents and accidents. However in the past month the

Requires improvement



Summary of findings

practice had introduced a new system for the reporting, recording, and monitoring significant events, incidents and accidents. We spoke with the GP lead who demonstrated that the new system in place would ensure that those patients were kept safe.

- The practice needed to review the leadership of the dispensary and ensure that the systems and processes in the dispensary were robust.
- The GPs in the practice were not consistently aware of the procedures being followed for the production of repeat prescriptions. This included the alteration of patient's medication in response to letters from external clinicians undertaken by different staff members. They did not ensure repeat prescriptions were signed by a GP before medicines are dispensed to a patient. We spoke with the management team who told us this process would be reviewed.
- The practice did not have a robust process in place for the blank prescription forms for use in printers and hand written prescriptions pads to be tracked through the practice.
- The practice did not have a robust system to address identified concerns with infection control practice. For example, update training for infection control lead and attendance at link meetings, cleaning schedules for equipment and documentation for cleaning spot checks.

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 requires improvement for the care of older people.

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

- The practice did not have a clear or consistent system in place for reporting, recording and monitoring significant events, incidents and accidents.
- We found that the process for handling repeat prescriptions and ensuring that medication reviews took place was not robust.
- The practice did not have a robust system to address identified concerns with infection control practice.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above national average. The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 89% compared to a national average of 83.6%.
- The percentage of patients with atrial fibrillation with CHADS2 score of 1, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy was 99% compared to a national average of 98%.
- The surgery offered a medicines delivery service to patients in their own homes. We saw evidence of an SOP to describe this activity. The dispensary staff were able to give examples of offering reasonable adjustments to the dispensing process to support patients to take their medicines e.g. colour coding labels.

Requires improvement



People with long term conditions

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

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

Requires improvement



Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice did not have a clear or consistent system in place for reporting, recording and monitoring significant events, incidents and accidents.
- We found that the process for handling repeat prescriptions and ensuring that medication reviews took place was not robust.
- The practice did not have a robust system to address identified concerns with infection control practice.
- Disease management clinics, for example, asthma, diabetes, hypertension (high blood pressure) are run in the practice to ensure regular monitoring and a review of medication.
- 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 95% which was 4.9% above the CCG average and 3.6% above the national average. Exception reporting was 6.4% which was 0.8% below CCG average and 1.2% 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 75.4% which was 1% above the CCG average and 0.1% above the national average. Exception reporting was 17% which was 4.4% above the CCG average and 9.5% above national average.
- The performance for patients with hypertension was 90% which was 5.8% above the CCG average and 6.4% above the national average. Exception reporting was 8.6% which was 3.8% above the CCG average and 4.8% above national average.
- Smoking Cessation Clinics are provided by the Resolutions Smoking Cessation Service to offer help and advice to those wishing to stop smoking.

Families, children and young people

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

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

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice did not have a clear or consistent system in place for reporting, recording and monitoring significant events, incidents and accidents.
- We found that the process for handling repeat prescriptions and ensuring that medication reviews took place was not robust.
- The practice did not have a robust system to address identified concerns with infection control practice.
- Immunisation rates were relatively high for all standard childhood immunisations. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 92% to 97%
- The practice had a nurse led family planning clinic which included the fitting of intra-uterine device (coils) and emergency contraception advice.
- The practice's uptake for the cervical screening programme was 84.82% which was above to the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

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

- 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.
- The practice did not have a clear or consistent system in place for reporting, recording and monitoring significant events, incidents and accidents.
- We found that the process for handling repeat prescriptions and ensuring that medication reviews took place was not robust.

Requires improvement



Summary of findings

- The practice did not have a robust system to address identified concerns with infection control practice.
- The practice offered a nurse led travel clinic which offered travel vaccinations and health advice.
- NHS Health Checks are being offered to people aged between 40 and 74 once every five years.

People whose circumstances may make them vulnerable

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

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

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice did not have a clear or consistent system in place for reporting, recording and monitoring significant events, incidents and accidents.
- We found that the process for handling repeat prescriptions and ensuring that medication reviews took place was not robust.
- The practice did not have a robust system to address identified concerns with infection control practice.
- 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.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

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

Requires improvement



Summary of findings

- The dementia diagnosis rate was 86.8% which was 4% above the CCG average and 2.8 above the national average. Exception reporting was 15% which was 4% above the CCG average and 6.7% above national average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 86.81% compared to the national average of 84.01%.
- The practice did not have a clear or consistent system in place for reporting, recording and monitoring significant events, incidents and accidents.
- We found that the process for handling repeat prescriptions and ensuring that medication reviews took place was not robust.
- The practice did not have a robust system to address identified concerns with infection control practice.
- A Substance Misuse Clinic was provided in conjunction with the Drug Care Workers for patients dependent on drugs.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 257 survey forms were distributed and 126 were returned. This represented a 49% return rate.

- 73% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).

- 80% said they would 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 26 comment cards, 25 of which were positive about the standard of care received. Patients said that they were treated very well, staff were kind, patient caring and helpful.

We spoke with two members of the patient participation group (PPG) who were patients at the practice. They told us they could not praise the staff at the practice enough, they were listened to and would recommend the practice to family and friends.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there is adequate leadership in the dispensary and systems and processes in the dispensary are robust.
- Ensure there is a robust process for the handling of repeat prescriptions and repeat prescriptions are signed by a GP before medicines are dispensed to a patient.
- Take action to address identified concerns with infection control practice. For example, update training for infection control lead and attendance at link meetings, cleaning schedules for equipment and documentation for cleaning spot checks.
- Ensure there is a robust process in place for the blank prescription forms for use in printers and hand written prescriptions pads to be tracked through the practice.

Action the service **SHOULD** take to improve

- Ensure that the new system for the reporting, recording and investigation of significant events is embedded and ensure that people affected receive reasonable support and a verbal and written apology.
- Put a system in place to ensure near miss errors in the dispensary are recorded and investigated.
- Undertake regular legionella water checks as identified in the legionella risk assessment.
- Undertake a further risk assessment for the storage of emergency equipment and medicines required for emergency situations to ensure the safety of patients and ensure they are responded to in a timely manner.
- Embed a process to ensure staff training is monitored.

Market Harborough Medical Centre

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, a second CQC inspector, a member of the CQC medicines management team and a practice manager specialist adviser.

Background to Market Harborough Medical Centre

Market Harborough Medical Centre is part of The Market Harborough and Bosworth Partnership. It is a GP practice which provides a range of primary medical services to around 24,300 patients. The practice has a dispensary which dispenses medicines to 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 Market Harborough Medical Centre the service is provided by eight GP partners (one female and seven male), five salaried GPs (four female and one male), a business and finance manager, two practice managers, 17

nurses, two dispensers, four health care assistants and 29 reception, administration and dispensary staff. Local community health teams support the GPs in provision of maternity and health visitor services.

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. A satellite clinic 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 3 March 2016 was Market Harborough Medical Centre, 67, Coventry Road, Market Harborough, Leicestershire, LE16 9BX.

Market Harborough Medical Centre is open between 8.00am and 6pm Monday to Thursday. 8am to 12.30 and 1.30 to 6pm on a Friday. The dispensary was open 8.30am to 6pm Monday to Friday. GP appointments are available six weeks in advance. Appointments with the salaried GPs can be booked 48 hours in advance and GP registrars up to

Detailed findings

24 hours in advance. Triage, Minor Illness and emergency appointments are available on a daily basis. Telephone consultations and home visits are also available daily. The practice offered extended hours on a Monday evening from 6.30pm to 8pm. 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 their practice.

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 3 March 2016.

During our visit we:

- Spoke with a vast range of staff including GPs, nurses, health care assistant, dispensers, reception and administration staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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

We saw evidence that the practice had just implemented a new robust system for the reporting, recording, investigation and analysis of significant events as the previous system lacked detail and analysis. All staff we spoke with were aware of the new system in place. A GP partner had been given the lead role and had ensured that all staff groups had been informed and would take part in significant event review meetings that took place in the future.

There was a system in place for reporting and recording significant events.

- We looked at significant event reporting in some detail and found that prior to the new system being implemented in the last four weeks, significant events varied in terms of documentation, investigations, actions and learning. In our discussion with the lead GP we were told that the new system would ensure that significant events would be reported, recorded and thoroughly investigated. We were also assured that these would be discussed on a monthly basis and a regular review of actions would take place.
- 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 or a hard copy available from the practice manager.
- By talking to staff and looking at the error log we established that dispensing near-miss errors were not being recorded which meant that trends could not be identified and monitored. However we saw evidence that a new process recently introduced within the surgery for reporting significant events was being used in the dispensary.

We reviewed incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a recent alert for the middle east respiratory syndrome. We saw evidence of medicine recalls and safety alerts being seen and actioned by dispensary staff, a log was held of all alerts including

ones that required no action. Nurses told us that they attended SEA meetings and that SEAs were discussed at management meeting and then learning disseminated through for example nurse meetings.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3.
- A notice in the waiting room and on some consultation and treatment room doors advised patients that chaperones were available if required. Chaperone duties were primarily carried out by nursing staff, most of who had been trained for the role. Training was planned for those nurses that had not yet undertaken it. The practice had recently applied for a Disclosure and Barring Service check (DBS check) for a number of reception staff who had already undertaken chaperone training to enable them to undertake chaperone duties. (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).
- The practice had systems in place to ensure patients and staff were protected from the risk of infection. One of the senior nurses was the lead for infection control. She had undertaken further training relating to this role approximately three years ago but since then had not attended any further meetings or updates to keep up to date with best practice. We observed the practice to be generally clean and tidy. The practice employed an external cleaning company. We saw there was a cleaning schedule for the premises which detailed cleaning to be carried out for specific areas of the practice, for example, treatment rooms and

Are services safe?

consultation rooms. There were no formal records that the management team carried out any spot checks of the cleaning within the practice. However the practice manager told us they did this on a daily basis.

Disposable curtains were in place in the consultation and treatment rooms we looked at and there was a schedule in place for changing them at the required intervals. There was no schedule or record of cleaning of specific medical equipment, such as spirometers or nebulisers used in the practice. However nursing staff told us they carried this out regularly.

- An infection control audit had been undertaken in February 2016 by the practice manager and we saw that an action plan had been compiled as a result to address issues identified.
- We saw that the practice had some supporting procedures relating to infection control for staff to refer to such as hand washing techniques and dealing with blood spillages.
- 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.
- We saw a number of Standard Operating Procedures for the dispensary and found evidence that these did not always accurately reflect current practice and in some cases did not offer enough detail to determine the exact procedure being followed.
- We found that the process for handling repeat prescriptions and ensuring that medication reviews took place was not robust. There was a variation in the process depending on the address of the patient. For the patients whose prescriptions were processed within the dispensary overdue reviews were not flagged to the relevant GP prior to the prescription being issued. Patients whose repeat prescriptions were not processed within the dispensary were flagged to the GP for reauthorisation/review by a surgery prescription clerk prior to a prescription being issued.
- There were suitable arrangements in place for the storage, recording and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). These were being followed by the dispensary staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and

the key held securely. There were arrangements in place for the destruction of controlled drugs. Monthly checks of stock levels were undertaken by one of the dispensary lead GPs and recorded in the controlled drugs register.

- Controlled drugs prescriptions were checked and signed by a doctor before medicines were given to patients. However we saw evidence that no other repeat or acute prescriptions were signed by a GP before medicines were given to the patient.
- 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 over the last three months.
- Both blank prescription forms for use in printers and hand written prescriptions pads were logged on receipt at the practice and kept securely but there was no process in place to track them through the practice. Therefore we could not be assured that if prescriptions were lost or stolen this could be promptly identified and investigated.
- Four of the nursing team had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. The independent prescribers also ran minor illness clinics. The nursing staff we spoke with told us they received mentorship and support from the GPs for this extended role both informally on a daily basis and with regular learning sessions with the senior GP.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed 12 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 (DBS). The practice did not carry out DBS checks for all

Are services safe?

non-clinical staff but for those who did not have a DBS check a risk assessment had been undertaken. The practice had recently applied for DBS certificates for dispensary staff.

- Records we looked at showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked annually by one of the lead GPs for the dispensary.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety.
- The practice had an up to date fire risk assessment and had carried out a fire drill on 9 February 2016. The staff files we reviewed contained evidence of fire safety training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as access, floor surfaces, lighting, furniture, control of substances hazardous to health (COSHH) and infection control.
- The practice had undertaken a legionella risk in March 2015. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was a number of actions identified as a result of this and we saw limited evidence that these had been implemented. For example there were no records of the checking of water temperatures on a monthly basis, which had been a required action.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- All staff received regular basic life support training. However this was being carried out at intervals of 18 months for clinical staff which was not in line with national guidance which states it should be carried out annually.
- The practice had a defibrillator available on the premises and oxygen with adult masks. On the day of the inspection there were no children's oxygen masks. On the day of the inspection we were told that this room is kept unlocked when the practice is open.
- Emergency medicines were accessible to staff in a secure area of the practice but not all staff knew of their location. The medicines were not kept in the same room as the emergency equipment. There was no signage on the door to advise staff in an emergency of where to find the medicines. However, all the medicines we checked were in date and fit for use.
- We spoke with the management team who told us they would review this, put a lock on the door and have all the emergency equipment and medicines in one place.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Nursing staff told us guidelines were discussed at management meetings and then would be further disseminated at nurse meetings.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 13.1% 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 95% which was 4.9% above the CCG average and 3.6% above the national average. Exception reporting was 6.4% which was 0.8% below CCG average and 1.2% 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

75.4% which was 1% above the CCG average and 0.1% above the national average. Exception reporting was 17% which was 4.4% above the CCG average and 9.5% above national average.

- The performance for patients with hypertension was 90% which was 5.8% above the CCG average and 6.4% above the national average. Exception reporting was 8.6% which was 3.8% above the CCG average and 4.8% above national average.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional was 95.5% which was 6.5% above the CCG average and 5.7% above the national average. Exception reporting was 19.8% which was 5% above the CCG average and 8.7% above national average.
- The dementia diagnosis rate was 86.8% which was 4% above the CCG average and 2.8 above the national average. Exception reporting was 15% which was 4% above the CCG average and 6.7% above national average.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice conducted an annual audit of aspects of the dispensing process and was able to show evidence of one cycle of a returned medicine audit.
- The practice had a number of GPs with a special interest. For example, Ophthalmology, Dermatology, Musculoskeletal and Ear Nose and Throat. This enabled them to have an in-house referral process. We looked at the benchmarking data for Ophthalmology and Dermatology and the data demonstrated that this was an effective system, for example, for Ophthalmology (eyes) the practice referral rate was 5.3 compared to a locality rate of 8.1 and a CCG rate of 6.1. For dermatology (skin) the practice referral rate was 4.5 compared to a locality rate of 5 and a CCG rate of 6.3.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had a comprehensive 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 that role-specific training and updating took place for most of the relevant staff for example, minor illness training and those reviewing patients with long-term conditions. However they would also benefit from using a more robust matrix system to identify when training was due.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training and staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, by attending training courses.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to and were encouraged to attend appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff files we reviewed included an appraisal within the last 12 months.
- Staff received training that included: safeguarding, infection control, fire safety, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training in addition to external courses.
- Dispensary staff was supported to access mandatory and role specific training and we saw evidence of participation in on-line and face to face training episodes. Staff were able to describe their responsibilities under child and adult safeguarding.

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 electronic 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 saw evidence that multi-disciplinary team meetings took place on a monthly basis and 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. Staff we spoke with told us they had completed training in this area. 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 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 84.82% which was above to the national average of 81.83%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective? (for example, treatment is effective)

- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 92% to 97%.
- Patients had access to appropriate health assessments and checks. These included health checks for new

patients and health care assistants carried out 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 in the main surgery 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 room to discuss their needs.

25 out of 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that 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 above average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 87%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).

- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 87% 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 most of the comments 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 above local and national averages. For example:

- 88% 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%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).
- 82% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. 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 403 patients currently on their register which was 1.65% of the practice list. Written information was available to direct carers to the various avenues of support available to them. The practice website also contained information about services available for carers.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP was informed and a sympathy card was sent where appropriate.

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;

- The practice offered extended hours on a Monday evening from 6.30pm to 8.30pm.
- 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 held a daily minor illness clinic.
- The practice had a hearing loop for patients who had hearing problems.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services were available.

Access to the service

Market Harborough Medical Centre is open between 8.00am and 6pm Monday to Thursday. 8am to 12.30 and 1.30 to 6pm on a Friday. The dispensary was open 8.30am to 6pm Monday to Friday. GP appointments are available six weeks in advance. Appointments with the salaried GPs can be booked 48 hours in advance and GP registrars up to 24 hours in advance. Triage, Minor Illness and emergency appointments are available on a daily basis. Telephone consultations and home visits are also available daily. The practice offered extended hours on a Monday evening from 6.30pm to 8pm. These appointments are for working patients who could not attend during normal opening hours.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 73% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 67% patients said they always or almost always see or speak to the GP they prefer (CCG average 60%, national average 59%).

24 out of 26 CQC patient comments cards we reviewed said that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example, a complaints leaflet on the notice board in the waiting area.
- We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. We found that the practice did not have a process in place to monitor the progress of complaints received. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, questions asked by receptionists when booking an appointment.

Are services well-led?

Requires improvement 

(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 safe primary care services for their patients as they set out in their statement of purpose. To focus on the prevention of disease by promoting health and wellbeing, offering care and advice to our patients.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice did not have a clear or consistent system in place for reporting, recording and monitoring significant events, incidents and accidents. However in the past month the practice had introduced a new system for the reporting, recording, and monitoring significant events, incidents and accidents. On the day of the inspection the new system had not had sufficient time to become embedded. We spoke with the GP lead who demonstrated that the new system in place would ensure that patients were kept safe.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were good arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions.
- The practice needed to review the leadership of the dispensary and ensure that the systems and processes in the dispensary were robust.
- The GPs in the practice were not consistently aware of the procedures being followed for the production of repeat prescriptions. This included the alteration of patient's medication in response to letters from external clinicians undertaken by different staff members. They did not ensure repeat prescriptions were signed by a GP before medicines are dispensed to a patient. We spoke with the management team who told us this process would be reviewed.

- The practice did not have a robust process in place for the blank prescription forms for use in printers and hand written prescriptions pads to be tracked through the practice.
- The practice did not have a robust system to address identified concerns with infection control practice. For example, update training for infection control lead and attendance at link meetings, cleaning schedules for equipment and documentation for cleaning spot checks.
- The practice had a number of policies and procedures to govern activity and these had recently been reviewed.

Leadership and culture

The surgery was run by the Market Harborough and Husbands Bosworth Partnership.

It had eight partners who had the experience, capacity and capability to run the practice and ensure high quality care. We were told the partners were visible in the practice and they were approachable and always took the time to listen to all members of staff.

There was a leadership structure in place and most staff felt supported by management.

- Staff told us and we saw evidence that the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff we spoke with told us they felt respected, valued and supported,
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- Market Harborough and Bosworth Partnership had an active patient participation group (PPG). The practice

Are services well-led?

Requires improvement 

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

had gathered feedback from patients through the patient participation group (PPG), through regular meet and greet sessions and patient surveys. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a new PPG noticeboard in a more prominent place within the practice to enable the PPG to provide patients with information on a regular basis.

- We looked at the NHS choices website and saw that comments from patients had received a response from the practice.
- We also saw evidence that the practice had reviewed its results from the NHS Friends and Family Test (FFT). The FFT is a system for gathering patient feedback which asks patients how likely they would be to recommend their practice to friends and family. There is also the opportunity to add comments.
- The practice had gathered feedback from staff through annual appraisals and staff meetings and general discussions.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff we spoke with also told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- Most of the staff we spoke with told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at 12 staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training.
- The practice was a GP training practice. On the day of the inspection they had one GP registrar. GP Registrars are fully qualified doctors who already have experience of hospital medicine and gain valuable experience by being based within the practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This was in breach of regulation 12(1) (2) (a) (b) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	