

# Ibstock House 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

Good



Are services safe?

Good



Are services well-led?

Good



# 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 Ibstock House Surgery on 27 October 2016. The overall rating for the practice was requires improvement. The ratings for providing an effective, caring and responsive service were good but the ratings for providing a safe and well led service were requires improvement as we identified a breach in regulations. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Ibstock House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 29 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 27 October 2016. This report covers our findings in relation to those requirements.

Overall the practice is now rated as good and the ratings for providing a safe and well led service are also good.

Our key findings were as follows:

- An action plan had been compiled and completed to strengthen infection control processes. This included the infection control lead nurse attending a training course to support them in their role and infection control audits had been completed for both sites and actions identified in the audit had been addressed.
- A log of safety alerts was now kept and actions taken and responsibility for actions were recorded. However we found that there was no evidence of some safety alerts prior to the log being commenced in November 2016 having been acted upon. Following our inspection the practice reviewed all safety alerts from the previous year and acted on them as necessary.
- The cold chain policy had been updated and all staff had been made aware of it to ensure they were fully aware of all aspects of the cold chain process and required actions.

# Summary of findings

- The process for reporting, recording, acting on and monitoring significant events had been further improved and reviews took place every three months. We saw that non clinical incidents were also reported.
- The system for identifying carers had been reviewed and the number of carers on the practice register had increased significantly.
- Clinicians now participated in appraisals for clinical staff.
- Cleaners and drivers employed by the practice had now completed training relevant to their role and undertaken Disclosure and Barring Service checks.
- The practice had carried out a staff survey and taken other steps to evaluate staff satisfaction and acted on feedback received. Staff we spoke with told us they felt supported by their peers and management.

We saw one area of outstanding practice:

The practice hired a mini bus twice a week and employed a driver to provide free transport for patients to and from the practice to attend their appointments. The minibus was wheelchair accessible by means of a lift which also allowed patients with limited mobility who may have struggled to use bus steps to access the transport.

The bus could be used by any patients but was generally used by elderly patients who had no other means of getting to the practice, particularly as some areas served by the practice had no public bus service. Other patients who would not have been able to walk the distance to or from a bus stop. due to lack of mobility also benefitted from the service.

Patients were made aware of the service by means of the practice leaflet, the practice website, word of mouth or by staff suggesting it's use. For example, one patient was phoned by a GP in the morning and assessed as needing to be seen in the practice. The GP communicated with reception to organise a place on the minibus which co-ordinated with an appointment and the patient was seen in the practice two hours later.

The areas where the provider should make improvement are:

- Continue to make efforts to further increase the number of carers identified, including young carers.

**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 good for providing safe services.

Good



- An action plan had been compiled and completed to strengthen infection control processes. This included the infection control lead nurse attending a training course to support them in their role and infection control audits had been completed for both sites and actions identified in the audit had been addressed.
- A log of safety alerts was now kept and actions taken and responsibility for actions were recorded. However we found that there was no evidence of some safety alerts prior to the log being commenced in November 2016 having been acted upon. Following our inspection the practice reviewed all safety alerts from the previous year and acted on them as necessary.
- The cold chain policy had been updated and all staff had been made aware of it to ensure they were fully aware of all aspects of the cold chain process and required actions.
- The process for reporting, recording, acting on and monitoring significant events had been further improved and reviews took place every three months. We saw that non clinical incidents were also reported.

### Are services well-led?

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

Good



- There were effective systems for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a clear leadership structure in place and staff we spoke with felt supported by the partners and management.
- There was an overarching governance framework which had been strengthened and supported the delivery of the strategy and good quality care.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safety and well-led identified at our inspection on 27 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 27 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 27 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 27 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 27 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 27 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## Areas for improvement

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

- Continue to make efforts to increase the number of carers identified, including young carers.

## Outstanding practice

The practice hired a mini bus twice a week and employed a driver to provide free transport for patients to and from the practice to attend their appointments. The minibus was wheelchair accessible by means of a lift which also allowed patients with limited mobility who may have struggled to use bus steps to access the transport.

The bus could be used by any patients but was generally used by elderly patients who had no other means of getting to the practice, particularly as some areas served

by the practice had no public bus service. Other patients who would not have been able to walk the distance to or from a bus stop. due to lack of mobility also benefitted from the service.

Patients were made aware of the service by means of the practice leaflet, the practice website, word of mouth or by staff suggesting it's use. For example, one patient was phoned by a GP in the morning and assessed as needing to be seen in the practice. The GP communicated with reception to organise a place on the minibus which co-ordinated with an appointment and the patient was seen in the practice two hours later.

# Ibstock House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a CQC Inspector.

## Background to Ibstock House Surgery

Ibstock House Surgery is a five partner practice which provides primary care services to approximately 10300 under a General Medical Services GMS contract.

- The practice is situated in Ibstock in purpose built premises and has a branch surgery in Barlestone. Both buildings are fully accessible to patients with wheelchairs and those with limited mobility
- There is a large car park at Ibstock House and Barlestone with disabled spaces available.
- Services are provided from Ibstock House, 132 High Street, Ibstock, Leicestershire, LE67 6JP and Barlestone Surgery, Westfields, Barlestone, CV13 0EN.
- The practice consists of five partners (three male and two female) and two salaried GPs.
- The practice also employs two emergency care practitioners, two pharmacists and three dispensers.
- The nursing team consists of a lead nurse prescriber and two practice nurses with five health care assistants (HCA).
- The practice has an operations manager, a business manager and a team of clerical and administrative staff to support the day to day running of the practice.

- This practice provides training for doctors who wish to become GPs and at the time of the inspection had one part-time doctor undertaking training at the practice. (training practices have GP trainees and F2 doctors).
- The branch at Barlestone has a dispensary that dispenses to approximately 2500 patients.
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice has a higher than average number of patients aged 40 to 54 years of age and lower than average number of patients over 20 to 39 years of age.
- The practice has lower than average deprivation and sits in the third least deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures; family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.
- The practice lies within the NHS West Leicestershire Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.
- Ibstock House is open between 7am and 6.30pm Monday to Friday. Appointments are from 7.20am to 5.50pm Monday to Friday. Barlestone is open 8.30am to 4.30pm other than Thursday when it closes at 12.30pm. Both of the surgeries close for one hour at lunch 12.30pm to 1.30pm. Patients can attend either sites.

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of Ibstock House Surgery on 27 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement, specifically with the ratings for providing a safe and well led service being requires improvement as we identified a breach in regulations. The full comprehensive report following the inspection on 27 October 2016 can be found by selecting the 'all reports' link for Ibstock House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up announced focused inspection of Ibstock House Surgery on 29 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with the practice management team and members of nursing and reception staff.
- Looked at information the practice used to deliver care and treatment.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.



# Are services safe?

## Our findings

At our previous inspection on 27 October 2016, we rated the practice as requires improvement for providing safe services in respect of the arrangements relating to some aspects of; infection control, the cold chain process, the significant event reporting process, monitoring of the movement of blank prescriptions and the management of safety alerts.

These arrangements had significantly improved when we undertook a follow up inspection on 29 June 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

At our inspection in October 2016 we found that there was a system in place for reporting and recording significant events but it was not always followed as some events which should have been recorded as a significant event had not been. At this inspection we found that the significant event reporting process had been strengthened and meetings to review significant events were now held quarterly instead of annually. We saw evidence of non-clinical incidents having been reported and during our inspection an incident occurred at reception with an abusive patient which was immediately reported to the practice management as a significant event.

At our inspection in October 2016 we found that patient safety and medication alerts were disseminated and discussed in practice meetings, however we did not see any evidence to show that these had been actioned such as searches, audits completed or information recorded to show the action taken. Following that inspection the practice forwarded a process for managing alerts in the future and a recording sheet to be used to evidence actions taken and by whom. At this inspection we saw that a log of safety alerts was now kept and actions taken and responsibility for actions were recorded. However we found that there was no evidence of some safety alerts prior to the log being commenced in November 2016 having been acted upon. Following our inspection the practice pharmacist reviewed all safety alerts from the previous year and acted on them as necessary.

### Overview of safety systems and processes

At our previous inspection we found that infection control audits had not been completed at either the main or branch surgery. At this inspection we found that the

practice had reviewed their arrangements for infection control and taken a number of steps to strengthen their systems and processes. The lead nurse had attended a two day training course to support them in their role and had worked with the operations manager to produce an infection control folder for each clinical room which included relevant information and guidance and cleaning schedules for the room and equipment used in each room. Clinicians were now responsible for cleaning equipment in line with the schedule and recording that they had done so. The cleaners similarly recorded that they had completed cleaning tasks in line with their schedule. The infection control lead was in the process of carrying out a hand hygiene audit and full infection control audits for both sites were scheduled to be completed a few days after our inspection. Following this the practice sent us copies of the audits which showed that areas that had been identified as needing action had either been addressed immediately or would be completed when the practice's upcoming refurbishment took place in 2018.

At our October 2016 inspection we found that blank prescription forms and pads were securely stored but there was no system to track them through the practice. Following the inspection the practice forwarded two registers for prescription security to be used going forward. At this inspection we saw that these logs related to prescription forms and included movement of prescription forms through the practice and to the branch surgery. However there was no log of prescription pads. Following our inspection the practice sent us a copy of the log they had introduced relating to tracking of prescription pads.

In October 2016 we found that dispensing staff at the branch surgery were not fully aware of their responsibilities related to the cold chain process, for example what to do if the refrigerator temperatures were outside the required range. Following that inspection the practice provided an updated cold chain protocol which included guidance for staff on action to take if refrigerator temperatures were out of range. At this inspection we saw that this had been distributed to all staff who had signed it to acknowledge their understanding of it. There was also a flow chart attached to the refrigerator at both the main practice and branch surgery to identify necessary actions relating to the cold chain process.

At our inspection in October 2016 we found that checks through the Disclosure and Barring Service (DBS) had not

## Are services safe?

been undertaken for some ancillary members of staff or alternatively a risk assessment carried out to determine if one was necessary. At our June 2017 inspection we saw that the relevant DBS checks had been carried out.

# Are services well-led?

Good 

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

## Our findings

### Governance arrangements

In October 2016 during our inspection we found the practice had an overarching governance framework which supported the delivery of the strategy and good quality care but some systems and processes did not always operate effectively.

However at our most recent inspection we found that the required improvements had been undertaken and the systems and processes had been reviewed and were being followed in respect of the storage and monitoring of prescription forms and pads, infection control, the cold chain process, the significant event reporting process and the management of safety alerts. The practice is now rated as good for providing a well led service.

We also saw that consideration had now been given to relevant training for drivers and cleaners employed by the practice and this had been completed. For example, they had undertaken training in areas which included basic life support training, infection control and safeguarding.

At our inspection in October 2016 we found that the practice results in the national GP patient survey were lower in some areas such as being able to access appointments than the average for the CCG and nationally. On the day of that inspection comments we received from patients were positive about being able to access appointments in a timely way. Following that inspection the practice sent a detailed action plan in relation to the patient survey results. These included communications to patients, a new telephone system and also ongoing work with the PPG.

We discussed this at our most recent inspection and the practice felt that the survey results had coincided with their introduction of a new triage appointment system which could have affected patient perception of appointment availability and they had taken steps to communicate how the new system worked and the benefits. For example this was clearly explained on the practice website. The practice were also in the process of introducing a new telephone system which they felt would further improve patient satisfaction. The practice also monitored patient satisfaction through the Friends and Family test (FFT)

results and the NHS choices website. The FFT results from May 2017 reflected that 80% of patients who responded were likely or extremely likely to recommend the practice to friends and family.

At our inspection in October 2016 we found that the practice's computer system alerted GPs if a patient was also a carer however the practice had changed in June 2016 to a new computer system and therefore the list of carers was inaccurate. The system at that time showed that the practice had 58 patients recorded as carers (0.5% of the practice list). The practice had identified prior to that inspection that this was an area that needed attention.

At our inspection in June 2017 we found that following the October 2016 inspection the practice contacted a local voluntary organisation that provide support for carers and arranged a meeting to discuss how the practice could identify and support carers. The organisation had held a carers clinic in January 2017 at the practice to provide advice and support for carers. This was intended to be a regular event but the funding for the clinics ceased shortly after the first clinic had taken place although the practice were still able to refer carers to the organisation for support. Other action the practice had taken to encourage carers to identify themselves was to place information on the practice website and in a local newsletter. They had also reviewed their carers identification protocol in April 2017. At the time of our most recent inspection the practice had now increased the number of carers on their register to 95, which was 0.9% of the practice list.

### Leadership and culture

At our inspection in October 2016 we found there was a clear leadership structure in place and feedback we received from some staff reflected that they felt there was an open culture within the practice and they were confident to raise issues and felt supported when they did so. However others felt that partners and management were not always approachable and did not always take the time to listen to them.

At that inspection the partners and management told us that they were fully committed to working with the staff to ensure they were listened to and supported.

At our June 2017 inspection we found that the practice governance meetings had been extended so that a staff member would attend from each staff group. This enabled

# Are services well-led?

Good 

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

staff to attend on rotation if they wished and allowed them to share any comments, views or suggestions. It had also given them a greater opportunity to be involved in the running of the practice.

The practice had implemented a staff suggestion box at the end of 2016 and had also carried out a staff survey in order to gauge views on the level of support staff felt they had and gather ideas for areas for improvement. The majority of responses received were positive and ideas suggested by staff had been responded to, for example appointment timings were being reviewed, changes were being implemented to improve communication, a stronger stance was being taken around zero tolerance of abusive

behaviour from patients towards staff and a further health care assistant had been employed. The findings of the survey were scheduled to be discussed at the next practice meeting in July 2017. Staff we spoke with on the day of our inspection were positive about the team working within the practice and the support they received from partners and practice management and felt that there had been an improvement.

At our inspection in October 2016 we found that some of the clinical staff appraisals had been completed without a clinician present. At our June 2017 inspection we saw evidence that a clinician now participated in appraisals for clinical staff.