Dr HP Borse & Partner

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

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

Following the comprehensive inspection on 17 October 2016, we carried out an announced focused inspection on 27 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our comprehensive inspection on 17 October 2016. We continued to rate the practice as good overall with requires improvement in providing well-led services.

We carried out a further announced focused inspection on 3 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified at our previous inspection on 27 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found that the practice had addressed the concerns raised and is now rated as good for providing well-led services.

Our key findings were as follows:

- The practice had established systems and processes to ensure good governance in accordance with the fundamental standards of care. The practice had reviewed and improved their systems for the monitoring and management of emergency medicines held at the practice and in GP bags to ensure they were effective.
- The practice had carried out a regular analysis of significant events to identify any patterns and trends but did not document the learning.
- The practice had developed a documented prescription security protocol and there was now an effective system in place for tracking blank prescriptions throughout the practice and for ensuring the improved security of these.
- Arrangements had been made to secure the safety of fridge power points to mitigate the risk of them being accidently switched off.

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

In addition the provider should:

- Document the learning from each significant event and include the designated person for actioning the event, date for completion and sign off date.
- Review the process for gaining GP oversight of all non-collected prescriptions before they are destroyed.

Summary of findings

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

Dr HP Borse & Partner

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr HP Borse & Partner

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

At the time of this inspection the practice had 4,868 registered patients. The practice area is one of higher deprivation when compared to the local and national average. The practice population is mainly comparable to England averages with a slightly lower population of patients aged 30-49 years.

The practice staffing comprises of:

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

The practice is open 8am to 8pm Monday and Wednesday. From 8am to 7pm Tuesday and Friday and from 8am to 1pm on a Thursday. The practice is closed each Thursday afternoon and during this time telephone lines are transferred over to the out-of-hours provider.

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

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

Why we carried out this inspection

We previously carried out an announced comprehensive inspection at Dr HP Borse & Partner on 17 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good with requires improvement in providing safe and well-led services. The full comprehensive report on the 17 October 2016 inspection can be found by selecting the 'all reports' link for Dr HP Borse & Partner on our website at www.cqc.org.uk.

Detailed findings

Following the comprehensive inspection on 17 October 2016, we carried out an announced focused inspection on 27 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 in relation to the breaches in regulations that we identified in our comprehensive inspection on 17 October 2016. We continued to rate the practice overall as good with requiring improvement in providing well-led services.

We undertook a further announced focused inspection on 3 January 2018 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.

Are services well-led?

Good

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

Our findings

At our previous focused inspection on 27 June 2017, we continued to rate the practice as requires improvement for providing well-led services and issued a requirement notice. This was because:

- The practice did not have effective systems and processes to ensure good governance in accordance with the fundamental standards of care. They had not ensured systems for the monitoring and management of emergency medicines held at the practice and in GP bags were effective.

We also issued good practice recommendations in this area because:

- The system for tracking prescriptions through the practice was not effective and prescription stationery was not kept secure.
- The practice had not mitigated the risks of a fridge storing vaccinations from being accidently switched off.
- The practice had not carried out a regular analysis of significant events to identify any patterns and trends and maximise learning.

We found these arrangements had improved when we undertook a follow up inspection of the practice on 3 January 2018. The practice is now rated as good for being well-led.

Governance arrangements

At the previous comprehensive inspection on 17 October 2016 we identified that the governance arrangements was mixed. We saw there were areas of risk that had been well managed. However, when potential risks had been identified, the practice had not always taken the appropriate action to mitigate them. Although during the follow up focused inspection undertaken on 27 June 2017 we saw many improvements had been made, there continued to be a lack of governance arrangements in place to support the safe management of medicines. We found the arrangements in place were not effective or embedded into practice.

During this follow up focused inspection we saw the practice had developed a documented procedure for the checking of the emergency medicines held. The practice had since obtained all of the suggested emergency medicines with the exception of one medicine that the practice had risk assessed as not requiring. We saw the system for monitoring emergency medicines held at the practice and in GP home visit bags had improved. We checked the medicines in one GP home visit bag and those held at the practice. We saw there was an effective system in place to ensure medicines were regularly checked and were in date. A spreadsheet had been developed detailing all of the medicines held by each GP and those held at the practice to include batch numbers, expiry dates, stock held, dates checked and any action taken. These were checked on a monthly basis by both the nurse and the practice manager and records signed. The practice manager told us they had also liaised with the local medicines management team for advice and had obtained a medicines waste box to ensure any out of date medicines were disposed of correctly.

Since the last focused inspection the practice had developed a comprehensive documented prescription security protocol. We saw the system for the tracking of and the security of blank prescription stationary had improved. A spreadsheet had been developed to log prescription pads issued to GPs and hand written prescriptions were individually recorded. Systems were now in place to ensure prescription pads were securely stored and uncollected prescriptions were regularly monitored by receptionists who telephoned patients if they had failed to collect their prescriptions within one month. However non collected prescriptions were not checked by a GP before they were destroyed after two months. All prescriptions collected by pharmacies on behalf of patients were signed for.

At the last focused inspection although we saw arrangements had been made to secure the safety of fridge power points from being accidently turned off, power points were obstructed. During this inspection we saw this had been improved with signage and that all obstructions had been removed.

At the last focused inspection we saw the process for managing and recording significant events had improved. However, the practice had not carried out a regular analysis of significant events to identify any patterns and trends to help maximise learning. During this inspection we saw significant events were now a standing agenda item and were discussed during the clinical and practice meetings held. The practice had analysed significant events over the previous six months and had not identified any common

Are services well-led?

Good

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

themes. We saw the practice had recorded five significant events in the last six months and these had been recorded and investigated but the learning from the event had not been documented and did not include the designated person for actioning the event, date for completion and sign off date. The practice manager told us they would address these issues.