

Dr NW Osborne & Partners (The Anstey Surgery)

Quality Report

The Anstey Surgery

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Date of inspection visit: 9 May 2017

Date of publication: This is auto-populated when the report is published

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 Dr NW Osborne & Partners on 8 November 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 November 2016 inspection can be found by selecting the 'all reports' link for Dr NW Osborne & Partners on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 9 May 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 8 November 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:

- Uncollected prescriptions were documented on the patient record system and destroyed after six

months; the system had been reviewed to ensure uncollected prescriptions were raised to the attention of a GP in case the patient was known to be vulnerable.

- The system in place to monitor the use of blank prescription forms and pads had been reviewed and audited and was now effective. Prescription forms were stored securely.
- There was now a process in place to ensure nurses and GPs had renewed their registration with the appropriate professional body on an annual basis.
- A system had been implemented to monitor and record the temperatures of the water outlets and run the shower outlet in line with national guidance.
- We found that COSHH products had been risk assessed and corresponding safety data sheets were available.
- An Electrical Installation Condition Report had been carried out in December 2016 and no actions were required as a result.
- A comprehensive training matrix had been developed and was in use to monitor training needs for all staff and identify when training was due.
- The practice recorded informal complaints as well as formal complaints in order to identify themes or trends.

Summary of findings

- Practice meetings had taken place at regular intervals.

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.

- Uncollected prescriptions were documented on the patient record system and destroyed after six months; the system had been reviewed to ensure uncollected prescriptions were raised to the attention of a GP in case the patient was known to be vulnerable.
- The system in place to monitor the use of blank prescription forms and pads had been reviewed and audited and was now effective. Prescription forms were stored securely.
- There was now a process in place to ensure nurses and GPs had renewed their registration with the appropriate professional body on an annual basis.
- A system had been implemented to monitor and record the temperatures of the water outlets and run the shower outlet in line with national guidance.
- We found that COSHH products had been risk assessed and corresponding safety data sheets were available.
- An Electrical Installation Condition Report had been carried out in December 2016 and no actions were required as a result.

Good



Are services well-led?

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

- Practice meetings had taken place at regular intervals.
- The practice recorded informal complaints as well as formal complaints in order to identify themes or trends.

Good



Dr NW Osborne & Partners (The Anstey Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Inspector.

Background to Dr NW Osborne & Partners (The Anstey Surgery)

Dr NW Osborne & Partners is a GP practice, which provides primary medical services to approximately 7,034 patients predominately living within Anstey and surrounding areas including Cropston, Thurcaston and Swithland. All patient facilities are accessible. West Leicestershire Clinical Commissioning Group (WLCCG) commission the practice's services.

The practice has three GP partners (two male and one female) and three salaried GPs (one male and two female). The nursing team consists of a nurse practitioner, two practice nurses and two health care assistants. They are supported by a Practice Manager and a team of reception staff and administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday and appointments are available between 8.30am and 5.50pm daily. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments and telephone consultations are also available for people that need them.

Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest urgent care centres, as well as accident and emergency departments.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr NW Osborne & Partners on 8 November 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 8 November 2016 can be found by selecting the 'all reports' link for Dr NW Osborne & Partners on our website at www.cqc.org.uk.

We undertook a follow up announced focused inspection of Dr NW Osborne & Partners on 9 May 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 manager.

Detailed findings

- 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 8 November 2016, we rated the practice as requires improvement for providing safe services in respect of the arrangements relating to some aspects of; monitoring and security of prescriptions, uncollected prescriptions, the authorisation of patient specific directions (PSDs), the absence of an Electrical Installation Condition Report, mitigation of risks associated with legionella, availability of some Control of Substances Hazardous to Health (COSHH) information and the process for ensuring clinical staff had continued registration with the relevant professional body,

These arrangements had significantly improved when we undertook a follow up inspection on 9 May 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

At our inspection in November 2016 we found that uncollected prescriptions were reviewed and documented on the patient record system and destroyed after six months; however these were not raised to the attention of a GP in case the patient was known to be vulnerable. At this inspection we found that the practice had reviewed and updated their Non Collection of Prescriptions Policy to include additional procedures which were to add a read code to the patient record to identify that the prescription had not been collected in order to allow for auditing when necessary. Included in the process was the need for the uncollected prescription to be brought to the attention of the duty doctor for them to determine the appropriate action. We saw that an audit had been carried out which showed that the process was being followed. We saw that the updated policy had been signed by relevant staff to acknowledge that they had read and understood the policy.

At our inspection in November 2016 we found some discrepancies in the monitoring process of prescription pads and that prescription forms were left in the printers of consultation rooms which were unlocked. At this inspection we found that the Prescription Security Protocol and procedures had been reviewed and a full audit had

been carried out of all prescriptions pads and logs and reconciled. Printer drawer locks had been purchased and were in use on all printers **where the room was not locked when not in use.**

At our previous inspection we found that Health Care Assistants (HCAs) were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. However, we noted this protocol was not followed and there was no evidence to show a GP or appropriate prescriber had reviewed patients before healthcare assistants administered vaccines and medicines. At our inspection in May 2017 we found that protocols had been reviewed and we looked at the protocol for the administration of flu vaccine for the current year and saw that it included the requirement for a list of patients to be signed by a GP as authorisation for the HCA to administer vaccines.

In November 2016 we found that there was no process in place to ensure nurses and GPs renewed their registration with the appropriate professional body on an annual basis to maintain their registration. **At this inspection we saw that**

Monitoring risks to patients

At our inspection in November 2016 we found the practice had a legionella risk assessment (legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice did not check the temperatures of the water outlets in order to mitigate risks and although there was a schedule in place to ensure the shower was run on a weekly basis, there was no record that this had been carried out. At our inspection in May 2017 we found that there was a process in place to monitor water temperatures on a monthly basis and we saw records of the shower being flushed on a weekly basis. The practice had also had water testing carried out in order to confirm the quality was satisfactory in respect of legionella.

In November 2016 the COSHH risk assessment did not include all products in use in the practice. At this inspection we saw that the practice COSHH policy had been reviewed and all a comprehensive check of all data sheets and associated risk assessments had been carried out and all required documents were now present.

We had also found that the last Electrical Installation Condition Report (EICR) had been carried out in March 2011 and was therefore overdue as they are required to be undertaken every five years. At this inspection we saw that

Are services safe?

an EICR had been carried out in December 2016 and no actions were required as a result. The practice had also reviewed the Building Maintenance Policy to include the EICR in their scheduled maintenance programme.

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 November 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, monitoring of water temperatures to mitigate the risk of legionella and COSHH risk assessments and safety data sheets.

We also saw that a new and very comprehensive training matrix had been developed and was being followed. This identified all training required for all staff groups and

identified which was statutory, mandatory or best practice. The matrix showed which training had been completed, when it was due and which training was booked. The relevant certificates were kept in staff files.

All appraisals had now been undertaken and had also been used as an opportunity to update the training matrix and identify training needs.

Previously the practice had not recorded informal complaints to ensure all trends could be identified. We now saw that informal complaints were being recorded and themes identified.

At our inspection in November 2016 we found that some practice meetings had not been held in line with the practice schedule. At our inspection in May 2017 we saw that full practice meetings had been held regularly, having taken place in November 2016, March 2017 and one was scheduled for June 2017. Meetings for administration staff had been held in January and May 2017. Staff were able to raise any issues informally at other times.