

# Newbold Verdon Medical Practice

## Quality Report

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Date of inspection visit: 22 June 2017

Date of publication: 11/07/2017

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 

# 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 Newbold Verdon Medical Practice on 1 November 2016. The overall rating for the practice was good but the rating for providing a safe service requires improvement. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Newbold Verdon Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 22 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 1 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is still rated as good.

Our key findings were as follows:

- Morphine was no longer carried by GP's for home visits.
- The system for maintaining the cold chain had been reviewed and was being followed.
- Multi-disciplinary team and safeguarding meetings had taken place regularly since our last inspection and further meetings were scheduled in order to review and monitor relevant patients.
- There was a programme of clinical audit in place.
- The practice now had available two cylinders of oxygen as a failsafe measure.
- Cleaning schedules had been implemented, both relating to the premises and medical equipment.
- A translation service was available locally and the reception team had been made aware of this and information regarding it was available on the shared drive of the practice computer system.

### 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 a safe service.

- Morphine was no longer carried by GP's for home visits.
- The system for maintaining the cold chain had been reviewed and was being followed.
- Multi-disciplinary team and safeguarding meetings had taken place regularly since our last inspection and further meetings were scheduled in order to review and monitor relevant patients.
- There was a programme of clinical audit in place.
- The practice now had available two cylinders of oxygen as a failsafe measure.
- Cleaning schedules had been implemented, both relating to the premises and medical equipment.

**Good**



# Newbold Verdon Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a CQC Inspector.

## Background to Newbold Verdon Medical Practice

Newbold Verdon Medical Practice is a six partner practice which provides primary care services to approximately 11000 under a General Medical Services (GMS) contract.

- The practice is situated in Newbold Verdon, Leicestershire with a branch practice at Bosworth, Leicestershire. Both are in purpose built buildings and are accessible to patients with wheelchairs and those with limited mobility.
- There is a large car park at both sites with disabled spaces available.
- Services are provided from Newbold Verdon Medical Practice, St Georges Close, Newbold Verdon LE9 9PZ and Market Bosworth Surgery, Back Lane, Market Bosworth CV13 0LD.
- The practice consists of six partners (three male and three female).
- The nursing team consists of three advanced nurse practitioners, three practice nurses and four health care assistants (HCAs). Two of the HCAs have dual roles, one covering reception duties and one working in the dispensary.
- The dispensary had two dispensers and two administrative staff who were also able to assist in the dispensaries.
- The practice has a practice manager and an assistant practice manager supported by eight clerical and administrative staff who support the day to day running of the practice.
- Both sites have a dispensary that dispenses to approximately 4500 patients.
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice has a lower than average number of patients aged 0 to 44 years of age and higher than average number of patients over 45 years of age.
- The practice has lower than average deprivation and sits in the second least deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures; family planning, diagnostic and screening procedures, maternity and midwifery services 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.
- The main practice at Newbold Verdon is open between 8am and 6.30pm Monday to Friday. Appointments are from 8am to 6pm Monday to Friday. The branch surgery at Market Bosworth is open 8am to 5.30pm other than Monday when it opens until 6pm. Extended hours are

# Detailed findings

provided at the Newbold Verdon site with a surgery on Saturday morning from 8.30am to 11.30am with both on the day and pre bookable appointments available. Both of the surgeries close for one hour at lunch 12.30pm to 1.30pm. Patients can attend either site.

## Why we carried out this inspection

We undertook a comprehensive inspection of Newbold Verdon Medical Practice on 1 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good but the rating for providing a safe service was requires improvement. The full comprehensive report following the inspection on 1 November 2016 can be found by selecting the 'all reports' link for Newbold Verdon Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based focused inspection of Newbold Verdon Medical Practice on 22 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

We carried out a desk-based focused inspection of Newbold Verdon Medical Centre on 22 June 2017. This involved reviewing evidence that:

- Morphine was no longer carried by GP's for home visits.
- The system for maintaining the cold chain had been reviewed and was being followed.
- Multi-disciplinary team and safeguarding meetings had taken place regularly since our last inspection and further meetings were scheduled in order to review and monitor relevant patients.
- There was a programme of clinical audit in place.
- The practice now had available two cylinders of oxygen as a failsafe measure.
- Cleaning schedules had been implemented, both relating to the premises and medical equipment.

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 1 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of the management of medicines were not adequate. Other areas which we asked the provider to consider were the arrangements for multi-disciplinary meetings, schedules for cleaning, the system for maintaining the cold chain and maintaining a programme of clinical audit.

These arrangements had significantly improved when we undertook a follow up inspection on 22 June 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

At our November 2016 inspection we found that significant events were not always fully analysed. During this inspection the practice told us that significant events were discussed at the monthly Clinical Governance Meeting and the analysis was thorough as the format for significant event and complaint analysis was broken down in to, what had gone well, what could have been better, what had been learnt and how the event had changed practice.

### Overview of safety systems and process

At our November 2016 inspection we found that the practice was not holding safeguarding meetings with relevant staff to ensure that any patients were discussed and monitored with other agencies. The practice had highlighted this prior to that inspection and had arranged their first meeting to be held 9 November 2016. At this inspection the practice told us that meetings had been held quarterly since then and were scheduled going forward.

In November 2016 we found that the refrigerator temperature in the dispensary had not been monitored appropriately. This was investigated at the time of that inspection and at this most recent inspection we found that dispensary staff had received training in their responsibilities regarding reading, recording and resetting refrigerator temperatures.

During our inspection in November 2016 we found that there were no logs of cleaning. At this inspection we were told that records were now kept of cleaning having taken place in line with the schedule for both the premises and medical equipment.

### Arrangements to deal with emergencies and major incidents

At our inspection in November 2016 we found that two of the GPs in the practice had morphine in their bag that they took on home visits and one of the bags was not lockable contrary to guidance. We found at this inspection that the morphine had been destroyed and was no longer carried by GPs.

We had also found in November that the oxygen cylinder was a quarter full having been used in an emergency two days before the inspection. Although a new cylinder had been ordered it took two days for delivery so as a result of this incident the practice now had two cylinders in order to ensure an adequate supply of oxygen is readily available.

At our November 2016 inspection we found that the emergency drugs were stored in an area which could potentially have been accessed by patients. At this inspection we were told that a window had now been covered with film so the location of the drugs was only apparent to staff members.