

Hollybrook 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

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 of Hollybrook Medical Centre on 26 January 2016. During that inspection we found that a robust system was not in place to check the expiry dates of medicines carried by GPs on home visits. Also, a risk assessment had not been completed for certain non-clinical staff who undertook chaperone duties, who had not received a disclosure and barring service check.

Overall the practice was rated as good with are services safe requiring improvement in view of the above.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hollybrook Medical Centre on our website at www.cqc.org.uk.

After the comprehensive inspection, the practice told us what action they had, and were taking to meet the legal requirement in relation to the breach.

We undertook a focused inspection on 22 September 2016 to check that the provider had completed the required action, and now met the legal requirements. We visited the practice as part of this inspection. This report covers our findings in relation to the requirement.

This inspection found that the provider had taken appropriate action to meet the legal requirement.

- An effective system was in place to check the expiry dates of medicines carried by GPs on home visits to ensure they were in date and appropriate to use.
- All staff carrying out chaperone duties had received a disclosure and barring service check. (These 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 vulnerable children or adults).

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 safe.
- An effective system was in place to check the expiry dates of medicines carried by GPs on home visits to ensure they were in date and appropriate to use.
- Policies had been updated to require that all new and long-standing staff have received a disclosure and barring service check (DBS).
- Records showed that all staff carrying out chaperone duties had received a satisfactory DBS check.

Good



Hollybrook Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector undertook the focused inspection of Hollybrook Medical Centre.

Background to Hollybrook Medical Centre

Hollybrook Medical Centre is run by a partnership of four GPs. The main practice is in Heatherton, Littleover with a large branch surgery in Sinfin, Derby approximately four miles away.

The services are provided from purpose built premises.

The practice provides primary medical services to 18,652 patients under a Personal Medical Services (PMS) contract. The level of deprivation within the practice population is slightly below the national average.

Hollybrook Medical Practice is an established training practice for GP registrars, foundation doctors and medical students.

The clinical team includes four GP partners, six salaried GPs, and two GP registrars (a registrar is a qualified doctor who is training to work as a GP), six nurses and a phlebotomist. The team is supported by a full-time practice manager, an information technology manager and reception and administrative staff.

The practice opens from 8am to 8pm Monday to Friday at the main practice, and from 8am to 6.30pm Monday to Friday at the branch surgery. Appointment times are available throughout the day as they do not close for lunch.

The practice does not provide out-of-hours services to its patients. This service is provided by Derbyshire Health United.

Why we carried out this inspection

We undertook a focused inspection of Hollybrook Medical Centre on 22 September 2016. This was carried out to check that improvements had been made to meet the legal requirements, following our comprehensive inspection on 26 January 2016. We reviewed the practice against one of the five questions we ask about services: is the service safe.

How we carried out this inspection

We reviewed the information the practice sent us, in regards to the actions they had taken to meet the legal requirement in relation to Regulation 12: Safe Care and Treatment. We visited the practice as part of this inspection and carried out various checks. We also spoke with the practice manager and information technology manager. We also briefly spoke with several doctors on duty at the practice.

Are services safe?

Our findings

A comprehensive inspection on 26 January 2016 found that a robust system was not in place, to check the expiry dates of medicines carried by doctors on home visits. Also, a risk assessment had not been completed for certain non-clinical staff who undertook chaperone duties, and had not received a disclosure and barring service check.

Overall the practice was rated as good, with are services safe requiring improvement in view of the above.

Following the inspection, the practice told us what action they had, and were taking to comply with the above issues.

This inspection found that the provider had taken appropriate action to meet the legal requirements.

- An effective system was in place to check the expiry dates of medicines carried by doctors on home visits to ensure they were in date and appropriate to use.
- Records showed that clinical staff had reviewed the supply of medicines carried by GPs, registrars and foundation doctors on home visits, to ensure they were suitably equipped to respond to patients needs.
- The practice kept a list of medicines carried by doctors on home visits. A separate list was kept of equipment carried by registrars and foundation doctors, to enable staff to cross reference that all essential items were available.
- The GPs were previously responsible for checking their doctor's bag and supply of medicines. However, a senior

member of staff had recently taken on responsibility for carrying out regular checks of all the doctors bags to ensure the medicines were in-date and available for use. Records were kept to support this. The equipment was also checked to ensure it was available.

- We checked four doctors bags, which contained the required supply of medicines and equipment for home visits. All medicines for patient use were in-date and suitable to use. We also checked various single use clinical items such as syringes, needles and swabs; these were also in-date and sealed.
- A record was also kept on the shared drive of all medicines kept in doctors bags including the expiry dates, which all staff had access to. This alerted the practice manager and the senior member of staff responsible for checking the doctors bags when medicines were due to expire.
- Arrangements were in place to ensure that all medical equipment kept in doctors bags was tested and calibrated at the required intervals, to ensure it was working correctly and safe to use.
- Policies had been updated to require that all new and long-standing staff receive a disclosure and barring service check (DBS). Records showed that a DBS check had been obtained for all staff, including those who carried out chaperone duties.
- The practice manager confirmed that all staff who undertook chaperone duties had received appropriate training to carry out the role.