

# Brown Clee Medical Centre

## Inspection report

Station Road  
Ditton Priors  
Bridgnorth  
Shropshire  
WV16 6SS

Tel: 01746 712672

Website: [www.browncleesurgery.com](http://www.browncleesurgery.com)

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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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive?

Outstanding



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced focused inspection at Brown Clee Medical Centre on 30 July 2019. We decided to undertake an inspection of this service following our annual review of the information available to us and due to the timescale of the previous inspection. Within our new methodology we decided to inspect whether the practice was providing safe, effective, and well-led services. Information available to us did not indicate that the quality of care had changed in relation to the key questions caring and responsive. As a result, the ratings for caring and responsive have been carried forward to contribute to the overall rating for this practice. We based our judgement of the quality of care at this service on a combination of:

- What we found when we inspected
- Information from our ongoing monitoring of data about services and
- Information from the provider, patients, the public and other organisations.

We previously carried out an inspection of Brown Clee Medical Centre on 10 June 2015. The practice was rated outstanding for providing caring and responsive services and good for providing safe, effective and well-led services. No breach of legal requirement was found, and two good practice recommendations were made. We saw these had since been met. The report on the June 2015 inspection can be found by selecting the 'all reports' link for Brown Clee Medical Centre on our website at .

**We have rated this practice as requires improvement overall and outstanding for the following population groups: Older people, Families, children and young people and people whose circumstances may make them vulnerable. Other population groups were rated as good.**

The practice is rated as **requires improvement** for providing safe services because:

- At the time of the inspection the management of safety systems and processes to keep people safe and safeguarded from abuse was not embedded. Not all staff had received training in safeguarding and the safeguarding policy was not local to the practice and did not reflect updated categories of abuse.
- Not all staff had received or were up to date with training in safe working practices.
- A basic environmental and health and safety risk assessment had been undertaken, however, an action

plan had not been developed to identify the specific action to be taken, by whom and the date of completion. No fire risk assessment had been undertaken and fire notices displayed around the practice did not include the fire assembly point. There were no designated fire marshals appointed.

- Although the provider had considered the risk, at the time of the inspection there was no documented risk assessment for the security of medicines held in the dispensaries. A system to track prescription stationery and security of prescriptions throughout the main location had not been implemented. A controlled drugs cabinet or register was not available at the branch location for the storage of these medicines whilst awaiting collection. The controlled drug cabinet at the main location did not meet the required standard. A risk assessment had not been undertaken in relation to key holding responsibilities for dispensing staff. The controlled drug standing operating procedures (SOP) did not provide dispensing staff with clear guidance on the management and dispensing of these medicines.

Within 48 hours of the inspection the provider sent us an action plan in response to the immediate concerns that we identified on the day of the inspection

**We rated the practice good** for providing effective services because:

- The practice understood the needs of its population and tailored services in response to those needs.
- Staff were consistent and proactive in helping patients to live healthier lives.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Audits were undertaken although these were limited. Leaders fully acknowledged this at the time of the inspection and recognised the need to formalise audits to demonstrate quality improvement.

We rated the practice **requires improvement** for providing a well-led service because:

- The provider had governance structures and systems in place however, these did not ensure effective governance. For example, at the time of the inspection there was a lack of oversight of the management of risks.

# Overall summary

- The practice had a number of policies and procedures to govern activity. However, not all policies were readily accessible or reviewed and updated.
- Not all the information we requested was available on the day of the inspection. For example, information in relation to health and safety.
- Staff felt supported in their work and valued by the management team. They were proud to work at the practice and comfortable to raise concerns.
- Leaders were visible, approachable and understood the strengths and challenges relating to the quality and future of services.
- The practice had a well-established patient participation group (PPG) who were very active in representing the views of patients and worked closely with their local community. They told us they felt extremely valued and empowered by practice leaders. With the support of the practice the PPG had helped set up a wide range of community initiatives.
- We received overwhelming positive comments from patients and managers at local care and nursing homes in relation to their experiences of the quality of care and treatment provided by the practice. This was also reflective of reviews posted on an NHS website and in an independent survey the practice had commissioned in July 2019.

We saw the following **outstanding** practice:

- The practice was consistently rated very highly in the National GP surveys. In 2018 the practice was rated first

in the top ten best rated GP surgeries in England for providing the best overall experience and were featured in a national newspaper. In the 2019 National GP survey the practice scored higher than their CCG average and the national average in every question. One hundred percent of respondents responded positively to how it was to get through to the practice on the phone, with 98% of patients responding positively to their overall experience of making an appointment and 99% described their overall experience as good.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Develop a documented business and succession plan.
- Provide staff with additional training on the use of GP TeamNet so they are confident in navigating the system.
- Develop a systematic programme of clinical audit.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGPChief Inspector of General Practice

## Population group ratings

<b>Older people</b>	<b>Outstanding</b> 
<b>People with long-term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Outstanding</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Outstanding</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice manager advisor and a medicines specialist advisor.

## Background to Brown Clee Medical Centre

Brown Clee Medical Centre is registered with the Care Quality Commission (CQC) as a partnership GP provider operating a GP practice in Shropshire. The practice is part of the NHS Shropshire Clinical Commissioning Group (CCG) 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.

The practice operates from Brown Clee Medical Centre, Station Road, Ditton Priors, Bridgnorth Shropshire, WV16 6SS. The practice has a branch surgery at Stottesdon, High Street, Stottesdon, DY14 8TZ. Regulated activities are provided from these locations only. The practice area is one of lower overall deprivation when compared with the national averages. At the time of the inspection the practice had 3,511 registered patients. Overall the practice population is in line with local averages but has a higher number of patients aged 65 and over compared to the national average. The percentage of patients with a long-standing health condition is 48% which is lower than the local CCG average of 55% and the national average of 51%. The patient population is mainly White British (99%). Life expectancy for males is 80 and 84 for females.

The staff team currently comprises a male and female GP partnership. The practice also has a portfolio GP who

provides clinic sessions weekly on a Friday. The practice team includes two part-time practice nurses, a practice manager/dispenser, accounts manager, three cleaners, two dispensers, two receptionist/dispensers, one reception clerks and an administrator for document scanning. In total there are 19 staff employed either full or part time hours.

At the Ditton Priors location, the practice opening times are 7.15am to 7pm Monday, Tuesday, Wednesday and from 8am and 7pm Thursday and Friday. At the Stottesdon location, the opening times are 9am to 12.30pm Monday, Wednesday, Thursday and Friday. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through the out-of-hours service provider. The practice telephones switch to the out of hours service at 6pm each weekday evening and at weekends and bank holidays. The practice operates dispensaries from both the Ditton Priors and the Stottesdon locations and can dispense to patients who live more than one mile (1.6km) from the nearest pharmacy.

Further details about the practice can be found by accessing the practice's website at [www.browncleesurgery.com](http://www.browncleesurgery.com)

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p><b>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</b></p> <ul style="list-style-type: none"><li>• Not all staff had received up-to-date essential training.</li><li>• The safeguarding policy was not local to the practice and did not reflect current guidance.</li><li>• There was no documented risk assessment for the security of medicines held in the dispensaries.</li><li>• A system to track prescription stationery and security of prescriptions throughout the main location had not been implemented.</li><li>• A controlled drugs cabinet or register was not available at the branch location for the storage of these medicines whilst awaiting collection.</li><li>• The controlled drug cabinet at the main location did not meet the required standard.</li><li>• A risk assessment had not been undertaken in relation to key holding responsibilities for dispensing staff.</li><li>• The controlled drug standing operating procedures (SOP) did not provide dispensing staff with clear guidance on the management and dispensing of these medicines.</li></ul>