

# Barwell & Hollycroft Medical Centre

## Inspection report

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Barwell

Leicester

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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 summary

**This practice is rated as Good overall.** Previous inspection 30 November 2016 – Good

We carried out an announced focused inspection at Barwell & Hollycroft Medical Centre on 2 May 2018 in order to look into concerns which had been raised with the Care Quality Commission about the service. The inspection was purely to look at those issues and therefore not rated.

At this inspection we found:

- The practice had systems in place to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.

- The practice had systems in place for appropriate and safe handling of medicines.

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

- Improve the system in place for significant events in relation to actions identified. Improve the system in place to monitor the movement of prescription stationery.

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

## Population group ratings

## Our inspection team

Our inspection team was led by a CQC lead inspector, a second CQC inspector and a member of the CQC medicines team.

## Background to Barwell & Hollycroft Medical Centre

Barwell Medical Centre is located in the village of Barwell and there is also a branch site located in Hinckley. Barwell Medical Centre is located at Jersey Way, Barwell, Leicester, LE9 8HR. Hollycroft Medical Centre is located at Clifton Way, Hinckley, Leicester, LE10 0XN. During our inspection we did not visit the Hollycroft branch in Hinckley.

The practice holds a General Medical Services (GMS) contract, this is a nationally agreed contract commissioned by NHS England. Between both sites, there are 12400 registered patients. There is a similar ratio between male and female patients across the different age groups with slightly more females than males aged 85 or over.

The practice is located within the area covered by NHS West Leicestershire Clinical Commissioning Group (CCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

There are four GP partners assisted by three salaried GPs. The nursing team consists of a practice nurse and an emergency care practitioner and an advanced care practitioner is due to start in May 2018. There are two healthcare assistants. There is a practice manager in post supported by five administrators and 9 reception staff.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, joint injections and vaccinations.

Appointments times at both sites are:

- From 8.30am until 11.30am each weekday. For patients who need an urgent appointment, telephone calls and triaging and if necessary appointments are offered.
- From 3pm until 5.30pm each weekday. If necessary telephone calls to patients beyond the practice closing time until all calls have been completed.
- Patients who request a home visit may be contacted by telephone to enable GPs to prioritise which need to be seen first.

The practice has one location registered with the Care Quality Commission:- Barwell Medical Centre Jersey Way, Barwell, Leicester, LE9 8HR and the branch surgery is located at Hollycroft Medical Centre is located at Clifton Way, Hinckley, Leicester, LE10 0XN.

The practice is registered to provide the following Regulated Activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The practice has opted out of providing GP services to patients out of hours. When the practice is closed, there is a recorded message providing details of the out of hours' provider, Derbyshire Health United (DHU). The practice leaflet includes contact information and there are out of hours' leaflets in the waiting area for patients to take away with them. Information was also on the practice website.

# Are services safe?

## Appropriate and safe use of medicines

The practice had systems in place for appropriate and safe handling of medicines.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Prescribing stationery was kept in a locked cupboard and the key was held in a lockable key safe in the reception. However the key safe was accessible to staff members who do not require access to the prescribing stationery cupboard. Management told us they would review the process.
- We found that there was no record kept of prescription serial numbers at the practice, including when they arrived at the practice and when they were distributed to printers. Therefore no audits were completed around prescriptions. During our inspection the practice developed a log and following our inspection the practice sent us a completed log showing the movement of prescriptions within the practice.

## The provider had a process in place for the handling of requests for repeat medicines

- Staff demonstrated the process for handling repeat request including those for controlled drugs. Including when the authorised repeat requests has been exceeded.
- All controlled drugs were sent to the doctors for signing before being kept in reception. There was a record of patient's NHS number, date prescription produced, date prescription signed and signature of person collecting the medicine. These have an audit trail if there were any queries regarding the prescriptions.
- Early issue of prescriptions was allowed up to seven days in advance and for a specified reason.
- We looked at eight prescriptions in detail which had a variety of controlled drugs prescribed.
- One prescription had no review date, but was not on repeat and was being issued at seven day intervals.
- We found one prescription, not signed by a doctor despite a log being in place which indicated it had been completed. We were told by a receptionist that this would have been picked up prior to the medicines being given to the patient. We found two patients had been issued controlled drugs past their review date by two

months. We were told by the registered manager that the practice had introduced an alphabetical programme of reviewing patients by surname which meant the patients would have been invited to the review during in the next month. Until this was due the prescription would be checked prior to be signed.

- The practice had a prescribing policy and repeat medication process in place. This included a requirement to document in the patient notes the reason for shorter intervals for authorising a repeat prescription.
- There were written procedures in place around the prescribing of controlled drugs, however there was a difference between how staff followed the procedure and the policy. Following our inspection the practice provided us with an updated policy that was reflective of the procedure that staff followed.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- Their system to identify and review significant events was not always effective, for example we saw that a complaint was received but not thoroughly investigated and raised as a significant event when it should have been.
- When actions were taken as a result of a significant event the practice did not always review the actions to ensure they were effective. For example, we saw that one patient was prescribed two prescriptions for the same medicine in a short period of time. The practice identified a recording issue on the patient record. As a result, the practice reviewed all their patients' medicines but no further reports were run to ensure the change was embedded and that the issue did not reoccur.

**Please refer to the Evidence Tables for further information.**