

Bewdley Medical Centre

Inspection report

Dog lane Bewdley DY12 2EG Tel: 01299402157

Date of inspection visit: 13 July 2022 Date of publication: 13/09/2022

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?	Requires Improvement	
Are services well-led?	Good	

Overall summary

We carried out an announced inspection at Bewdley Medical Centre on 13 July 2022. Overall, the practice is rated as Requires Improvement.

The ratings for each key question are:

Safe - Requires Improvement

Effective - Requires Improvement

Well-led - Good

Following our previous inspection on 6 October 2017, the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Bewdley Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection included a comprehensive review of information and a site visit where we inspected safe, effective and well-led care. During our inspection we looked at one area of providing responsive care: Access to the service, this was not rated, and we did not identify any concerns with regards to access to the service.

How we carried out the inspection.

This inspection included a comprehensive review of information and a site visit where we inspected safe, effective and well-led care. During our inspection we looked at one area of providing responsive care: Access to the service, this was not rated, and we did not identify any concerns with regards to access to the service.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. Therefore, as part of this inspection we completed clinical searches on the practice's patient records system and discussed the findings with the provider. This was with consent from the provider and in line with all data protection and information governance requirements.

The inspection also included:

- Requesting and reviewing evidence and information from the service
- A site visit
- Conducting staff interviews
- Reviewing patient records to identify issues and clarify actions taken by the provider

Our findings

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
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Overall summary

• information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement overall

We found that:

- The practice did not routinely operate effective systems to ensure the appropriate and safe use of medicines, including medicines optimisation. After reviewing a sample of clinical records for patients with long term conditions and or prescribed high risk medicines we found evidence where reviews were overdue.
- We found records where blood results were not within the recommended timeframe; therefore, repeat prescribing were not routinely managed in line with national prescribing guidelines.
- Safety systems and risk assessments were in place in most areas; however, fire drills were not completed regularly within a 12 month period.
- The practice regularly reviewed and acted on serious events and incidents, these incidents were reviewed as part of the wider partnership and learning points were shared amongst each location with the aim to improve safety at each location.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients were able to access care and treatment in a timely way.
- GPs did not routinely follow up patients who had received treatment in hospital or in out of hours services.
- Systems were in place to monitor patient access, using information from patient feedback and complaints the practice implemented a triage system where patients were able to speak with a doctor directly through the practice booking process.

We found one breach of regulations. The provider **must**:

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

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

- Strengthen systems and policies to ensure they are effective and functioning as intended.
- Ensure risks to patients and staff are mitigated.
- Ensure that oversight including policies and procedures are operating as intended.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team included a GP specialist advisor and a CQC Inspector. The inspection team carried out a site visit at the practice on 13 July 2022, in addition to attending the site visit, the GP specialist advisor completed clinical searches and record reviews remotely without visiting the location on 12 July 2022.

Background to Bewdley Medical Centre

Bewdley Medical Centre is located in the centre of Bewdley at:

Address Dog Lane

Town Bewdley

DY12 2EF

The practice has a list size of approximately 15,600 patients. The practice is situated within the NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG), from July the CCG is known as Integrated Care Board (ICB) and delivers General Medical Services (**GMS**). This is part of a contract with NHS England.

The practice is situated in an area with average levels of deprivation. Information published by Public Health England shows that deprivation within the practice population group is in the 6th (six of 10) with one being most deprived and 10 being least deprived. The lower the decile, the more deprived the practice population is relative to others. The practice has a lower than national average number of children and young people. It has higher than the national average number of adults who have reached retirement age and older aged people. According to the latest available data, the ethnic make-up of the practice area is 98.2% White, 0.9% Mixed, 0.7% Asian, 0.1% Black and 0.1% Other.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice is part of a provider organisation The Wyre Forest Health Partnership who are registered with CQC which includes four other locations which make up wider network of GP practices across Worcestershire

Where applicable, patients can be seen at alternative sites who are part of the Wyre Forest Health Partnership.

There is a team of eight GP Partners and four Salaried GPs who can provide cover at other locations within The Wyre Forest Health Partnership the other services within the partnership were not inspected as part of this inspection. The practice has a team of five advanced nurse practitioners working for the practice offering a variety of services including nurse led clinics for long-term conditions The GPs are supported at the practice by a team of pharmacists, health care assistants, reception and administration staff. The practice manager and assistant practice manager are based at the main location to provide managerial oversight.

The practice is open during the following hours:

Monday 7 am- 6:30 pm (7:00 am - 8:00 pm extended access)

Tuesday 8 am – 6:30 pm

Wednesday 8 am – 8:00 pm (6:30 pm - 8:00 pm extended access)

Thursday 8 am – 8:00 pm (every other week extended access until 8:00 pm)

Friday 8 am – 6:30 pm

Saturday - 8 am - 11 am (once per month extended access)

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Bewdley Medical Centre, where late evening and weekend appointments are available. Out of hours services are provided by Bewdley Medical Centre as well as other sites located within the Wyre Forest Health Partnership throughout the week.

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Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and
Family planning services	treatment
Surgical procedures	How the regulation was not being met:
Maternity and midwifery services	The registered persons had not done all that was reasonably practicable to safely manage medication and
Treatment of disease, disorder or injury	the health and safety of service users. In particular:
	 The registered person did not ensure medication reviews were completed and reviewed regularly in line with national prescribing guidelines. The registered person did not ensure staff followed plans and pathways when care was provided by more than one provider. In particular GPs did not always follow up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The provider did not ensure compliance with relevant Patient Safety Alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA). This was in breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.