Broseley Medical Practice

Inspection report

Bridgnorth Road,
Broseley
Shropshire
TF12 5EL
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www.broseleymedicalpractice.co.uk

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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	Good
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

We carried out an announced comprehensive inspection at Broseley Medical Practice on 11 December 2018 as part of our inspection programme. The practice was previously inspected in October 2014 and rated as good.

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 have rated this practice as good overall and good for all population groups.

We rated the service as **requires improvement** for providing safe services because:

- The practice did not have effective recruitment processes in place to keep patients safe and protected from potential harm.
- Clinicians knew how to identify and manage patients with severe infections including sepsis however, not all clinicians coded physiological data which would trigger the sepsis alert protocols within the practice clinical system.
- The process for ensuring patients received the necessary monitoring before high risk medicine was prescribed for them was not always effective when patients had shared care arrangements.
- There were few significant events recorded; this prevented effective improvement to the quality of patient care delivered from lessons learnt through events.
- Staff had access to training opportunities to support them in their work. However, some staff were not up to date with essential training in safe working practices.

We rated the practice as **good** for providing effective, caring, responsive and well-led services because:

- Patients received effective care and treatment that met their needs.
- The practice worked closely with outside agencies to improve the care delivered.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care. Staff felt that the benefits of working in a small team enabled them to be more patient orientated and provided opportunity to get to know their patients.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- Patients received effective care and treatment that met their needs.
- The practice's uptake rates for childhood immunisation were above the World Health Organisation (WHO) 95% targets.
- The practice had experienced significant staff and recruitment challenges and as a result had reviewed and made changes to their workforce to meet the needs of their patient population.
- The practice was working collaboratively with other local practices to bring more flexible evening and weekend appointments to patients.
- The practice provided an in-house counsellor and had a community and care co-ordinator to help assist patients of any age in need of help, support and advice by offering a signposting service and support with social isolation.
- Regular meetings were held with staff to communicate to share information and practice performance.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- There were clear responsibilities, roles and systems of accountability to support good governance and management and most staff felt supported by the management. However, there were areas where these needed to be strengthened.

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

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

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

Overall summary

- Review the significant events reporting and recording system to improve the quality of patient care from lessons learnt.
- Develop an effective system for the monitoring of high risk drug prescribing.
- Review how all staff complete outstanding essential training.
- Consider sharing current evidence based guidance in clinical meetings.
- Review and improve the quality of audits undertaken to drive quality improvement.
- Formulate an action plan for responding to the results of the national GP patient survey to include actions to address the lower than average results regarding access to the service
- Develop a documented business plan and strategy to support the practice's aim to deliver high quality care and promote good outcomes for patients.
- Continue to strengthen governance arrangements.

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

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

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

Background to Broseley Medical Practice

Broseley Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider 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 is part of the NHS Shropshire Clinical Commissioning Group (CCG).

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

The practice operates from Broseley Medical Practice, Bridgnorth Road, Broseley, Shropshire TF12 5EL.

At the time of the inspection there were 4,651 patients of various ages registered at the practice. The practice local area is one of less deprivation when compared with the local and national averages. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The patient age profile is comparable to local and national averages. The practice population is predominantly white and has a lower percentage of unemployment levels and patients with long-term health conditions compared with local and national averages. Life expectancy at the practice for patients is 81 years for males and 84 years for females, which is comparable to local and slightly higher than national averages.

The practice staffing comprises of two male GP partners, two long-term male locum GPs, two female nurse practitioners, two female practice nurses, a female health care assistant, a female counsellor, a practice manager and a team of administrative and reception staff. The practice also has a part-time community and care co-ordinator funded by the CCG.

The practice is open between 8.30am to 1pm and 2pm to 6pm Monday to Friday. The practice is closed to patients between 1pm and 2pm each day, however telephone calls during this period are answered. When the practice is closed patients are directed towards the out of hours provider via the NHS 111 service. Patients also have access to the Extended GP Access Service between 6.30pm and 8pm on weekdays, 8am and 1pm on a Saturday, and 8.30am and 12.30pm on a Sunday and bank holidays.

Additional information about the practice is available on their website at www.broseley medicalpractice.co.uk

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: Disclosure and Barring Service (DBS) checks had not been obtained, where required, prior to employment and copies of proof of staff identity had not been retained. This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.