

Great Barr Medical Centre

Inspection report

379 Queslett Road
Birmingham
B43 7HB
Tel:

Date of inspection visit: 22 March 2022
Date of publication: 20/04/2022

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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced inspection at Great Barr Medical Centre on 22 March 2022. This inspection was undertaken to confirm that the practice had carried out their plan to meet the legal requirements set out in warning notices we issued to the provider in relation to regulation 12 Safe care and treatment and regulation 17 Good governance.

At the last inspection in December 2021 we rated the practice as Inadequate overall. This will remain unchanged until we undertake a further full comprehensive inspection within six months of the publication date of the initial report.

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

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider after the inspection visit.

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

We found that:

- The provider had complied with the warning notices we issued and had taken the action needed to comply with the legal requirements.
- We found that patients who were treated with medicines that required additional monitoring had received the appropriate blood tests and follow up in line with safe prescribing guidelines.
- The practice had reviewed and improved systems to manage patient safety alerts. Records we checked showed that alerts were actioned appropriately.
- The practice had reviewed and improved their systems to manage patients with long term conditions. Records we reviewed showed patients had appropriate care plans in place.
- The practice had reviewed and improved processes to effectively manage recruitment files and staff training information.
- The provider had reviewed systems to ensure relevant premises risk assessments were being completed and necessary actions being taken.

Overall summary

- The provider was able to demonstrate that all staff had the skills, knowledge and experience to carry out their roles and they had implemented a system to provide clinical supervision to non-medical prescribers.
- The provider had reviewed its processes to ensure the practice held appropriate emergency medicines.
- The provider had reviewed and improved systems to manage complaints and demonstrated complaints had been responded to appropriately.
- The provider had reviewed governance arrangements and implemented new governance processes and structures to enable them to deliver safe and effective care. Where we identified that processes had not been fully embedded, we discussed these with the provider during the inspection. The provider acknowledged further improvements were needed.

Whilst we found no breaches in regulation the provider **should**:

- Continue to review, improve and embed newly implemented systems and processes. For example, systems to manage staff information, high risk medicines and the coding of records.

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 was led by a CQC lead inspector and included a GP specialist advisor who spoke with staff and completed clinical searches and record reviews during the site visit.

Background to Great Barr Medical Centre

Great Barr Medical Centre is located in Birmingham at:

379 Queslett Road

Birmingham

B43 7HB

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

The practice is situated within the Black Country and West Birmingham Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 11,740. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called a primary care network. This practice is part of the Central Health Partnership primary care network.

Information published by Public Health England shows that deprivation within the practice population group is ranked as level six, with one being the most deprived and 10 being the least deprived.

According to the latest available data, the ethnic make-up of the practice area is 70% White, 18% Asian, 7% Black, and 4% Mixed or Other.

There is a team of three GP partners (two male and one female) one locum GP (male) one day a week. The practice has a team of two practice nurses four days a week, and one advanced nurse practitioner (ANP).

At the time of the inspection the practice was recruiting for GPs and an advanced nurse practitioner.

The GPs are supported at the practice by a business manager, a HR manager, assistant manager and a team of reception/administration staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance patients are given the option of a face to face or telephone appointment.

Extended access is provided Monday to Friday by the practice where evening appointments are available 6.30-7.30pm.

The practice also run one clinic every 12 weeks on a Saturday between 9am-12pm and the ANP runs a telephone clinic on some Saturday mornings.

Out of hours services are provided by Malling Health.