

# Naseby Medical Centre

## Inspection report

32-34 Naseby Road  
Saltley  
Birmingham  
West Midlands  
B8 3HE  
Tel: 01213271878

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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?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Naseby Medical Centre on 25 November 2019 as part of our inspection programme.

At the last inspection in August 2016 we rated the practice as good overall; however, requires improvement in responsive key question because:

- Feedback from patients reported that access to appointments was not always available quickly, although urgent appointments were usually available the same day. The practice had developed an action plan to improve access, some of which had been implemented.
- The uptake of national screening such as cervical, bowel and breast cancer screening was below local and national averages.

We carried out an announced desk-based focused inspection on 25 August 2017 to confirm that the practice had carried out their plan to make improvements in relation to patient satisfaction, availability of non-urgent appointments and uptake of health screenings. As a result of our findings we rated the practice as good for responsive services.

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at all five key questions.

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 requires improvement overall and requires improvement for population groups, except for older people, those whose circumstances make them vulnerable and people experiencing poor mental health (including people dementia) population group which we rated as good.**

We rated the practice as **requires improvement** for providing safe, effective and well-led services because:

We found that:

- The practice provided care in a way that mainly kept patients safe and protected them from avoidable harm.

- Training records for clinical staff who were not directly employed by the practice did not demonstrate they were up to date with child safeguarding training. There were limited evidence of discussions with external health care professionals and the practice did not operate an effective system to evidence that all required recruitment checks were being carried out routinely. Following our inspection, the proactive provided evidence of completed safeguarding update training as well as engagement with external health care professionals.
- Patients received effective care and treatment that mainly met their needs. However; there were areas where clinical outcomes and screening rates were significantly below national averages or targets. The practice demonstrated awareness of this and were taking action to improve patient outcomes including carrying out surveys to further identify root causes. They had developed action plans to improve uptake. However, these actions needed time to be embedded and reviewed to establish impact. Following our inspection, the provider supplied data which showed slight increases in the uptake of cancer screening.
- The governance arrangements for managing the oversight of training and employment checks were not consistently applied. Documents such as some training records were obtained during the progress of our inspection, as well as induction check lists and reference checks which were provided following our inspection.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The 2019 national GP survey showed areas where patient satisfaction was above local and national averages as well as areas where satisfaction had improved since the 2018 national GP patient survey. The practice internal 2019 GP patient survey also showed positive patient satisfaction.
- The practice had an active patient participation group (PPG) and developed an action plan to further improve patient satisfaction in areas identified as areas for improvement.

# Overall summary

- The practice organised and delivered services to meet patients' needs. The 2019 national GP patient survey showed patients satisfaction with access to care and treatment in a timely way had improved since the 2018 survey.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue taking action to improve the uptake of childhood immunisation as well as national screening programmes such as cervical, bowel and breast cancer screening.
- Continue taking action in line with the practice action plan to improve patient satisfaction.
- Take action to promoting the formal complaints process, improve patients access to the procedure.

**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

## Population group ratings

<b>Older people</b>	<b>Good</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</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.

## Background to Naseby Medical Centre

Naseby Medical Centre is located at 32-34 Naseby Road, Alum Rock, Birmingham, B8 3HE. The surgery is situated in a converted house; providing NHS services to the local community.

Dr Bilal Shaikh and Dr Meraj-ud-Din Shaikh are the registered providers of Naseby Medical Centre, registered with CQC since April 2013 to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Naseby Medical Centre is situated within the Birmingham and Solihull Clinical Commissioning Group (CCG) and provides services to 5,000 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Practice staffing comprises of two GP partners (male) one male salaried GP and one female locum GP. The clinical

team also includes a practice nurse and a phlebotomist. The non-clinical team consists of a practice manager, cleaning staff and a team of receptionists and administrators.

There are higher than average number of patients aged five to 14 patients under the age of 18 and a lower number of patients aged 75 years and over when compared with the national practice average. The practice scored one on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. National General Practice Profile describes the practice ethnicity as being 22% White British, 4% Mixed race, 63% Asian and 10% Black. The general practice profile shows that 25% of patients registered at the practice have a long-standing health condition, compared to 50% locally and 51% nationally. Male life expectancy is 76 years compared to the national average of 79 years. Female life expectancy is 82 years compared to the national average of 83 years.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There was a lack of effective oversight of systems and processes established to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none"><li>• The provider did not operate an effective system to ensure records relating to new and existing people employed routinely included information relevant to their employment in the role including information relating to the requirements under Regulations. For example, the provide did not gain assurance that records routinely included evidence of indemnity cover, mandatory training and assurance that clinical staff were registered with a relevant professional body.</li><li>• The provider did not ensure systems for monitoring all learning, development and required training were operated effectively to ensure training was completed and appropriate actions taken quickly when training requirements were not being met. For example, the provider did not operate a system to evidence the completion of updated safeguarding children training, infection prevention and control and fire safety training.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>