

Bordesley Green Surgery

Inspection report

143-145
Bordesley Green
Birmingham
B9 5EG
Tel: 01217661335

Date of inspection visit: 24 November 2022
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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	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Inadequate	
Are services caring?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Inadequate	

Overall summary

We carried out an announced comprehensive inspection at Bordesley Green Surgery between the 16 November 2022 and the 24 November 2022. Overall, the practice is rated as inadequate.

The ratings for each key question are as follows:

Safe - inadequate

Effective - inadequate

Caring - good

Responsive - requires improvement

Well-led - inadequate

The practice has not been inspected under their current registration with the Care Quality Commission (CQC). However, the practice was inspected under a previous registration in September 2017. At the inspection in September 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 Bordesley Green Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive review of a new provider.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A shorter site 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.

Overall summary

We found that:

- There were weaknesses in some of the systems and processes for keeping patients safe and protected from avoidable harm. This included arrangements for safeguarding patients, documentation standards of clinical records, monitoring of staff training and systems for learning from all incidents.
- The practice premises had recently been refurbished and infection control measures were in place to minimise the risks to patients.
- Our clinical searches found appropriate monitoring and management of patients on high risk medicines and for long term conditions was mostly in place. Although, potential concerns were not always escalated by non-medical staff to the GPs.
- We identified significant concerns with the practice's triage process where patients were not effectively managed or followed up.
- Staff in advanced and extended roles did not receive effective supervision and review of their prescribing or consultations.
- Uptake of child immunisations and cervical screening programmes were significantly below national targets.
- There was limited evidence of quality improvement for example, through clinical audits.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care. However, there was limited evidence of the practice adequately responding to patient feedback.
- Systems in place did not support patients to always access care and treatment in a timely way or in a way that fully met their needs.
- There were weaknesses in the leadership and governance arrangements and how the practice was led. The lack of clinical oversight did not adequately support the delivery of high-quality, person-centre care.

We found breaches of regulations. The provider **must**:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included two GP specialist advisors who completed clinical searches and records reviews without visiting the location. One of the GP Specialist advisors spoke with staff using video conferencing facilities.

Background to Bordesley Green Surgery

Bordesley Green Surgery is located in Birmingham at:

143-145 Bordesley Green

Birmingham

West Midlands

B9 5EG

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

The practice is situated within the Birmingham and Solihull Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 3,700. This is part of a contract held with NHS England.

The practice is part of the Small Heath Primary Care Network (PCN). A PCN is a wider network of GP practices that work together to address local priorities in patient care.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the lowest decile (one of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 62% Asian, 20% White, 11% Black and 7% Mixed and other minority ethnic.

The age distribution of the practice is younger than local and national averages.

The practice team consists of 2 GP partners (1 male and 1 female), an advanced nurse practitioner, a health care assistant and a practice manager supported by a team of five administration / reception staff. The practice is supported by 2 pharmacists through the primary care network arrangements.

The practice is open between 9 am to 6.30 pm Monday to Friday. Telephone and face to face appointments are offered following a triage process usually on the day. Between 8am and 9am the practice has arrangements with the Out of Hours provider to answer calls and transfer them onto the GP partner or Practice Manager.

Extended access is provided by a local federation at three practice locations nearby. Late evening and weekend appointments are available through the extended access hub. When the practice is closed out of hours services are provided by BADGER.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • The triage system was unsafe in that patients were not being appropriately followed up or managed. • The provider could not demonstrate how they assured the competence of staff in advanced and extended roles. • Concerns identified by non-medical staff were not always being escalated to a GP. The provider had failed to ensure the proper and safe management of medicines: • The provider could not demonstrate patient specific directions were being appropriately authorised. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • There were weaknesses in the arrangements for managing safeguarding concerns. • There was a lack of systems for monitoring staff were up to date with the practice's training requirements. • The systems for learning from incidents did not incorporate those of a clinical nature. • Consulting times were not supportive of those that worked or attended school. • The provider did not have effective systems to support quality improvements including, sharing of learning from clinical audits, clinical updates, incidents and complaints and supervision opportunities. • There was little evidence of patient feedback being used to support service improvement. • Policies and procedures did not always contain accurate and up to date information to support staff. • Risks were not always assessed and mitigated against for example, in relation to performance (low uptake of child immunisations and cervical screening). This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.