

# Great Barr Medical Centre

## Inspection report

379 Queslett Road  
Birmingham  
B43 7HB  
Tel:

Date of inspection visit: 26 April 2023 and 27 April  
2023  
Date of publication: 30/06/2023

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

<b>Overall rating for this location</b>	<b>Inadequate</b>	
Are services safe?	<b>Inadequate</b>	
Are services effective?	<b>Inadequate</b>	
Are services caring?	<b>Requires Improvement</b>	
Are services responsive to people's needs?	<b>Inadequate</b>	
Are services well-led?	<b>Inadequate</b>	

# Overall summary

We carried out an unannounced comprehensive inspection at Great Barr Medical Centre on 26 April 2023. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - inadequate

Caring - requires improvement

Responsive - inadequate

Well-led - inadequate

Following our previous inspection on 14 June 2022, the practice was rated good for safe, caring and well led key questions, requires improvement for effective and responsive key questions and rated as requires improvement overall.

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](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up concerns reported to us.

## 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:

- 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 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.

We found that:

- The practice did not have appropriate systems in place for the safe management of medicines. This included an ineffective system for the management of safety alerts, as actions had not been taken to ensure patients were informed of potential risks with certain medicines.

# Overall summary

- Patients on high risk medicines were not being monitored or reviewed regularly. We found examples of medicine reviews being coded as completed, however there was no evidence to demonstrate that patients' medicines had been reviewed appropriately.
- We found patients had not had health conditions clinically coded appropriately and the summary of their medical problems was not up to date.
- We found safeguarding registers had not been maintained appropriately and the information held was inaccurate.
- The practice were unable to demonstrate effective clinical supervision of staff carrying out clinical roles to ensure they were acting within their competencies. We found significant concerns in the prescribing of medicines and the lack of information recorded in patients' consultations and missed referrals to other services.
- Clinical registers were not up to date and were ineffective. This demonstrated a lack of clinical management of patients' health conditions.
- We found delays in the actioning of clinical referrals and urgent tasks. The provider was unable to demonstrate effective processes were in place to monitor that systems were being followed.
- We found no system in place for the acknowledgement and investigation of patient complaints.
- The provider was unable to demonstrate that incidents that affect the health, safety and welfare of people using services were reported internally and to relevant external authorities. We found no evidence to demonstrate that incidents had been shared with staff to promote learning.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective. The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- The practice was unable to demonstrate effective leadership. The lack of adequate processes were putting patients at risk and the provider did not have the capability to lead effectively and drive improvement.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

The provider **should**:

- Implement a process to encourage patients to attend for immunisations and cervical screening.
- Explore ways of improving numbers of carers on the register.

Due to the significant failings we identified in the management of patient care and treatment on the unannounced inspection on 26 April 2023 urgent action was taken to protect the safety and welfare of people using this service. Under Section 31 of the Health and Social Care Act 2008 a temporary suspension of six months was imposed on the registration of the provider in respect of the following activities Diagnostic and screening procedures, Treatment of disease, disorder or injury, Family planning, Maternity and midwifery services and Surgical procedure at Great Barr Medical Centre. This notice of urgent suspension of the provider was imposed due to the seriousness of the lack of appropriate care and treatment found and because we believe that a person will or may be exposed to the risk of harm if we did not take this action. The suspension took effect from Wednesday 3 May 2023.

# Overall summary

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**

Chief Inspector of Health Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor who completed clinical searches and records reviews. The team undertook a site visit and spoke with staff while visiting the location.

## 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 Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 11,800. 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 (PCN). This practice is part of the Central Health Partnership PCN.

Information published by the Office for Health Improvement and Disparities shows that deprivation within the practice population group is ranked as level 6, with 1 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 3 GP partners (2 male and 1 female). The GPs are supported by a nursing team which include 2 advanced care practitioners and a practice nurse. At the time of inspection there was a business manager in place and a team of reception/administration staff.

The practice is open between 8 am to 6.30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Out of hours services are provided by NHS111.

This section is primarily information for the provider

# 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• We found patients were not being monitored effectively to ensure they received safe care and treatment. Patients with long term conditions were not being reviewed regularly and patients on high risk medicines were not receiving regular reviews.</li><li>• The health and safety risk assessment had not been updated or reviewed since January 2022.</li><li>• Legionnaire water testing had not been carried out since February 2023 and the certificate to demonstrate the appropriate assessments had been taken expired in August 2022.</li><li>• Medication reviews were not being completed appropriately and we found evidence to demonstrate that patients were not receiving appropriate checks of medicines regularly.</li><li>• Safeguarding registers were incomplete and required updating to ensure they reflected an accurate list of patients with safeguarding concerns registered at the practice.</li><li>• Patients were not being prescribed medicines that had been requested by secondary care providers and no evidence was available to demonstrate a review had taken place.</li><li>• We found the provider was not complying with relevant Patient Safety Alerts, issued from the Medicines and Healthcare products Regulatory Agency (MHRA).</li><li>• We found delays in the actioning of clinical referrals and urgent tasks. The provider was unable to demonstrate effective processes were in place to monitor that systems were being followed.</li><li>• The provider was unable to demonstrate that incidents that affect the health, safety and welfare of people using services were reported internally and externally and to relevant external authorities/bodies. We found no evidence to demonstrate that incidents had been shared with staff to promote learning.</li></ul>

This section is primarily information for the provider

# Enforcement actions

- The provider had no systems in place to ensure staff allocated leadership roles received the appropriate training and support. We found no evidence to demonstrate that supervision was in place to support staff during their induction and training.
- Portable heaters were being used without any risk assessments being carried out due to there having been no heating in the premises since September 2022.
- The practice did not adhere to its policies by ensuring that staff had received the appropriate training and support to be able to carry out their role effectively.

This was in breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

## Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

- The provider had no process in place to acknowledge patients' complaints.
- The provider was unable to provide evidence to demonstrate that complaints received since the change in management had been investigated and dealt with or that the complaints had received the appropriate action.

This was in breach of Regulation 16 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

## Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- We were unable to determine who was the governance lead at the practice. Processes and policies were not adhered to and there was no system in place to ensure monitoring of systems was adequate and effective.

This section is primarily information for the provider

# Enforcement actions

- The provider had no effective communication systems in place to ensure that staff knew the results of any actions that had been taken following quality and safety reviews.
- The provider was unable to demonstrate they had actively sought the views of a wide range of stakeholders, including people who use the service and staff.
- The provider had not acted on feedback received from staff that had shared their concerns.
- The provider had not assessed the risk in placing inexperienced staff in leadership roles without the appropriate support and training.
- The provider was unable to demonstrate that some clinical staff maintained an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.
- The provider did not have effective systems to summarise patients records in a timely manner. We found a backlog in the summarising of patient records, the return of patient records to the relevant authorities and a delay in adding clinical correspondence to patients' records to ensure an up to date record was maintained.

This was in breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

## Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- The provider was unable to demonstrate that staff had received the appropriate training, learning and reviewed their development needs to enable them to fulfil the requirements of their role.
- There was no system in place to ensure staff were supervised until they could demonstrate acceptable levels of competence to carry out their role unsupervised.

This section is primarily information for the provider

## Enforcement actions

This was in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.