

Great Bridge Health Centre

Inspection report

18 The Great Bridge Centre
Charles Street
West Bromwich
B70 0BF
Tel: 01216123650

Date of inspection visit: 11 October to 28 October
2022

Date of publication: 19/12/2022

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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Great Bridge Health Centre between 11 and 28 October 2022. Overall, the practice is rated as requires improvement.

Safe - requires improvement.

Effective - requires improvement.

Caring – good.

Responsive - requires improvement.

Well-led - requires improvement.

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities and to provide a rating for the service. The practice had not been inspected before under the current provider registration.

This was a comprehensive inspection and included all 5 key questions, to see if safe, effective, caring, responsive and well-led services were being provided.

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 and focus group interviews using video conferencing. Interviews were held between 11 and 28 October 2022.
- 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 before and after the site visit.
- A shorter site visit on 18 October 2022.

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:

- Systems and processes that were implemented to keep patients and staff safe and protected from avoidable harm required improvement.

Overall summary

- Patients did not always receive effective care and treatment that met their needs.
- Not all staff had completed required training that was relevant for their role, including safeguarding and basic life support training.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could not always access care and treatment in a timely way. The senior management team were taking appropriate action to improve access for patients.
- Whilst governance processes required improvement, the senior leadership team demonstrated that they understood the challenges to delivering high-quality, person-centre care.
- The practice was part of a wider organisation that promoted joined up working between primary and secondary care to improve services for its patient population.

We found 2 breaches of regulations. The provider **must**:

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

The provider **should**:

- Continue to improve uptake with children's immunisations and cervical cancer screening.
- Take action to improve policies such as management of clinical waste and prescription security and demonstrate they are working as intended.
- Take steps to ensure all staff have access to safeguarding information as relevant for their role.
- Take action to review patients with long term conditions and/or learning disabilities where reviews are indicated or records have been coded incorrectly.
- Continue to monitor and respond to patient feedback to improve access.
- Take action to be fully compliant with the accessible information standard.

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 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 a second CQC inspector who also undertook a site visit and a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Great Bridge Health Centre

Great Bridge Health Centre is located in West Bromwich at: 18 The Great Bridge Centre, Charles Street, West Bromwich, B70 0BF.

The practice has a branch surgery at: Lyndon Primary Care Centre, Sandwell Hospital, Lower Lyndon, B71 4HJ

As part of this inspection we visited the main practice and branch practice.

The provider, Sandwell and West Birmingham Hospitals NHS Trust, is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, treatment of disease, disorder or injury and surgical procedures. These are all delivered from both sites except for surgical procedures which is delivered from the branch practice.

Patients can access services at either surgery.

The practice is situated within the NHS Black Country Integrated Care Board (ICB) and delivers Alternative Provider Medical Services (APMS) to a patient population of about 9,400. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called the Your Health Partnership primary care network (YHP PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two 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 16% Asian, 75% White, 5% Black, 3% Mixed, and 1% Other.

The PCN sits within the Primary Care Community Therapies group within the Trust. The provider has appointed a senior management team to manage the day to day running of this practice along with other practices that are part of the YHP PCN.

The senior management team is made up of a lead GP, a lead for quality and safety, head of nursing, clinical director for PCN and directorate lead for the PCN, lead for patient engagement, a business manager, head of acute clinical service and head of finance.

All staff employed by the provider work at this practice as well as the other practices within the PCN.

For all practices with the PCN there is a team of 30 salaried GPs, 20 nurses and 8 advanced clinical practitioners (ACPs) and 7 healthcare assistants. There is a home visiting team, and a team that provides support to care homes. There are 6 pharmacists and 2 pharmacy technicians and a team of social prescribers and 6 physicians associates.

Clinical staff are supported at the practice by a team of reception and administration staff.

Each of the practices have a non-clinical lead (outlet lead), who staff can escalate concerns to.

The practice is open between 8am 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.

Extended access is provided locally by practices within the PCN, where late evening and weekend appointments are available. Out of hours services are provided by 111.

Patients can call the practice between 8am and 8pm Monday to Friday, and calls are managed by non-clinical staff working in the contact centre.

The provider introduced a new appointment booking system in September 2022. Patients have to submit a request online including details of their reason for appointment preferred, clinician and preferred method of appointment. If patients are unable to submit this request, staff are able to do this for patients either face to face or on the telephone.

Appointments requests can be made while the practice is open and are triaged by a clinician and then prioritised in terms of urgency. Requests are either dealt with at the time if the clinician is able to or an appointment is arranged.

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 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>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.</p> <p>In particular: the sites that we visited had not had a fire drill in the past 12 months, the provider could not demonstrate that health and safety checks were adequate or that infection, prevention and control action plans had been completed.</p> <p>The provider could not demonstrate that all people providing care and treatment had completed all required training relevant for their role. For example sepsis, safeguarding, infection, prevention and control, and basic life support training.</p> <p>The practice did not keep on site all of the suggested emergency medicines including those included in the provider's policy, no risk assessment was provided to demonstrate the rationale for these decisions.</p> <p>This was in breach of Regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes that enabled 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 were not adequate. In particular:</p> <p>Systems to monitor that staff were following policies and processes as intended were not adequate for example we found sharps bins had not been labelled in line with policy,</p>

Requirement notices

and processes to ensure that staff had relevant immunisations were not being followed as intended, there was no monitoring of this and no risk assessments in the absence of required immunisation status.

The provider did not have adequate systems and processes to monitor and manage all risks to premises. This included no fire risk assessments for all sites and safe and legal checks were not adequate in identifying all potential risks. Staff were not able to locate the COSHH risk assessment at the main site and the COSHH risk assessment for the branch site had expired, IPC audits had not picked up issues we found during our site visits.

Processes to monitor that patients were receiving care and treatment in line with guidelines or following safety alerts were not adequate.

Processes to monitor that tasks, letters, bloods results and urgent referrals were not adequate

Processes to monitor quality of records keeping including that records were coded correctly; medication reviews were comprehensive or that relevant action plans were completed were not adequate

The process of clinical supervision was not adequate and the provider could not demonstrate that they monitored the prescribing decisions of all non-medical prescribers.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.