

Firs Surgery

Inspection report

87 Kempson Road
Birmingham
B36 8LR
Tel: 01217473586

Date of inspection visit: 28 November 2023
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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 to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection) at Firs Surgery on 28 November 2023. Overall, the practice is rated as good.

The ratings for each key question are as follows:

Safe - requires improvement

Effective - requires improvement

Caring - good

Responsive - good

Well-led - requires improvement

Following our previous inspection on 1 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 Firs Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities. The focus of the inspection included a review of all key questions.

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 and in person.
- 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.
- Conversations with members of the practice's patient participation group.

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:

- The practice had some systems to keep patients safe and protected them from avoidable harm. This included areas such as safeguarding, recruitment, infection prevention and control and the management of the premises. However, there were some inconsistencies in the management of medicines which needed review.
- There were systems for managing incidents and complaints.
- Patients mostly received effective care and treatment that met their needs. Our review of clinical records found appropriate follow up of patients with or at risk of long-term conditions with the exception of diabetes where some improvements were needed.
- Uptake of childhood immunisations and cancer screening programmes were below national targets and national averages which the practice advised were due to the challenges within their population demographics.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care. Patient feedback was very positive about how they were treated.
- The practice was proactive in working with external agencies to provide patients with access to a range of social and wellbeing support and to improve inclusivity within the service.
- Patients could access care and treatment in a timely way. Results from the latest GP national patient survey showed questions relating to access scored above local and national averages.
- At the time of inspection, the practice was going through changes in leadership. There was a passion among the practice team to provide high-quality, person-centred care. However, discussions around governance and learning were not always documented or clearly showed the ongoing monitoring and oversight of the service.

We found two 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 areas where the provider **should** make improvements are:

- Improve the recording of staff immunisations in line with national guidance and undertake risk assessment as appropriate.
- Strengthen systems for managing safety alerts.

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 who spoke with staff using video conferencing facilities and undertook a site visit. The team included 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 Firs Surgery

Firs Surgery is located in Birmingham at:

87 Kempson Road

Birmingham

West Midlands

B36 8LR

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures 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 3,300. This is part of a contract held with NHS England.

The practice is part of the Shard End and Kitts Green 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 61% White, 17.4% Asian, 13.8% Black, 6.5% Mixed, and 1.3% Other.

The age distribution of the practice population shows the practice is slightly younger than local and national averages. The ratio of male and female patients registered at the practice is broadly similar.

The practice is currently registered as a sole GP provider however, the current provider was in the process of handing over to a new partnership consisting of a clinical and non-clinical partner. At the time of the inspection the staff team consisted of 2 GPs (both male) supported by four regular locum GPs (male and female), a practice nurse, a healthcare assistant, a practice manager and two reception/administrative staff. In addition, the practice was supported by a clinical pharmacist through their PCN.

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

Extended access is hosted at two other practices within the PCN, where late evening and weekend appointments are available. Out of hours services are provided by BADGER.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">• Management of patients with diabetes and at risk of diabetes were not always adequately followed up.• There was low uptake of child immunisations and cancer screening programmes.• Our clinical searches identified cases where medicine reviews for patients at risk of poor asthma control and on medicines that required monitoring were overdue.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• The practice was unable to clearly demonstrate effective systems and processes for monitoring and oversight of performance, risks and issues. Discussions relating to learning and oversight of risks and performance were not clearly documented to support ongoing monitoring and for reference.