

Great Barr Medical Centre

Inspection report

379 Queslett Road
Birmingham
B43 7HB
Tel:

Date of inspection visit: 24 October 2023
Date of publication: 28/12/2023

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

Overall rating for this location

Not inspected

Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced focused inspection at Great Barr Medical Centre on 24 October 2023. We have not rated this inspection.

Safe – not rated

Effective – not rated

Caring – not rated

Responsive – not rated

Well-led – not rated

Following our previous inspection on 26 and 27 April 2023, the practice was rated inadequate overall and for all key questions but rated as requires improvement for caring.

Due to the significant failings we identified in the management of patient care and treatment on the unannounced inspection on 26 and 27 April 2023, we took urgent action to protect the safety and welfare of people using this service. Under Section 31 of the Health and Social Care Act 2008 we imposed a temporary suspension of six months 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.

The Black Country Integrated Care Board (ICB) who commissioned the services of the practice organised for a caretaking team to take over the practice for the 6 month suspension period to ensure patients received continuity of care.

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

Why we carried out this inspection

We carried out this inspection to follow up breaches of regulation from a previous inspection in line with our inspection priorities.

As the providers are currently suspended from providing regulated activities at Great Barr Medical Centre the focus of this inspection was:

- The Well Led key question

How we carried out the inspection/review

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

This included:

Overall summary

- Conducting GP partner interviews using video conferencing.
- Speaking with the caretaking team and staff on site
- A short 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 and other organisations.

We found that:

- The 3 GP Partners had not attempted to liaise with the clinical leads of the caretaking team to gather information on what was being implemented in their practice, the care of their patients or what processes had been introduced.
- Two action plans had been submitted by the 3 GP partners; however, these had been done independently and demonstrated no commitment to work together.
- On speaking with the 3 GP partners, they confirmed they had not been involved in the implementation of processes at the practice and had not liaised with the caretaking clinical team during the 6 month suspension period. The GP Partners were unable to provide evidence of any insight into what had been implemented and what actions the caretaking team had had to take to ensure the safety of patients. There was no confidence by the caretakers or practice staff that if the partners returned, they would maintain the current processes that had been introduced.
- During the inspection process we held interviews with the 3 GP Partners and were unable to gain assurances that the partners had the capability to effectively manage the practice and oversee all clinical areas of the practice adequately. The breakdown in communication between the partners had not been resolved during the 6 month suspension.
- During suspension period, we were unable to gain assurances that 3 GP partners had reviewed the governance arrangements they previously had in place to ensure risks were mitigated. The action plan that 2 of the GP partners had submitted showed the use of a clinical auditor was planned to oversee systems and processes, however no plans were in place to identify the type of person required for this role and their responsibilities.
- The 3 GP partners had access to the practice local computer system where significant events, meeting minutes and complaints were stored. We were unable to gain assurances that the partners had accessed the systems to review minutes of meetings to understand what had been happening at the practice, what events had been discussed and what changes or ideas had been implemented.
- The GP partnership was unable to demonstrate effective leadership. From the interviews held with the 3 GP partners, we found there was a lack of adequate processes and lack of engagement with the caretaking team. This provided no assurances that if the partners returned to the practice there would have sustainable processes in place to effectively lead and drive improvement.

We found a breach of regulation. The provider **must**:

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

Following the inspection on 24 October 2023 and the interviews with the 3 GP partners on 31 October 2023, we had no assurances that during the 6 month suspension period, sufficient improvements had been made to ensure appropriate care and treatment was in place and processes had been strengthened to mitigate further risk. Under Section 31 of the Health and Social Care Act 2008 a temporary extended suspension of 3 months was imposed on the

Overall summary

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. We believe that a person will or may be exposed to the risk of harm if we did not take this action The extended suspension took effect from Friday 3 November 2023.

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 and undertook a site visit. The team included a GP specialist advisor who spoke with the 3 GP partners using video conferencing facilities without 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. During the suspension period care and treatment is being provided by a caretaking team. 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.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The providers were unable to demonstrate they had effective governance processes in place, which included assurance and auditing systems. We found no evidence to demonstrate the providers had continually evaluated their governance and auditing processes to show improvements.• There was no evidence to demonstrate that an assessment to monitor and drive improvement in the quality of services provided had been planned.• The providers were unable to provide assurances that they had systems and processes in place to assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others.• As part of their governance, the providers had not sought or acted on feedback from stakeholders to continually evaluate the service and drive improvement.• The provider was unable to demonstrate effective communication systems were in place to demonstrate those who need to know within the service and, where appropriate, those external to the service, know the results of reviews about the quality and safety of the service and any actions required.• The providers had not actively sought the views of a wide range of stakeholders, including professional bodies, commissioners and other bodies, about their experience of, and the quality of care and treatment delivered by the service. The providers were unable to demonstrate they had analysed information and taken action to address issues.• The providers were unable to show how they had analysed and responded to the information gathered
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Enforcement actions

through inspection, including taking action to address issues that were identified, discussed and implemented plans to improve the quality and safety of services and had taken appropriate action to mitigate future risk.

- Where risks were identified, the providers had not introduced measures to reduce the risks within a timescale that reflects the level of risk and impact on people using the service.
- Providers were unable to demonstrate they had effective processes to minimise the likelihood of risks and to minimise the impact of risks on people who use services.

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