

# City Road Medical Centre

## Inspection report

5 City Road  
Edgbaston  
Birmingham  
B16 0HH  
Tel: 01214563322  
[www.cityroadmedicalcentre.co.uk](http://www.cityroadmedicalcentre.co.uk)

Date of inspection visit: 7 October 2021  
Date of publication: 10/12/2021

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 unannounced inspection at City Road Medical Centre on 7 October 2021. Overall, the practice is rated as Requires Improvement.

The ratings for each key question were as follows:

Safe - Requires Improvement

Effective – Requires Improvement

Caring – Good

Responsive – Requires Improvement

Well-led – Requires Improvement

Following our previous inspection on 2 February 2021, the practice was rated inadequate overall and for all key questions, except for providing caring and responsive services which was rated as good. The practice was placed into special measures.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for City Road Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on any breaches of regulations and ‘shoulds’ identified in the previous inspection.

## How we carried out the inspection/review

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Completing clinical searches on the practice’s patient records system and discussing findings with the provider
- 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:

# Overall summary

- 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:

- Infection control processes required strengthening. On reviewing the risk assessment that had been completed by the practice, we found it failed to demonstrate an accurate review had taken place.
- Some risk management processes had improved and we found risk assessments had been completed, however some actions that had been identified had not been acted on.
- On reviewing a random sample of patients records we found some of the clinical consultations lacked sufficient information and safety netting.
- On reviewing the emergency equipment we found the practice had no paediatric pulse oximeter in place to enable them to carry out an assessment of patients with presumed sepsis.
- The practice had some systems to keep clinicians up to date with current evidence-based guidance, however, we found the process to determine the severity of a patients' condition, was not clearly demonstrated by all clinical staff.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. This included individual risk assessments for staff and the use of Personal Protective Equipment (PPE). However, we found not all staff followed the practice requirements in the wearing of face masks.
- Since the previous inspection the leadership team had reviewed the practice procedures and implemented effective processes to ensure staff training was monitored and staff completed training relevant to their role.
- Processes had been implemented to ensure safeguarding registers were monitored and contained all the relevant information. Regular reviews of the registers was carried out and multi-disciplinary meetings had been implemented to ensure information was shared effectively to protect patients from avoidable harm.
- We found significant improvements in the management of patients' care and treatment on high risk medicines.
- Governance arrangements had been strengthened to ensure risks to patients were considered, managed and mitigated appropriately.

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

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

The provider **should**:

- Develop processes to encourage patients to attend cervical screening appointments.
- Improve the emergency equipment available for assessing patients with presumed sepsis.

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

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team undertook a site visit. This was led by a CQC lead inspector and included a GP specialist advisor and a second CQC inspector.

## Background to City Road Medical Centre

City Road Medical Centre is located on City Road, Edgbaston, Birmingham. The practice has a General Medical Services contract (GMS) with NHS England.

The provider is registered with the CQC to carry out the following regulated activities: diagnostic and screening procedures; treatment of disease, disorder or injury; family planning and maternity and midwifery services. The practice provides NHS services to 2,600 patients. The practice is part of Sandwell & West Birmingham Clinical Commissioning Group (CCG).

Practice staffing consists of two GP partners (one male and one female). The practice employed a nurse prescriber and several administration staff.

The practice opening times are 8am to 6.30pm, Monday to Friday. There was also extended access appointments available on a Monday evening until 8pm. Due to the COVID-19 pandemic, extended access appointments had been temporarily suspended. The extended access service was provided as part of a joint working arrangement with other local practices within the Primary Care Network (PCN). Extended access appointments were booked by patients through their GP practice and patients were seen in various practices across the PCN.

The practice has opted out of providing an out-of-hours service. Patients can access the out of hours service provider by contacting the NHS 111 service.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment.

Information published by Public Health England shows that deprivation within the practice population group is in the second decile (2 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 35% White, 42% Asian, 15% Black, 5% Mixed, and 3% Other.

## 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b>  There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.  In particular we found: <ul style="list-style-type: none"><li>• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to infection control procedures and acting on identified actions from risk assessments.</li><li>• Patients' clinical records were not fit for purpose, as they were incomplete due to a lack of detail and safety netting recorded.</li></ul>
Maternity and midwifery services	This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.