

Harden Blakenall Medical Centre

Inspection report

The Blakenall Village Centre
79 Thames Road
Walsall
WS3 1LZ
Tel: 01922927220

Date of inspection visit: 31 August 2022
Date of publication: 10/10/2022

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires Improvement 

Are services well-led?

Good 

Overall summary

We carried out an announced inspection at Harden Blakenall Medical Centre on 31 August 2022, Overall, the practice is rated as Good.

We rated each key question as follows:

Safe - Good

Effective - Good

Caring – Good

Responsive - Requires Improvement

Well-led - Good

Following our previous inspection on 10 March 2020, the practice was rated Requires Improvement overall and for the key questions safe, effective, responsive and well- led but was rated Good for providing caring services. A further inspection was undertaken on 29 June 2021, the practice continued to be rated Requires Improvement overall and for providing effective, responsive and well-led services, the practice was rated Inadequate for safe and Good for caring services. We issued requirement notices for breaches of Regulation 12, Safe care and treatment and Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The full reports for previous inspections can be found by selecting the 'all reports' link for Harden Blakenall Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection which included a site visit to follow up on:

- Breaches of Regulation 12, Safe care and treatment and Regulation 17, Good governance
- Areas we identified the provider should make improvements, which were to implement comprehensive quality assurance systems to demonstrate the competency of staff undertaking extended roles and ensure information about how to complain was available on the practice website.

How we carried out the inspection.

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 with the aim 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:

- Requesting evidence from the provider.

Overall summary

- Conducting staff interviews using video conferencing and telephone.
- A site visit which included Completing clinical searches on the practice's patient records system and reviewing patient records.

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 have rated this practice as Good overall and for providing safe, effective, caring and well led services. We have rated the service as Requires Improvement for providing responsive services.

We found that:

- The practice had comprehensive systems in place for the appropriate and safe use of medicines, this included regular monitoring arrangements for patients on high risk medicines.
- There was a structured and coordinated approach to the management of patients care and treatment including those with long term conditions with effective clinical oversight.
- The practice continued to perform below the minimum requirements for the uptake of childhood immunisation and cancer screening. The practice was taking action to improve uptake.
- Staff were provided opportunities for training and development with access to appraisals and supervision. There were assurance systems in place to demonstrate the competency of staff undertaking extended roles.
- The national GP survey results showed the practice was mostly in line with the local and national average with questions relating to caring.
- Patients' experience of accessing the service remained inconsistent. The results of the recent national GP patient survey showed the practice was below the local and national averages for access and overall experience of the service. The practice had taken action to improve and were committed to implementing further changes supported by a structured plan.
- Information about how to complain was available on the practice website.
- There was compassionate, inclusive and effective leadership at all levels. Leaders continue to develop capacity and skills with a commitment to delivering high quality, sustainable care.
- There was clear and effective accountability and oversight to support good governance.

Whilst we found no breaches of regulations, the provider **should**

- Continue to review the prescribing rates of medicines that cause serious adverse effects and can be subject to misuse to ensure optimal use of the medicine aligned with patient's health needs.
- Continue to monitor and take action to improve the uptake of cancer screening and childhood immunisation.
- Continue to monitor and take action to improve access and patients experience of the service.

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

Overall summary

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 GP specialist advisor who spoke with staff and completed clinical searches and records reviews during the site visit.

Background to Harden Blakenall Medical Centre

Harden Blakenall Medical Centre is located in Walsall at:

The Blakenall Village Centre

79 Thames Road

Walsall

WS3 1LZ

The practice has a branch surgery at:

Harden Road

Walsall

West Midlands

WS3 1ET

The practice currently offers services from the main practice only, the branch surgery was closed at the time of the inspection and therefore not visited.

The provider 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 currently delivered from the main site only.

Harden Blakenall Medical Centre is commissioned by NHS Black Country Integrated Care Board (ICB) which is part of the Black Country Integrated Care System (ICS) and delivers Alternative Provider Medical Services (APMS) to a patient population of 12,560. This is part of a contract held with NHS England.

The practice is part of Modality Partnership which is a GP partnership that operates primary health care and community services nationally. Harden Blakenall Medical Centre is one of nine practices within the Walsall Modality division. The practice is also part of a wider network of GP practices (PCN) which enables local health services to work together to deliver services to the local population.

Information published by Public Health England 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 92.5% White, 3% Asian with the remaining patients of Black, Mixed, and Other ethnicity.

The age distribution of the practice population shows a higher younger practice population and lower older practice population compared with the local and national averages, with broadly similar numbers of male and female patients across the age groups. Average life expectancy is 75 years for men and 80 years for women compared to the national average of 79 and 83 years respectively.

The staffing consists of a team of eight GPs (five male and three female). This includes three GP partners, two salaried GPs and three regular locum GPs, each working between four and eight sessions a week. The clinical team includes three practice nurses and a nurse prescriber, one clinical pharmacist and one urgent care practitioner. There are two health care assistants who also undertake phlebotomy (taking of blood). The administrative team includes a practice manager, secretaries, a senior patient services assistant and a team of patient services assistants.

When the practice is closed patients are directed to the out of hours provider via the NHS 111 service. Patients also have access to the Extended GP Access Service between 6.30pm and 9pm on weekdays, 10am to 3pm on weekends, and 11am to 1.30pm on bank holidays.