

# Harden Blakenall Medical Centre

## Inspection report

Harden Road  
Walsall  
West Midlands  
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[modalitypartnership.nhs.uk/your-gp-practice/](https://modalitypartnership.nhs.uk/your-gp-practice/)

Date of inspection visit: 10 March 2020

[west-midlands/gp/harden-blakenall-family-practice](https://west-midlands/gp/harden-blakenall-family-practice) Date of publication: 22/04/2020

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?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Harden Blakenall Medical Centre on 10 March 2020 as part of our inspection programme. On 12 December 2019 we undertook a review of the governance arrangements at provider level and reviewed the corporate policies, procedures and systems in place across the organisation. During this inspection, we looked at whether governance arrangements were embedded and used by staff working at the practice.

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 requires improvement overall and requires improvement for all population groups.**

**We rated the practice as requires improvement for safe, effective, responsive and well led services and all population groups because:**

- Staff we spoke with had a good understanding of safeguarding principles, however the safeguarding registers required reviews to ensure they were up to date and appropriate.
- There were gaps in the practice's systems for the management of patients on high risk medicines.
- There were some processes in place to ensure risk assessments were reviewed and maintained, however we found systems needed strengthening to ensure all risks had been identified and acted on to mitigate future risks.
- Childhood immunisation rates were lower than the national target.

- Cervical cancer screening results were lower than national targets. The practice encouraged patients to attend their appointments and information was available at the practice on the importance of cancer screening.
- Patient feedback highlighted the difficulties in telephone access and getting appointments. This was supported by comments received on the day of inspection.
- The practice was unable to demonstrate that clinical supervision was in place and clinical work was being peer reviewed.

**We rated the practice good for providing caring services because:**

- Services were tailored to meet the needs of individual patients. Staff treated patients with kindness, respect and compassion.
- Feedback from patients highlighted staff were caring and supportive.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider **should** make improvements are:

- Continue to encourage patients to attend cervical screening appointments.
- Continue with efforts to improve uptake of childhood immunisations and cancer screening overall.
- Continue to gather patient feedback to improve patient satisfaction scores.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<b>Older people</b>	<b>Requires improvement</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor and two additional CQC inspectors.

## Background to Harden Blakenall Medical Centre

Harden Blakenall Medical Centre is part of the Modality Partnership. Modality Partnership is registered with the Care Quality Commission (CQC) as a partnership, with several services throughout England. Harden Blakenall Medical Centre is located in Walsall, West Midlands. The practice is part of the NHS Walsall Clinical Commissioning Group. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, and treatment of disease disorder or injury.

The practice holds an Alternative Provider Medical Services (APMS) contract with NHS England. An APMS contract allows the practice to have a contract with NHS and other non-NHS health care providers to deliver enhanced and general medical services to meet the needs of the local community. The contract is time limited.

The practice provides services from their main practice at The Blakenall Village Centre, 79 Thames Road, Walsall, WS3 1LZ and their branch practice at Harden Medical Centre, Harden Road, Walsall, WS3 1ET. We visited both of these locations during our inspection.

The practice was created following the merger of three practices formally known as Harden Surgery, Coalpool Surgery and Blakenall Family Practice in October 2018 when the Modality Partnership were awarded the APMS

contract. Harden Surgery and Coalpool Surgery were based in the same building at Harden Medical Centre, whilst Blakenall Family Practice was based in Blakenall Village Centre.

There are approximately 12,881 patients of various ages registered and cared for at the practice. Seven and a half per cent of the people in the practice area are from black and minority ethnic (BME) groups. The practice provides GP services in an area considered to be the less deprived within its locality. Demographically the practice has a patient population aged under 18 years, with 32% falling into this category, considerably higher than the local CCG average of 24% and national average of 21%. Eleven per cent of the practice population is above 65 years which is lower than the local CCG average of 16% and the national average of 17%. The percentage of patients with a long-standing health condition is 49% which is below the local CCG average and national average. 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 across the two sites consists of:

- Five salaried GPs (three male and two female) and one locum GP.

- Three advanced nurse practitioners (two locums), two practice nurses, two health care assistants and a part time phlebotomist.
- A clinical pharmacist and an allied health care professional.
- A practice manager, secretaries, senior patient services assistant and a team of patient services assistants.

The practice is open between 7.30am and 6.30pm on Monday and Tuesday, from 8am to 8pm on Wednesday, and 8am to 6.30pm on Thursday and Friday. 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.

Additional information about the practice is available on their website at [modalitypartnership.nhs.uk/your-gp-practice/west-midlands/gp/harden-blakenall-family-practice](https://modalitypartnership.nhs.uk/your-gp-practice/west-midlands/gp/harden-blakenall-family-practice)

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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><b>How the regulation was not being met:</b></p> <p><b>The provider had failed to do all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</b></p> <ul style="list-style-type: none"><li>• The practice had not risk assessed or recorded the rationale for the failure to stock all of the suggested emergency medicines..</li><li>• The provider did not have an effective system for monitoring patients' health in relation to the use of medicines including high risk medicines prior to prescribing.</li><li>• The adult safeguarding register was not up to date, as 68 patients had been coded as vulnerable or as a safeguarding concern, and only three were identified on the register.</li></ul>