

Harden Blakenall Medical Centre

Inspection report

The Blakenall Village Centre
79 Thames Road
Walsall
WS3 1LZ
Tel: 01922423250

Date of inspection visit: 29 June 2021
Date of publication: 08/09/2021

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?

Inadequate



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 announced inspection at Harden Blakenall Medical Centre on 29 June 2021. Overall, the practice is rated as requires improvement.

We rated each key question as follows:

Safe - Inadequate.

Effective - Requires improvement.

Caring – Good.

Responsive - Requires improvement.

Well-led - Requires improvement.

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:

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:

- A breach in Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.
- Areas we identified the provider should make improvements were, increasing the uptake of cancer screening and childhood immunisation and improving patient satisfaction rates.

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.
- 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

Overall summary

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 for providing effective, responsive and well led services including all the population groups. We have rated the service as inadequate for providing safe services and good for providing caring services.

We found that:

- The practice did not have reliable systems in place for the appropriate and safe use of medicines, this included regular monitoring arrangements for patients on high risk medicines and those with long term conditions.
- Staff did not always have the information they needed to deliver safe care and treatment.
- There was a lack of a structured approach to the management of patients care and treatment with limited clinical oversight.
- The practice was unable to demonstrate an effective systematic and coordinated approach to address areas requiring ongoing improvements, such as cervical screening and childhood immunisation rates.
- People were not always able to access care and treatment in a timely way. The results of the recent national GP survey showed the practice was below the local and national averages for questions relating to access.
- The practice did not have fully embedded assurance systems and had not proactively identified and managed risks.
- There were effective systems and processes in place for recruitment and infection prevention and control.
- Staff were provided opportunities for training and development with access to appraisals, one to one and clinical supervision. There was a high completion rate for staff training
- The results of the recent national GP survey showed the practice was mostly similar to the local and national average in questions relating to caring.

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

- Ensure that care and treatment is provided in a safe way.
- 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:

- Implement comprehensive quality assurance systems to demonstrate the competency of staff undertaking extended roles.
- Ensure information about how to complain is available on the practice website.

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

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

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 two GP specialist advisors who spoke with staff using video conferencing facilities 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 offers services from both a main practice and a branch surgery. Patients can access services at either surgery. At the time of the site visit the branch practice was closed as it was not operational and therefore not visited as part of the inspection.

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.

The practice is situated within the Walsall Clinical Commissioning Group (CCG) and delivers Alternative Provider Medical Services (**APMS**) to a patient population of about 12,800. 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 enable local health services to work together to treat populations.

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 across the two sites consists of a team of seven GPs (four male and three female) which includes three GP partners and four salaried GPs, each working between four and eight sessions a week. The clinical team includes three nurses one of whom is a nurse prescriber, two clinical pharmacists and an urgent care practitioner all working full time. 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.

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, video and online consultations. Patients were offered face-to-face appointments following triage.

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.

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 Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure assessments of the risks to the health and safety of service users of receiving care or treatment were being carried out.</p> <p>In particular:</p> <ul style="list-style-type: none">• There was a lack of a systematic, structured approach to the management of patients care and treatment with effective quality assurance systems and clinical oversight.• Individual care records, including clinical data, were not always written and managed in line with current guidance to ensure staff had the information they needed to deliver safe care and treatment.• The provider did not have effective systems for the management of patients with long term conditions such as asthma to ensure timely follow up.• Care plans were not always utilised to drive forward patient care in areas such as mental health and learning disability. <p>The provider had failed to ensure the proper and safe management of medicines.</p> <p>In particular:</p> <ul style="list-style-type: none">• The provider did not have an effective system in place to ensure appropriate monitoring of patients on high risk and other medicines. Patients did not always receive structured medication reviews.

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury
Surgical procedures
Family planning services
Maternity and midwifery services

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were a lack of effective systems and processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

In particular we found:

- Risks to patient safety were not always assessed and managed effectively. This included areas of safeguarding and the management of medicines.

The systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided were not fully effective.

In particular we found:

- The provider was unable to demonstrate effective governance and clinical oversight to ensure systems and processes were regularly monitored and implemented.
- The leadership, governance and culture do not always support the delivery of high-quality person-centred care. There was a lack of progress in areas previously identified for improvement including access and the uptake of cancer screening and childhood immunisation.