

Primary Care Centre

Inspection report

6 High Street
West Bromwich
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Date of inspection visit: 17 August 2023
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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	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Inadequate	
Are services caring?	Inadequate	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Inadequate	

Overall summary

We carried out an announced comprehensive at Primary Care Centre on 17 August 2023. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - inadequate

Caring - inadequate

Responsive – requires improvement

Well-led - inadequate

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities. This was a new registration and the practice had not been inspected previously under this provider.

How we carried out the inspection

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

This included:

- Conducting clinical staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- 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, patients, the public and other organisations.

We found that:

- The practice did not have appropriate systems in place for the safe management of medicines. This included an ineffective system for the management of safety alerts, as actions had not been taken to ensure patients were informed of potential risks with certain medicines.
- Patients on high-risk medicines were not being monitored or reviewed regularly. We found examples of alerts on patients records to inform the clinical team that a review was required, however this had not been actioned.

Overall summary

- The process for reviewing patients with long term conditions needed improvement to ensure all patients received the appropriate reviews.
- The process for sharing information with the wider practice team needed to be formalised to ensure all staff were included in the sharing of learning outcomes.
- We found safeguarding registers were not accurate and were unable to gain assurances that there was effective clinical oversight.
- The practice were unable to demonstrate effective supervision of staff carrying out their roles to ensure they were acting within their competencies.
- On reviewing the responses to patients' complaints, we found examples where the provider had lacked empathy and respect for the patients' concerns.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Implement processes to improve on screening and immunisation targets.
- Take steps to identify the number of carers registered at the practice.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

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 using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Primary Care Centre

Primary Care Centre is located in West Bromwich at:

Dr. Haque's Practice

Primary Care Centre

6 High Street

West Bromwich, B70 6JX

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice is situated within the Black Country Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 3,100. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices and is a member of Central Health Partnership, a group of 5 local practices.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the first 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 47% White, 36% Asian, 10% Black, 4% Mixed, and 3% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of 2 GPs partners. The practice has a team of 1 nurse prescriber who provides nurse led clinics for long-term condition and 1 practice nurse who works 1 session per week. A clinical pharmacist works ad hoc sessions to support the GPs and a new pharmacist is due to start at the practice in September 2023. The GPs are supported at the practice by a team of reception/administration staff. The practice manager provides managerial oversight.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided by the practice from 6.30pm to 8pm on Wednesday and Thursday. Evening appointments and Saturday appointments are provided locally by the GP network. Out of hours services are provided by NHS111.

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 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The provider had ineffective communication systems. We found no evidence to demonstrate that the outcomes of incidents had been shared with the practice team to mitigate future risk.• We found clinical coding was not being monitored to ensure clinical records were accurate and provided the appropriate information. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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> <ul style="list-style-type: none">• Patients on high-risk medicines were not being monitored appropriately.• Patients with long term conditions were not receiving the appropriate reviews.• Safeguarding registers were not accurate, and we found no formal process in place to ensure registers were up to date.• The provide was unable to demonstrate they complied with the relevant safety alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA).• Personnel records showed staff immunisation status was not recorded and no risk assessments had been completed to identify potential risks to patients or staff. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

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

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

- All providers must handle complaints efficiently and investigate them properly. On reviewing the complaints received we found complainants had not been treated with respect and courtesy.

This was in breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.