

The Acocks Green Medical Centre

Inspection report

999 Warwick Road
Acocks Green
Birmingham
B27 6QJ
Tel: 01217060501
acocksgreenmedicalcentre.org.uk

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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

Requires Improvement



Are services safe?

Good



Are services effective?

Requires Improvement



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 comprehensive inspection at The Acocks Green Medical Centre on 5 July 2022. The practice is rated as requires improvement overall.

Safe – Good

Effective – Requires Improvement

Caring – Good

Responsive – Requires Improvement

Well-led – Good

This was the first inspection since the practice re-registered under a new provider in July 2020.

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities. This inspection was also planned to follow up concerns raised by patients relating to access.

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 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 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.
- The practice had taken appropriate action to support and protect patients identified as at risk from harm. Staff demonstrated awareness of actions required if they suspected safeguarding concerns.
- The practice had a system for recording and disseminating actions carried out as a result of significant events.

We found that:

- There continued to be a poor uptake by patients of preventative treatments and screening procedures. In particular, childhood immunisations and cervical screening.

Overall summary

- The cervical screening rates for the practice were significantly below the national target.
- The practice uptake for childhood immunisations were below the WHO minimum uptake for all five immunisation indicators.
- There were gaps in staff records, the practice management team was taking action to ensure clear, accurate and up to date staff information was available for all staff.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had management oversight of staff qualifications and training.
- Staff were clear and knowledgeable about their lead roles and responsibilities.
- Effective governance arrangements had been implemented to mitigate risks and ensure patients were kept safe.
- Patients reported difficulties accessing care and treatment in a timely way. The practice was trying to address this. However, there was no evidence of management oversight and monitoring to demonstrate if progress was being made to improve access for their patients.
- There were 142 patients registered as carers at the practice. This represented approximately 2.6% of the practice population.
- The way the practice was led and managed promoted an inclusive culture where staff could speak openly, access opportunities for personal development and be involved in the delivery of high-quality, person-centred care.
- Demonstrate through active reviews and monitoring improvements in patient access to the practice.

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

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

The provider **should**:

- Record the day of the week that Methotrexate should be taken on the prescription as recommended by best practice guidance.
- Continue to develop and improve the recruitment processes and standard of staff documentation held.
- Provide patients with information on how to escalate complaints if required.
- Document and analyse the outcome of fire drills.

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 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 using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to The Acocks Green Medical Centre

The Acocks Green Medical Centre is located in Acocks Green in Birmingham. The registered address for the practice is at:

999 Warwick Road

Acocks Green

Birmingham

West Midlands

B27 6QJ

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 is situated within the NHS Birmingham and Solihull Integrated Care Board (ICB) Integrated Care System (ICS) and provides services to patients under the terms of a general medical services (GMS) contract. This is a contract between general practices as independent contractors and NHS England to provide general medical services to its patient population of approximately 5,361.

The practice is part of a wider network of GP practices called Birmingham SmartCare which is a GP Federation in Birmingham which is owned and run by local primary care clinicians working together to improve health and wellbeing.

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 57.2% White, 31.9% Asian, 4.8% Black, 4.5% Mixed, and 1.6% 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.

The provider is a partnership GP practice who registered with the CQC in July 2020. The practice clinical team consists of two GP partners (male), salaried GPs and a long-term locum GP. The clinical team also includes a nurse practitioner, practice nurse, a health care assistant and a medicines management team. The clinical staff are supported by a practice manager, and administration and reception staff. Staff are employed either full or part time hours to meet the needs of patients.

The practice is open between 8am and 6.30pm Mondays to Fridays. Appointments consulting hours are offered between 8am and 1pm, 2pm and 6.30pm on Mondays and Wednesdays, 8.30am and 1pm, 2pm and 6.30pm Tuesdays, Thursdays and Fridays.

The practice does not provide an out-of-hours service to its patients but has alternative local arrangements for patients to be seen when the practice is closed. These arrangements also include when the practice is closed between the hours of 1pm and 2pm week days. Extended access is also provided locally by local hub arrangements, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <ul style="list-style-type: none">• The practice uptake for cervical screening was below the minimum uptake and significantly lower than the minimum target for the national screening programme. Verified data showed that this had remained so since 2016.• The practice uptake for childhood immunisations, especially for children aged two was below the minimum uptake and showed a significant downward trend since 2018. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>