Brace Street Health Centre

Inspection report

63 Brace Street
Walsall
WS1 3PS
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www.bracestreethealthcentre.nhs.uk

Date of inspection visit: 5 May 2022
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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?	Requires Improvement
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 Brace Street Health Centre 5 May 2022. Overall, the practice is rated as Requires improvement.

We rated each key question as follows:

Safe - Requires Improvement.

Effective -Requires Improvement.

Caring – Good

Responsive - Requires Improvement.

Well-led - Requires Improvement.

Why we carried out this inspection

This inspection was a comprehensive inspection which included a site visit to:

- Rate the service following registration as a new provider.

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

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- 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.

Overall summary

We have rated this practice as Requires Improvement overall

We found that:

- The practice did not have fully effective systems in place for the appropriate and safe use of medicines, this included regular monitoring arrangements for patients on high risk medicines.
- The practice was unable to demonstrate that it consistently acted on safety alerts.
- There was an inconsistent approach to the management of patients care and treatment including those with long term conditions with a lack of effective clinical oversight.
- The practice was below national averages for cancer screening and the uptake of childhood immunisation.
- Comprehensive quality assurance systems were not in place to demonstrate the competency of staff undertaking advance clinical practice.
- 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 processes for managing quality and safety risks were not always supported by fully embedded assurance systems such as safeguarding and recruitment.
- The system in place to assess and monitor the governance arrangements in place required strengthening.
- Staff described a positive culture with practice wide learning encouraged and supported.
- There was compassionate and inclusive leadership at all levels.

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:

- Develop comprehensive quality assurance systems to demonstrate the competency of staff undertaking extended roles.
- Continue to monitor and take action to improve the uptake of cancer screening and childhood immunisation.
- Review systems in place for Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions to ensure they are consistently recorded and reviewed in line with relevant legislation.
- Improve patients experience and access to the service by increasing choice and flexibility. Establish systems to obtain patient feedback on an ongoing basis.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using tele 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 Brace Street Health Centre

63 Brace Street

Walsall

West Midlands

WS1 3PS

The practice is situated within the Walsall Clinical Commissioning Group (CCG) and delivers Alternative Provider Medical Services (APMS) to a patient population of about 2,700. This is part of a General Medical Services (GMS) contract with NHS England.

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.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. According to the latest available data, the ethnic make-up of the practice area is 49.5% White, 40.5% Asian with the remaining patients of Black, Mixed, and other ethnicity.

The practice is a teaching practice for medical students.

The staffing consists of a team of four GP partners (two female and two male). The clinical team also includes one practice nurse and sessional clinical support from a CCG clinical pharmacist. The administrative team includes a practice manager, an assistant practice manager and a team of administrative staff. As part of joint working within the Primary Care Network (PCN), shared staff included a paramedic and a social prescriber.

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.

The practice is open Monday , Tuesday, Thursday and Friday from 8am to 6.30pm and Wednesday 8am to 1pm, When the practice is closed during core hours, appointments are provided by a GP service contracted by the practice. During out of hours, patients are directed to the out of hours provider via the NHS 111 service.

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
Family planning services Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** **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.** In particular: •There was a lack of a structured approach to the management of patients care and treatment with effective clinical oversight. •Individual care records, including clinical data and Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions, 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. **The provider had failed to ensure the proper and safe management of medicines.** In particular: •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.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Family planning services

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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 absence of comprehensive quality assurance systems and leadership oversight to adequately identify and manage the risk to service users and support high quality sustainable care. This included areas of safeguarding, recruitment and patient safety alerts.