

Ejaz Medical Centre

Inspection report

276 Dudley Road
Birmingham
West Midlands
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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?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection of Druid Group on 13 March 2019 as part of our inspection programme. The service had registered within the last 12 months with the CQC.

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 inadequate overall

We rated the practice as inadequate for providing safe and well led service because:

- The practice had not assessed and managed all risks such as those related to health and safety.
- The provider did not stock medicines for all emergency situations, a risk assessment was in place to support the decision making. However, the risk assessment was not comprehensive and did not provide a clear rationale for the decision and how a situation would be managed if it was required.
- The provider did not have an effective governance process to identify and mitigate all risks and to ensure a consistent approach to care delivery. For example, there was a lack of leadership oversight and an effective governance framework to monitor the quality and safety of the service provided.

We rated the practice as requires improvement for providing effective, caring and responsive services because:

- Cancer screening achievement including cervical cytology was below local and national averages.
- Staff treated patients with kindness, respect and compassion. However, feedback from the national GP patient survey showed some areas was below local and national averages and there was no evidence that the practice had reviewed and acted on the feedback.
- The practice was unable to demonstrate how they were responding to all findings of the national GP patient survey including patients overall experience at the practice and patient satisfaction with the appointments.

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

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

- Improve the identification of carers to enable this group of patients to access the care and support they need.
- Review processes to ensure cancer screening achievements are in-line with local and national averages.
- Review possible causes in the discrepancy between the practice's childhood immunisation figures to that of published data.

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 population group, 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 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. The team included a GP specialist advisor, a practice nurse specialist advisor who was shadowing the team and two additional CQC inspectors.

Background to Ejaz Medical Centre

Druid Group is a provider of general medical services based at four sites. The main site is Ejaz Medical Centre, 276 Dudley Road, Birmingham, West midlands.

The three other branch sites are based at:

Belchers Lane Surgery, 197 Belchers Lane, Birmingham, B9 5RT.

Glebe Farm Road Surgery, 37-41 Glebe Farm Road, Birmingham, B33 9LY.

Hobmoor Road Surgery, 533 Hobmoor Road, Birmingham, B25 8TH.

The practice had one patient list size of an approximate population of 11,300 patients. Whilst patients were able to access care at any site, the branch sites were approximately 45 minutes commute away from the main site. The overall rating for deprivation for all four sites is one out of ten in the deprivation decile (The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The Index of Multiple Deprivation ranks every small area in England from one (most deprived area) to 10 (least deprived area).

The service is run by three GP partners (all male) with a team of 10 other GPs (both male and female) on a

salaried and locum basis. The practice employs one practice nurse for all sites. The practice had employed two pharmacist prescribers and a physician's assistant. Other members of the team include, four health care assistants (three trainees), a team of administration staff and a practice manager.

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

The opening times are from 9am-12.30pm and 3pm-6pm Monday to Friday. The main site at Ejaz Medical centre and the branch site at Glebe Farm Road Surgery are closed on Wednesday afternoons. The branch sites at Belchers Lane Surgery and Hobmoor Road Surgery are closed on Thursday afternoons.

The practice has out of hours services and the telephone lines between the branch and main site are linked. When the practice is closed the telephone lines are automatically diverted to the out of hours service provider (Primecare).

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were a lack of effective systems or 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:</p> <ul style="list-style-type: none">• The arrangements for identifying, recording and managing risks and implementing mitigating actions were not operating effectively in relation to the management of emergency medicines and premises.• Appropriate risk assessments for the role of chaperones were not sufficiently embedded.• Arrangements to ensure appropriate action following any cold chain breaches were not appropriate. <p>There were no effective systems or processes that enabled the registered person to assess, monitor and improve the</p> <p>quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There was no effective system in place to obtain patient feedback to improve the service.• There was a lack of leadership oversight and insufficient capacity to implement and sustain improvements. Structures, processes and systems to support good governance were not fully effective <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity | Regulation |
|--------------------|------------|
|--------------------|------------|

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

Care and treatment was not provided in a safe way for service users. In particular:

- There were no arrangements to ensure competency of physicians assistants.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.