Bath Street Medical Centre

Inspection report

73 Bath Street
Sedgley
Dudley
DY3 1LS
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www.bathstreetmedicalcentre.co.uk

Date of inspection visit: 19 June 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?	Requires Improvement
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Overall summary

We carried out an unannounced comprehensive inspection at Bath Street Medical Centre on 19 June 2023. Overall, the practice is rated as inadequate.

We rated each key question as follows:

Safe - inadequate

Effective - inadequate

Caring - requires improvement.

Responsive - inadequate

Well-led - inadequate

Following our previous inspection on 21 January 2019, the practice was rated good overall.

The full reports for previous inspections can be found by selecting the 'all reports' link for Bath Street Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up concerns reported to us.

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:

- 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.

We found that:

Overall summary

- The practice was unable to demonstrate that safe systems or practices were in place or working effectively in relation to health and safety, medicines management, safeguarding, recruitment, or the management of risks to patients or staff.
- There was a lack of leadership oversight and the absence of comprehensive systems and processes to monitor the quality and effectiveness of the service and the care provided.
- Staff did not always have the information they needed to deliver safe care and treatment. For example, not all patients had health conditions clinically coded appropriately and the summary of their medical problems was not up to date.
- Safeguarding registers had not been maintained appropriately and the information held was inaccurate.
- There was a lack of effective clinical oversight of staff undertaking clinical roles to ensure they were working within their competencies. We found significant concerns in the prescribing of medicines and the gaps in the information recorded in patients' consultation records. There was no systematic structured approach with effective clinical oversight of patient information including clinical data.
- The provider was unable to demonstrate that incidents that affect the health, safety and welfare of people using services were reported internally and had been shared with staff to promote learning and improvement.
- There was no carers register in place and patients were not always given timely information regarding their treatment.
- The practice was not always responsive to the needs of their patients in accessing appointments and medicines and complaints were not always used to improve the quality of care.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective. The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- There was limited evidence to demonstrate that the practice involved patients, staff or stakeholders in shaping the service.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure there are comprehensive systems in place to respond to complaints in a timely manner ensuring learning is identified to reduce the likelihood of recurrence.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

The provider **should**:

- Implement a process to encourage patients to attend for cervical and breast cancer screening.
- Implement a carer's register.
- Review hypnotic and psychotropic prescribing.

As a result of the inspection team's findings from the inspection, as to non-compliance, but more seriously, the risk to service users' life, health and wellbeing, the Commission decided to issue an urgent notice of decision to impose conditions on the provider's registration. The notice was served on the provider on 6 July 2023 and took immediate effect.

Overall summary

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. The team included 2 GP specialist advisors who completed clinical searches and records reviews remotely, a medicines inspector and a second inspector. The team undertook a site visit and spoke with staff while visiting the location.

Background to Bath Street Medical Centre

Bath Street Medical Centre is located in Dudley at:

73 Bath Street
Sedgley
Dudley
DY3 1LS

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

The practice is situated within the Black Country Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 2,900. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called a Primary Care Network (PCN). This practice is part of the Sedgley, Coseley and Gornal PCN.

Information published by Public Health England shows that deprivation within the practice population group is ranked as level 4, with 1 being the most deprived and 10 being the least deprived. According to the latest available data, the ethnic make-up of the practice area is 85% White, 8% Asian, 3% Black, and 4% Mixed or Other.

The practice is run by a single handed GP (male). The clinical team includes 4 part time GP locums, a part time physician associate, a part time pharmacist, 2 part time practice nurses, and 2 part time healthcare assistants. The clinicians are supported by 2 part time practice managers and a team of reception/administration staff.

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. Out of hours services are provided by NHS111.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care** **How the regulation was not being met:** • Governance processes within the practice required significant strengthening. Areas of risk were not being identified and subsequently managed with effective managerial oversight. • There was no systems in place to ensure policies and processes was adequate and effective. • The provider had no effective communication systems in place to ensure that staff knew the results of any actions that had been taken following quality and safety reviews. • Safeguarding registers were incomplete and required updating to ensure they reflected an accurate list of patients with safeguarding concerns and those who are vulnerable registered at the practice. • The provider was unable to demonstrate that incidents that affect the health, safety and welfare of people using services were reported internally and to relevant external authorities/bodies. • We found no evidence to demonstrate that incidents had been shared with staff to promote learning. • The provider was unable to demonstrate they had actively sought the views of a wide range of stakeholders, including people who use the service and staff to improve outcomes. • The provider had not acted on feedback received from staff. • Not all staff were aware there was a Freedom to Speak Up Guardian to provide support and advice to staff who want to raise concerns. • The provider was unable to demonstrate that some clinical staff maintained an accurate, complete and

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Enforcement actions

contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.
- Documentation was incomplete where patients had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision in place.
- There was limited evidence of clinical improvement activity to drive improvements in patient outcomes.
- We found staff were not up to date with the practice's mandatory training schedule.
- Risks associated with staff undertaking chaperoning duties without a disclosure and barring service (DBS) background check, had not been assessed.

This was in breach of Regulation 17 (2) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
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 Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment **Care and treatment must be provided in a safe way for service users** **How the regulation was not being met:** • The provider had no systems in place to ensure staff allocated leadership roles received the appropriate training and support. • The practice did not adhere to its policies by ensuring that staff had received the appropriate training and support to be able to carry out their role effectively. **There was no proper and safe management of medicines. In particular**: • The management of patients prescribed high risk medicines which required monitoring was not always in line with national guidance.

This section is primarily information for the provider

Enforcement actions

- The management of patients with some long-term conditions was not always in line with national guidance.
- The management of patients prescribed medicines subject to safety alerts were not always managed in line with guidance.
- Systems were not working effectively to promote effective patient care, for example, we identified shortfalls with medicine reviews; monitoring patients with a long-term condition to ensure their medicines were effective; and the follow up of patients when a concern had been identified.
- Patients were not being prescribed medicines in a timely way.
- There was a lack of clinical oversight in the issuing of prescriptions leading to errors.
- We found delays in the actioning of clinical referrals and referrals to secondary services. The provider was unable to demonstrate effective processes were in place to monitor systems were being followed.
- The oversight of test results and tasks required strengthening to ensure patients were followed up in a timely manner when necessary.

There were insufficient quantities of medicines to ensure the safety of service users and to meet their needs. In particular:

- The review of medicines management was not comprehensive, for example, there were gaps in fridge monitoring, vaccine checks and risk assessments for emergency medicines not stocked had not been carried out.

Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out.

- In particular in relation to fire safety and health and safety and premises and equipment.

There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:

This section is primarily information for the provider

Enforcement actions

- There was limited evidence of infection control oversight, including an ongoing programme of audit in place to assess the risk of, and to prevent, detect and control the spread of infections.

This was in breach of Regulation 12 (1) (2) (a, b, c, d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties** **How the regulation was not being met:** • There was no system in place to ensure staff were supervised until they could demonstrate acceptable levels of competence to carry out their role unsupervised. • Not all staff received regular appraisals. This was in breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation**

This section is primarily information for the provider

Enforcement actions

- The provider was unable to provide evidence to demonstrate that complaints had been investigated and dealt with and the appropriate action had been taken.

This was in breach of Regulation 16 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.