

Clifton Medical Centre

Inspection report

Clifton Lane
West Bromwich
B71 3AS
Tel: 01215887989

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October 2020
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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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an unannounced comprehensive inspection in December 2019 in which we rated the practice as inadequate for providing safe, effective, responsive and well-led services. The practice was rated requires improvement for providing caring services. Following this inspection, we took urgent enforcement actions against the provider and issued an urgent notice of decision to impose conditions to their registration.

We then carried out an unannounced focused inspection at Clifton Medical Centre on 8 January 2020 as part of our inspection programme. This was to confirm that the practice had carried out their plan to meet the legal requirements in relation to the urgent notice of decision, served on 20 and 23 December 2019. Further breaches of legal requirements were found at the inspection in January 2020 and we issued a second urgent notice of decision to place additional conditions on the providers registration.

The full comprehensive report on the December 2019 inspection, and focused inspection on 8 January 2020 can be found by selecting the 'all reports' link for Clifton Medical Centre on our website at www.cqc.org.uk.

This report was created as part of a pilot which looked at new and innovative ways of fulfilling the Care Quality Commissions (CQC's) regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider.

We carried out a GP Focussed Inspection Pilot (GPFIP) of Clifton Medical Centre between 14 September 2020 and the 2 October 2020 to follow up on breaches of regulations identified at the previous inspection on 8 January 2020. This report only covers our findings in relation to those requirements. The inspection consisted of remote interviews and reviews of clinical records. We have not rated the practice during this inspection as we did not visit the Provider.

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 was unable to demonstrate that there was clear oversight of clinical governance arrangements to ensure risks to patients were considered, managed and mitigated appropriately.
- On reviewing a random sample of clinical records, patient consultations had not always been undertaken in line with recommended guidance.
- There was limited monitoring of the outcomes of care and treatment. Some clinical audits were available; however, they did not demonstrate quality improvement or improved patient outcomes over a period of time.
- Medication reviews had not been completed in line with recognised guidance. On reviewing a random sample of patients records, we found some patients had not received the appropriate monitoring before medicines had been prescribed.
- The practice had implemented a system of peer review for the clinical team. We found on reviewing a sample of patient records that the system was ineffective as the performance of employed clinical staff could not be demonstrated through their prescribing decisions and reviews of their consultations.
- The practice had safeguarding registers in place, however on reviewing the registers we found them to be inaccurate and not maintained appropriately.
- The provider had strengthened the leadership team and had recently employed a new manager, GPs and nurse to strengthen the teams.

Overall summary

- Staff training had been strengthened and a training matrix had been implemented to ensure all staff were up to date with training relevant to their role.
- Staff recruitment processes had been strengthened to ensure appropriate checks were undertaken of new staff.

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

- 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:

- Continue taking action to improve the uptake of cervical screening appointments.
- Take action to ensure people who use the service are safe and ensure timely response to major incidents and emergency situations such as fires.
- Take action to ensure the management of patients diagnosed with a long-term condition such as respiratory is not impacted.

(Please see the specific details on action required at the end of this report).

This service will remain in a period of extended 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	Not inspected	
People with long-term conditions	Not inspected	
Families, children and young people	Not inspected	
Working age people (including those recently retired and students)	Not inspected	
People whose circumstances may make them vulnerable	Not inspected	
People experiencing poor mental health (including people with dementia)	Not inspected	

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included two additional CQC inspectors, a GP specialist advisor to CQC and a CQC Pharmacist Inspector.

Background to Clifton Medical Centre

Clifton Medical Centre is located at West Bromwich, an area in the West Midlands. There is a branch site situated at Victoria Health Centre in Smethwick. The practice has good transport links and there is a pharmacy located nearby.

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

Clifton Medical Centre is situated within the Sandwell and West Birmingham Clinical Commissioning Group (CCG) and provides services to 5,862 patients under the terms of a general Medical Services contract (GMS). This is a contract between general practices and NHS England for delivering services to the local community.

The provider Dr Devanna Manivasagam is registered with CQC as a single handed GP provider. However, he has recently taken on a new partner at the practice but has yet to register with CQC as a partnership. Dr Devanna Manivasagam is also the sole provider of three other GP practices. These include: Swanpool Medical Centre, Bean Road Medical Centre and Dr Devanna Manivasagam (also known as Stone Cross Medical Centre).

Practice staffing consists of the two GP partners (male and female), two salaried GPs (one male and one female and five regular locum GPs. There are two practice nurses, a practice manager, a senior receptionist and several administration staff. The provider also employs an Executive Manager and a clinical pharmacist who work across all sites.

The practice opening hours are Monday to Friday 8am to 6.30pm. The practice is part of a primary care network and patients have access to appointments from 9am to 12pm Saturday and Sunday at the local hub. When the practice is closed, out of hours cover is provided through the NHS 111 service.

The National General Practice Profile states that 58.4% of the practice population are from a white ethnicity. 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.

Enforcement actions

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> <p>The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to medicines management as a whole and oversight of clinical governance.</p> <p>The provider did not establish an effective overarching clinical governance framework and leadership structure to support the delivery of good quality care.</p> <p>The provider was unable to demonstrate effective leadership and clinical oversight to ensure systems and processes were monitored regularly and implemented to ensure the safety and wellbeing of patients.</p> <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> <p>The provider did not follow good practice guidance or adopt control measures to make sure risks were as low as reasonably possible. In particular:</p> <ul style="list-style-type: none">The provider did not establish adequate safeguarding arrangements, which included the recording, monitoring and management of children and vulnerable adults. <p>The provider was unable to demonstrate that care and treatment was provided in a safe way for service users.</p>

Enforcement actions

- The provider did not have effective systems for the management of patients who were vulnerable and at risk of harm.
- The provider did not have effective oversight of clinical staff in the management of patients care and treatment.

The provider had failed to ensure the proper and safe management of medicines;

- The provider did not have effective arrangements in place to provide assurance that medicine reviews were completed appropriately, or prescribing was in line with nationally recognised guidelines.
- The provider did not have effective oversight of clinical staff in the management of patients care and treatment.
- The provider did not ensure consultation documentation is in line with the General Medical Council (GMC) professional standards.
- The provider did not ensure adequate history appropriate to the presenting complaint is documented including evidence that red flags and other potential differential diagnoses have been considered and excluded.
- The provider did not ensure adequate history appropriate to the presenting complaint is documented including evidence that red flags and other potential differential diagnoses have been considered and excluded.
- The provider did not ensure monitoring and investigations had been considered, recorded and actioned.
- The provider failed to ensure patients received advice and treatment in line with best practice.
- The provider did not ensure clinical records documented the rationale for decisions or ensure there are clear records of clinical support and advice where necessary.
- The provider did not gain assurance that safety netting and follow up arrangements had been documented.
- The provider did not ensure patients conditions were being appropriately coded to enable future follow up.
- The provider did not have an effective system in place to ensure patient safety alerts and alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) were always acted on appropriately.

Enforcement actions

The provider did not ensure systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. In particular:

- Patients clinical records evidenced that the monitoring and review of identified patients, had not always been undertaken in line with national prescribing guidance.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.