

Clifton Medical Centre

Inspection report

Clifton Lane
West Bromwich
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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?	Inadequate 
Are services well-led?	Inadequate 

Overall summary

We carried out an unannounced comprehensive inspection at Clifton Medical Centre and the branch site Victoria Health Centre on 19 December 2019. This inspection was in response to concerns raised about the lack of processes to ensure the safety and care of patients at the practice. We also followed up on a previous comprehensive inspection at the practice in May 2019 where breaches of the Health and Social Care Act 2008 were identified. You can read the report from our last comprehensive inspection on 22 May 2019; by selecting the 'all reports' link for Clifton Medical Centre on our website at:

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 and inadequate for all population groups in the Effective key question, this affects all population groups overall.

We rated the practice as **inadequate** for providing safe services because:

- The practice were unable to demonstrate they had acted on previous concerns identified. We found no evidence to confirm that formal risk assessments had been completed to ensure risks were managed effectively.
- Following the previous inspection, the practice leadership team could not demonstrate they had reviewed their capacity to consistently deliver high quality sustainable care.
- The practice were unable to demonstrate they had acted on previous breaches identified. We found structures, processes and systems to support good governance remained ineffective. There was no evidence of team meetings being held and we were unable to gain assurances that information was shared appropriately.
- The practice did not have clear systems and processes to keep patients safe. We found safeguarding registers lacked information to advise staff of potential concerns.

- The practice did not have appropriate systems in place for the safe management of medicines. We found non-clinical staff were adding and removing medicines from patients' records without clinical supervision and oversight.
- Some emergency medicines were available, but these did not cover all the recommended medicines for general practice. No risk assessments had been completed in the absence of emergency medicines to determine the level of risk if required in an emergency situation.
- There were ineffective systems in place for processing information relating to new patients including the summarising of new patient notes. We found over 100 records awaiting summarising from 2017 to 2019.
- We found clinical correspondence had not been actioned, with over 500 clinical letters awaiting action by the GPs.
- Infection prevention and control was not monitored effectively, with no infection control audit in place and no evidence that the clinical lead had completed the relevant training for their role.
- We found prescription stationery was not kept securely, with blank prescriptions left in printers in consulting rooms and the doors were left unlocked when not in use.
- The practice was unable to demonstrate effective management of risks in relation to medicine safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice was unable to demonstrate how they learnt or made improvements when things went wrong. There was no evidence available of incidents or significant events that had been recorded, reviewed or actioned.

We rated the practice as **inadequate** for providing effective services because:

- There was limited monitoring of the outcomes of care and treatment. No clinical audits were available to demonstrate quality improvements had been reviewed and actioned.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles. We found limited evidence that staff had received regular reviews and appraisals. There was no evidence to demonstrate that staff were given opportunities for learning and development.

Overall summary

- Some performance data was significantly below local and national averages.
- The practice did not routinely review the effectiveness and appropriateness of care provided. Care and treatment was not always delivered according to evidence-based guidelines. For example, patients on identified as being within a diabetic range had not been followed up appropriately.
- We found patients on the palliative care and learning disability registers had no care plans in place.
- The practice was unable to provide evidence that regular multi-disciplinary team meetings were held to ensure patients received co-ordinated care.

We rated the practice as **inadequate** for providing responsive services because:

- The practice told us that all complaints were discussed as part of the staff meetings to drive improvement. There was no evidence that complaints had been received and acted on and no minutes of meetings available.
- The practice was unable to demonstrate they liaised regularly with community teams to discuss and manage the needs of patients with complex medical issues.
- The practice was unable to provide evidence that effective care coordination was in place to enable patients with long-term conditions to access appropriate services.
- The practice could not demonstrate that children who had frequent emergency (A&E) attendances were reviewed appropriately.

We rated the practice as **inadequate** for providing well-led services because:

- There was a leadership structure and some staff said they felt supported by management, however effective oversight to ensure governance arrangements were embedded had not been established. For example, risk assessments had not been completed and systems for preventing and controlling the spread of infections was not being carried out.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care. The practice was unable to provide evidence of a vision and credible strategy to ensure quality care was provided. We found, due to the lack of clinical and managerial leadership, the practice had been unable to embed a strategy to improve patient outcomes.

- We identified significant failings in the care of patients, this included: safeguarding concerns not being addressed, overall management of patients with long term conditions and a lack of clinical oversight to ensure patients were receiving adequate care and treatment.
- There were arrangements for planning and monitoring the number of staff needed however, there were no formal plans to reduce the reliance of locums to ensure continuity of care and clinical cover.
- We found limited clinical leadership within the practice and clinical tasks were being completed by administration staff. For example: the review and actioning of clinical letters and the coding of clinical conditions.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

We rated the practice as **requires improvement** for providing caring services because:

- The leadership team told us that the survey results were discussed at practice meetings; however, there was no evidence available to show action plans were in place to address areas where satisfaction was below local and national averages. The practice was unable to provide evidence of minutes of meetings.
- We were told an inhouse survey was carried out to gather patient feedback, however the practice was unable to provide evidence that a survey had been completed.

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.

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

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

- Improve the current process for the recording of carers.

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

Overall summary

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	Inadequate 
People with long-term conditions	Inadequate 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Inadequate 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a CQC inspection manager and a second CQC 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 is a single-handed GP (male) who employs two salaried GPs (one male and one female). The practice

employed two regular male locum GPs, a practice nurse, a clinical pharmacist and several administration staff. The practice is part of a wider network of GP practices. The leadership team consisted of the provider, executive manager and business manager.

The practice opening hours are Monday to Friday 8.30am to 6.30pm. The practice is part of a primary care network and patients had 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 by NHS 111.

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.

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 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.
Maternity and midwifery services	How the regulation was not being met...
Surgical procedures	The provider had not done all that was reasonably practicable to mitigate risks:
Treatment of disease, disorder or injury	• 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 acted on appropriately. • The provider was unable to demonstrate that incidents and significant events that affected the health, safety and welfare of people using services were reviewed, thoroughly investigated and monitored to make sure that action was taken to prevent further occurrences and make sure that improvements were made as a result. • The provider had inadequate systems in place for the management of infection control.
	The provider had failed to ensure the proper and safe management of medicines:
	• The provider did not have effective arrangements in place for the security of prescriptions when they were distributed through the practice. • The provider did not have an effective system in place for the monitoring and recording of the availability of emergency equipment and medicine. All of the recommended emergency medicines for general practice were not in place and no risk assessments had been completed in their absence

This section is primarily information for the provider

Enforcement actions

- Comprehensive care records were not maintained for patients that were administered high-risk medicines.

The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely:

- The provider could not demonstrate both clinical and non-clinical staff had completed the appropriate level of safeguarding children training for their roles.

The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:

- The provider had not completed a documented health and safety/ premises and security risk assessments.

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

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Providers must have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service.

How the regulation was not being met...

The provider had a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance:

- There was no documented strategy to support the practice's aim to deliver high quality care and promote good outcomes for patients.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating

Enforcement actions

actions were not operated effectively, in particular in relation to the management of emergency equipment and medicines, medicines management as a whole and staff training.

- The provider did not have effective processes for significant events and incident reporting to enable staff to report, record and learn from significant events and incidents effectively.
- The provider did not have a policy in place for Information Governance.
- The follow up system to improve quality outcomes for patients was ineffective, in particular for cervical cancer screening, childhood immunisations and those patients with diabetes.
- The provider did not have a system or policy in place which ensured that all children who did not attend their appointment following referral to secondary care or for immunisations were appropriately monitored and followed up.
- The provider did not have an adequate process in place to ensure the safeguarding registers were up to date and were reviewed on a regular basis.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.