

City Road Medical Centre

Inspection report


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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?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection at City Road Medical Centre on 2 February 2021 as part of our inspection programme.

We decided to undertake an inspection of this service to gain assurances, following concerns that were raised about the safety of the practice. This inspection looked at the following key questions

- Safe
- Effective
- Caring
- Responsive
- Well Led

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 services because:

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice had ineffective systems in place to ensure risks were mitigated.
- Systems in place for the monitoring and review of patients with safeguarding concerns were inadequate.
- Recruitment systems needed strengthening to ensure the appropriate checks had been completed prior to employment.
- The practice did not learn and make improvements when things went wrong.
- There was limited evidence to demonstrate the practice had effective systems in place to review safety information. This included safety alerts and recommended guidance updates.

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

- On reviewing a sample of patients' records we found that monitoring and reviews had not always been undertaken in line with the relevant guidance.
- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that some staff had the skills, knowledge and experience to carry out their roles.
- The processes in place to ensure care and treatment was in line with evidence based guidance needed strengthening.
- Some patients had not received effective co-ordination of their medical conditions due to clinical coding errors.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable 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.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

Overall summary

We rated the practice as **good** for providing caring and responsive services because:

- The practice had visited patients who were unable to attend the practice to administer the Covid-19 vaccine.
- A system was in place to gather patient feedback on the services provided.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

These areas affected all population groups so we rated all population groups as **inadequate**.

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:

- Continue taking action to improve the uptake of national screening programmes such as cervical screening.
- Continue to monitor patients with long term conditions to ensure they are receiving the appropriate monitoring and reviews.
- Continue to proactively identify carers in order to offer them support where appropriate.

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	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 and a second CQC inspector.

Background to City Road Medical Centre

City Road Medical Centre is located on City Road, Edgbaston, Birmingham. The practice has a General Medical Services contract (GMS) with NHS England.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, family planning and maternity and midwifery services. The practice provides NHS services through a General Medical Services (GMS) contract to 2,600 patients. The practice is part of Sandwell & West Birmingham Clinical Commissioning Group (CCG).

The practice's clinical team is led by the provider (principal GP). A female locum GP works six sessions a week, who is due to become a partner in April 2021. There is a part time practice nurse that works one day a week and three health care assistants. There is a practice manager and two administrators/receptionists.

The practice is open Monday, Tuesday and Thursday from 9am to 1pm and from 5pm to 7pm. On Wednesday and Friday the practice is open from 9am to 1pm. Standard appointments are 10 minutes long, with patients being encouraged to book double slots should they have several issues to discuss. Patients who have previously registered to do so may book appointments online. The provider can carry out home visits for patients whose health condition prevents them attending the surgery. Due to the current Covid-19 pandemic the practice is offering telephone consultations with a clinician. Face to face appointments are only available if deemed necessary by the GP.

On Monday evening the practice offers extended hours until 8pm. In addition to the extended hours operated by the practice on Monday evening, the CCG has commissioned an extended hours service, which operates between 6.30pm and 8pm on weeknights and from 9am to 12pm at weekends at hub locations across the borough. Patients may book appointments with the service by contacting the practice or the hubs themselves.

The practice has opted out of providing an out-of-hours service. However, the provider is available outside usual surgery hours, with the practice's phone line being routed to an answering service, which will pass on messages. Otherwise, patients calling the practice when it is closed relate to the local out-of-hours service provider via NHS 111.

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
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• 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.• Comprehensive care records were not maintained for patients to ensure they received the appropriate care and treatment.• Disclosure and barring checks (DBS) had not been completed for new employees. No risk assessments had been completed in their absence.• The provider could not demonstrate clinical staff had completed the appropriate level of safeguarding training for their roles.• The provider had not completed a documented health and safety/ premises and security risk assessments <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

In particular we found:

- There was no documented business plan and 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 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 a policy for significant events and incident reporting to enable staff to report, record and learn from significant events and incidents effectively.
- The follow up system to improve quality outcomes for patients was ineffective, in particular for 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 were appropriately monitored and followed up.

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