

Great Barr Medical Centre

Inspection report

379 Queslett Road
Birmingham
B43 7HB
Tel:

Date of inspection visit: 14 June 2022
Date of publication: 20/07/2022

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

Requires Improvement



Are services safe?

Good



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Good



Overall summary

We carried out an announced inspection at Great Barr Medical Centre on 14 June 2022. Overall, the practice is rated as Requires improvement.

Safe - Good.

Effective - Requires improvement.

Caring - Good.

Responsive – Requires improvement.

Well-led – Good.

Following our previous inspection on 6 December 2021 the practice was rated Inadequate overall and for safe, effective and well-led key questions but Good for providing caring services and Requires improvement for providing responsive services. The practice was placed into special measures.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Great Barr Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection, carried out within six months of the service being placed into special measures to see if the provider had made the necessary improvements to provide safe and effective care.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Completing clinical searches on the practice’s patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider.

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.

Overall summary

We have rated this practice as Requires improvement overall.

We found that:

- The provider had made improvements since the previous inspection in December 2021 to become compliant with regulations.
- The provider had reviewed their governance arrangements and implemented new governance processes and structures to enable them to deliver safe care.
- The provider was able to demonstrate that all staff had the skills, knowledge and experience to carry out their roles and that staff received appropriate clinical supervision.
- The provider had reviewed its processes to ensure the practice held appropriate emergency medicines.
- Despite the improvements made, the provider could not demonstrate that all patients received effective care and treatment that met their needs. For example, the practice had not achieved the minimum uptake targets for cervical cancer screening or children's immunisations. Following the inspection, the provider submitted unverified data to show uptake had improved since March 2022, however they could not assure us that improvements had been sustained.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The provider had reviewed and improved systems to manage complaints and demonstrated complaints had been responded to appropriately.
- The provider had acted to improve telephone and appointment access, however, at the time of the inspection, could not demonstrate that patient satisfaction had improved significantly with regards to access.
- The provider demonstrated they had the necessary skills and were capable of leading and managing the practice to promote the delivery of high-quality, person-centred care.

Whilst we found no breaches of regulations, the provider **should**:

- Continue to monitor that governance processes are effective and make further improvements as needed.
- Continue to respond to patient feedback and explore alternative ways to improve telephone and appointment access, including for those patients with more urgent needs.
- Continue to improve uptake with childhood immunisations and cervical cancer screening.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor who completed clinical searches and records reviews. The team undertook a site visit and spoke with staff while visiting the location.

Background to Great Barr Medical Centre

Great Barr Medical Centre is located in Birmingham at 379 Queslett Road, Birmingham, B43 7HB.

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

The practice is situated within the Black Country and West Birmingham Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 11,888. 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 Central Health Partnership PCN.

Information published by Public Health England shows that deprivation within the practice population group is ranked as level six, with one 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 70% White, 18% Asian, 7% Black, and 4% Mixed or Other.

There is a team of three GP partners (two male and one female) and two locum GPs. The practice had recruited a new practice nurse in March 2022 and has a full time advanced care practitioner. They also have a locum advanced nurse practitioner (ANP) two days a week. The practice has recruited another ANP who will be starting at the practice in August 2022.

The GPs are supported at the practice by a business manager, a HR manager, assistant manager and a team of reception/administration staff.

At the time of the inspection, the practice was mostly offering face to face appointments.

The practice works with the PCN to provide extended access on evenings and weekends.

Out of hours services are provided by Malling Health.