Pak Health Centre - R Bhatti

Inspection report

Pak Health Centre
38 Alum Rock Road
Birmingham
B8 1JA
Tel: 01213273926

Date of inspection visit: 24 May 2022
Date of publication: 27/07/2022

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	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 inspection at Pak Health Centre – R Bhatti between 17 May 2022 to 24 May 2022. Overall, the practice is rated as Inadequate.

The ratings for each key question, are as follows:

Safe - Inadequate

Effective – Inadequate

Caring – Good (carried over from previous inspection)

Responsive – Good (carried over from previous inspection)

Well-led - Inadequate

Following our previous inspection on 11 September 2019, the practice was rated Good overall and for all key questions except the effective key question which was rated requires improvement:

The full reports for previous inspections can be found by selecting the 'all reports' link for Pak Health Centre – R Bhatti on our website at www.cqc.org.uk

Why we carried out this inspection:

This inspection was a focused inspection to follow up on identified risks.

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/reviews 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:

- Conducting staff interviews using video conferencing
- 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
- A short site visit

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- 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 found that:

- There were weaknesses in the governance arrangements to keep patients safe and protected from avoidable harm and promote the delivery of high-quality person centred care.
- The practice had been without managerial support for two years and whilst a manager had now been appointed there was significant work for them to implement systems and processes to support staff that had been absent for some time.
- We found many of the systems and process to support good governance had only recently been initiated. For example, infection prevention and control arrangements, health and safety risk assessments.
- We found gaps in governance arrangements in areas such as fire safety, management of patient safety alerts, monitoring of professional registration, staff training and appraisals.
- There was limited learning from incidents, which included only non-clinical incidents.
- Our clinical searches found limited documentation of medicine reviews, an inconsistent approach to managing pathology reports undermining the effective oversight and management of results and limited evidence that patients wishes at end of life were routinely discussed, formally recorded and easily accessed when needed.
- There was little evidence of quality improvement initiatives in relation to clinical care and recommendations made from external reports and risk assessments were not always fully acted upon.
- Our clinical searches found some areas where there had been appropriate follow up for patients on high risk medicines. However, during the inspection pharmacy support had been withdrawn from the practice due to a dispute with the primary care network.
- Our review of long term condition management found mixed results with appropriate follow up seen for some conditions while others lacked timely follow up.
- There was a low uptake of child immunisations and cancer screening programmes compared to national targets and averages.
- The practice's vision and strategy were hampered by the withdrawal of support from the primary care network due to a breakdown in relationships.

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

- 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).

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.

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit with a second CQC inspector. The team also included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Pak Health Centre - R Bhatti

Pak Health Centre – R Bhatti is located in Birmingham at:

38 Alum Rock Road

Birmingham

B8 1JA

The practice is located in a health centre which is shared with another practice.

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

The practice is situated within the Birmingham and Solihull Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of approximately 5,000 patients. This is part of a contract held with NHS England.

The practice is not part of any wider network of GP practices, known as primary care networks (PCNs).

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 65% Asian, 20% White, 10% Black, 5% Mixed or other minority ethnic.

The practice is a family based practice consisting of a father / daughter GP partnership. The partners are supported by two locum GPs, one practice nurse and a locum practice nurse, a practice manager and a team of administrative / reception staff.

The practice is open between 8am to 6.30pm Monday to Friday and on a Saturday between 10.30am and 1.30pm. The practice offers telephone and face to face appointments that are book on the day or in advance.

Extended access is provided locally on a Saturday morning between 10.30am and 1.30pm. When the practice is closed, out of hours services are provided by BADGER.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 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. In particular: • There was an inconsistent approach to managing pathology reports undermining the effective oversight and management of results. • There was a backlog of records that needed to be summarised that had not been addressed. • There was a lack of effective management of patients with poorly controlled diabetes and late stage Chronic Kidney Disease. • There was limited evidence that patients and family were given an opportunity to discuss their end of life wishes. • There was a lack of evidence to demonstrate that the practice was supporting housebound patients to receive home visits, if needed. The provider had failed to ensure the proper and safe management of medicines: • There was little or no information about the medicines reviews recorded in patient records. • We identified issues with the management of patients on high risk medicines including: a lack of evidence to demonstrate patients results were always checked before issuing prescriptions and overdue monitoring. • Patients were put at risk where MHRA alerts had not been acted on. • Guidance was not always followed when prescribing steroids.

This section is primarily information for the provider

Enforcement actions

The provider had failed to ensure effective arrangements for assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.

- The infection prevention and control lead had only recently been appointed and had not received adequate support and training for this role.
- There was no clear system of regular infection prevention and control audits.
- The infection prevention and control audit undertaken was not effective in identifying infection prevention and control issues.

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

Regulated activity	Regulation
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 The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • Policies and procedures had only recently been produced, were undated and did not demonstrate they were embedded. • The business continuity plan had inappropriate arrangements in the event of the loss of main surgery building in order to continue providing care. • There was a lack of systems for monitoring staff were up to date with their training requirements

This section is primarily information for the provider

Enforcement actions

- Clinical staff (including the safeguarding lead) did not have the appropriate level of training for their roles and responsibilities.
- Portable appliance testing was overdue
- There was a lack of effective fire safety arrangements.
- Clinical records did not always contain necessary information to safely support patients care and treatment needs.
- Risk assessments had not been undertaken in relation to emergency medicines not routinely stocked.
- There was a lack of effective systems in place for ensuring Medicines and Healthcare products Regulatory Agency (MHRA) and other safety alerts were always acted on.
- There was a lack of effective systems for ensuring all staff received regular appraisals.
- There was a lack of effective systems to support quality improvement and follow up of recommendations from audits, reports and risk assessments.

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