

Oakwood Surgery

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Oakwood Surgery on 22 January 2020 as part of our inspection programme.

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions.

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it 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 requires improvement overall.

We rated the practice as **requires improvement** for providing safe, effective and well-led services because:

- The practice had systems and processes to keep patients safe and protected them from avoidable harm. However, systems did not include enabling identification of vulnerable adults on the clinical system and safeguarding discussions with external agencies were not added to patients' clinical records.
- Staff demonstrated awareness of actions required if they suspected safeguarding concerns. However, the practice did not gain assurance that clinical staff who were not directly employed by the practice had completed safeguarding training.
- The practice provided care in a way that mainly kept patients safe and protected them from avoidable harm. However, there were areas such as medicine management and arrangements for dealing with medical emergencies which exposed patients to the risk of potential harm.
- Patients mainly received effective care and treatment that met their needs. However, the practice did not provide assurance that care was managed effectively when care was shared with other health care providers. There was limited evidence to demonstrate proactive

use of care plans. Following our inspection, the provider submitted evidence which showed actions had been taken to ensure monitoring of patients' health were carried out.

- Quality Outcome Framework (QoF) clinical indicators were mainly in line with local and national averages. However, exception reporting for long-term conditions was above local and national averages. The practice had not audited the system to identify root causes.
- The practice had a system for recording and disseminating actions carried out as a result of significant events. Records showed incidents were being discussed during clinical meetings; however, staff were not routinely completing the practice significant events log to demonstrate thorough investigations to establish root causes.
- Oversight of clinical governance did not routinely support the delivery of safe and effective care. The clinical leadership team did not establish proactive measures to address areas where performance showed negative variation. There was a lack of meaningful clinical audits to demonstrate safe and effective management of patients care.
- There were areas where oversight of the governance framework was not effective. In particular; systems to ensure training was completed at the appropriate level; risk assessments to mitigate potential risks were not routinely carried out.
- There were roles and responsibilities to support the governance framework. However, some areas lacked effective oversight such as the monitoring of training, recording and investigating significant events as well as the accuracy of clinical record keeping.

These areas affected all population groups, so we rated all population groups as **requires improvement overall**.

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

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

Overall summary

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice obtained feedback from various sources which included an active patient participation group (PPG) and actions were taken to improve patient satisfaction in areas such as appointment access and getting through to the practice by phone.
- The practice had a vision and strategy to deliver care and treatment to their population group. Staff felt supported and able to raise concerns.

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 childhood immunisations and cervical screening.

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

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 Oakwood Surgery

Oakwood Surgery is located in Sparkhill Primary Care Centre, South Birmingham. The surgery has good transport links and there is a pharmacy located nearby.

Dr S.K. Gill and Dr A.H Al- Qazi are the registered providers of Oakwood Surgery, registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury. These are delivered from the main site and the branch site located at College Road Surgery, 158 College Road, Moseley, Birmingham, B13 9LH. As part of this inspection we visited both the main location and branch site.

Oakwood Surgery is situated within Birmingham and Solihull Commissioning Group (CCG) and provides services to 11,377 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Practice staffing comprises of two GP partners (male), two part time salaried GPs and two long-term locum GPs. The clinical team also includes three practice nurses, a part time advanced nurse practitioner, two health care

assistants, a phlebotomist and a medicines management team. The non-clinical team consists of two practice managers, and a team of receptionists and administrators.

The practice is part of a Primary Care Network (PCN) and had access to a social prescriber as part of their alignment with the PCN. (PCNs are networks of doctors and other health providers working together to provide healthcare responsive to the needs of the patients they serve).

The practice has a slightly higher than local average number of patients aged five to 18 years; patients aged between 65 and 75 was below local and national averages. The practice scored one on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. National General Practice Profile describes the practice ethnicity as being 31% White British, 4% Mixed race, 55% Asian and 7% Black. The general practice profile shows that 43% of patients registered at the practice have a long-standing health condition, compared to 50% locally and 51% nationally.

This section is primarily information for the provider

Requirement notices

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 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider 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:</p> <ul style="list-style-type: none">• The provider did not ensure relevant safeguarding concerns were included in peoples care records.• The provider did not ensure care planning of peoples care and treatment was carried out to ensure timely response to peoples changing needs.• The provider did not carry out risk assessments to mitigate potential risk in relation to emergency medicines which the provider did not stock. <p>The provider did not do all that is reasonably practicable to mitigate risks and follow good practice guidance and control measures to ensure risks are as low as possible. In particular:</p> <ul style="list-style-type: none">• The provider did not ensure medicine reviews were part of and aligned with peoples care and treatment plans.• The provider did not ensure that care and treatment remained safe when care was shared between providers. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

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. In particular:

- The provider did not embed an effective clinical audit programme to monitor and improve the quality and safety of the service.
- The provider did not ensure systems for monitoring training and development needs was managed effectively. The provider did not ensure training such as basic life support, fire safety, infection prevention and control (IPC), information governance (IG) and mental capacity Act (MCA) had been carried out.
- The provider was unable to demonstrate that they operated an effective system to enable appropriate action to be taken to ensure staff received training at the appropriate level.
- The provider did embed systems for recording and investigating significant.
- The provider did not establish a system to enable the provider to identify or mitigate risks. In particular, the provider did not gain assurance that clinicians who were not directly employed by the practice held valid medical indemnity insurance.

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