Dr Mehboob Bhatti

Inspection report

122 Sutton Road
Erdington
Birmingham
B23 5TJ
Tel: 01213730056

Date of inspection visit: 22 December 2023
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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 Dr Mehboob Bhatti (Also known as Sutton Road Surgery) between the 4 December 2023 and the 22 December 2023. Overall, the practice is rated as inadequate.

The ratings for each key question are as follows:

Safe - Inadequate

Effective - Inadequate

Caring - Good

Responsive – Good

Well-led - Inadequate

Following our previous announced: comprehensive inspection at Dr Mehboob Bhatti (also known as Sutton Road Surgery) on 31 May 2016, the practice was rated as good overall.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Mehboob Bhatti on our website at www.cqc.org.uk

Why we carried out this inspection:

We carried out this inspection because of the length of time since the last inspection in 2016.

How we carried out the inspection:

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.

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.

We found that:

Overall summary

- The practice did not have appropriate systems in place for the safe management of medicines. This included ineffective systems for the regular monitoring and review of patients prescribed high risk medicines and medicine safety alerts, as action had not been taken to ensure patients were informed of potential risks with certain medicines. We found that medicine reviews were not detailed enough to demonstrate what was reviewed.
- The process for reviewing patients with long term conditions did not ensure patients received regular and appropriate reviews in line with current legislation, standards and evidence-based guidance supported by clear pathways.
- Patient records were not managed in a way that protected patients. Clinical records showed that a patient's history, examination, clinical management plans, safety netting and follow up were not adequately documented in line with current guidance.
- There was limited monitoring of the outcome of care and treatment. For example, patient test results were not followed up or referred in a timely manner and referrals made were not consistently followed up and records maintained to keep track of the referrals to check patients had received an appointment.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Staff did not always follow up on the information they had to deliver safe care and treatment to patients.
- The practice was unable to demonstrate that all staff had updated their skills and knowledge to carry out their roles.
- The practice was unable to demonstrate effective supervision of staff carrying out their roles to ensure they were acting within their competencies.
- Published results showed that the uptake of childhood immunisations was below the target 90% as of March 2022 in all 5 indicators.
- The practice's uptake for cervical screening as of March 2023 was below the 80% coverage target for the national screening programme.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality and sustainable care.
- The practice did not involve external partners to sustain high quality and sustainable care.
- There was little evidence of systems and processes for learning, continuous improvement and innovation.
- Governance arrangements needed strengthening to ensure there were clear and effective processes for managing risks, issues and performance.

We found breaches of regulations. The provider must:

- Ensure that care and treatment is provided in a safe way.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary for them to carry out their duties.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Whilst we found breaches of regulations, the provider should:

- Take action to remove items stored in the boiler room are removed and introduce checks to keep this area clear.
- Take action to increase the uptake of childhood immunisations particularly for children aged 2 years.
- Take action to increase the uptake of cervical screening.
- Review appointment times offered to provide ease of access for people who worked usual daytime hours and for children not to miss school.

Due to the seriousness of the breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 found at this inspection we took urgent action prior to the onsite visit, in line with our enforcement process and issued a letter of intent notifying the provider of the serious concerns which had been identified during the Care Quality Commission's inspection.

Overall summary

The provider was invited to complete and send urgently an action plan, setting out how either they have already addressed each of the concerns identified in the letter of intent or provide within the action plan details of how they intended to address the concerns with a specific time frame for implementing each action and who would be doing it. The provider responded with a detailed action plan, which supported the mitigation of the level of risk.

As a result of our inspection findings, 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.

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 Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health

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. The team included a GP specialist advisor who completed clinical searches and records reviews without visiting the location and spoke with staff using video conferencing facilities.

Background to Dr Mehboob Bhatti

Dr Mehboob Bhatti (also known as Sutton Road Surgery) is located in Birmingham:

122 Sutton Road

Erdington

Birmingham

B23 5TJ

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 Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 1,900. This is part of a contract held with NHS England.

The practice is part of the North Birmingham Primary Care Network (PCN). A PCN is a wider network of GP practices that work together to address local priorities in patient care.

Information published by the Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the third decile (1 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 70.8% White, 13% Asian, 9% Black and 7.3% Mixed and other minority ethnic. The age distribution of the practice is younger than local and national averages.

The practice clinical team consists of a GP (male), a physician assistant (now known as a physician associate). Physician associates are qualified to support GPs / doctors in the diagnosis and management of patients) and a practice nurse. The practice clinical team is supported by a pharmacist through the primary care network (PCN) arrangements. The practice team include a practice manager and a team of three administration / reception staff.

The practice is open between 9 am and 1pm and 4pm to 6.30 pm Monday, Tuesday, Thursday and Friday. On Wednesdays, the practice is open between 9am and 12.45pm. Telephone and face to face appointments are offered following a triage process usually on the day. Between 9am and 11.30am and 4pm to 5.50pm and Wednesday 9am to 11.30am.

The practice has arrangements with the Out of Hours provider BADGER to answer calls and see patients where needed between 8am and 9am and 1pm to 4pm, when the practice is closed. During these times BADGER is able to contact the GP if needed.

Extended access is provided by a local federation at three practice locations nearby. Late evening and weekend appointments are available through the extended access. When the practice is closed out of hours services are provided by BADGER.

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 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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Care and treatment must be provided in a safe way for service users.** **How the regulation was not being met:** 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: • Patients on high-risk medicines were not receiving appropriate monitoring. • Patients with long term conditions were not receiving appropriate reviews and follow up. • The management of patients prescribed medicines subject to safety alerts were not always managed in line with guidance. • Patients had not received effective medicine reviews. • Concerns identified by clinical staff were not always being escalated to the GP. • Staff who undertook long term condition reviews could not evidence that role specific training had been updated to demonstrate competence and skills to do so safely. • There was no formal oversight or supervision of clinical staff working at the practice. 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

How the regulation was not being met:

The registered person had systems or processes in place that operated 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:

- The systems and processes for the safe management of service users prescribed certain medicines or with long term conditions which required ongoing review and monitoring needed strengthening.
- There was a lack of oversight in the clinical leadership and governance systems, which resulted in risks not being identified or adequately managed with the potential to impact upon the delivery of safe and effective care.
- A structured approach to clinical and operational audits was not in place to monitor and ensure safe practice, promote learning and quality improvement.
- The practice did not have effective systems and oversight of clinical records and information available to them to ensure they were accurate and complete.

The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively. In particular:

- The provider had not ensured that comprehensive patient medical records were written following a patient consultation.

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