OHP-Poolway Medical Centre

Inspection report

80 Church Lane
Kitts Green
Birmingham
West Midlands
B33 9EN
Tel: 01217850795
www.mysurgerywebsite.co.uk/index.aspx?pr=m58008

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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?	**Good**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Requires improvement**

Overall summary

We carried out an announced comprehensive inspection at OHP-Poolway Medical Centre on 5 February 2019 as part of our inspection programme.

The practice was previously inspected on the 15 January 2019 and received a rating of requires improvement overall. At this inspection we followed up on breaches of regulations identified at a previous inspection on 15 January 2019.

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 and requires improvement for all population groups.

We rated the practice as **good** for providing safe, effective and caring services.

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Clinical staff were knowledgeable about their patients care and treatment needs and responded to those needs as appropriate.
- We received positive feedback about the kindness and respect shown by the principal GP in particular and most staff however, this was not consistently the case.
- However, results from the latest GP national patient survey had fallen since our previous inspection in relation to questions about consultations.

We rated the practice as **requires improvement** for providing responsive and well-led services.

- At our last inspection we found the practice governance arrangements were not effective in supporting high quality sustainable care. At this inspection we found the practice had implemented a more structured approach for the governance of the service and for management of information. However, we continued to identify concerns relating to the governance of the practice that were not embedded.
- Risks relating to staff workloads were not being effectively managed.
- We found greater awareness of incident reporting since our last inspection however, we identified incidents that were not reported and evidence of repeated incidents which lacked effective learning to support continued improvements.
- Although there was some improvement in patient satisfaction relating to access these were still below local and national averages.
- Systems and processes for managing complaints and staff appraisals were not always appropriate or effective.
- The practice culture did not always effectively support high quality sustainable care.

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

The areas where the provider **must** make improvements are:

- Ensure there is an effective system for identifying , receiving ,recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Improve systems for monitoring and ensuring locum staff have completed relevant training.
- Review action taken to improve the uptake of cervical screening and childhood immunisations and identify ways this may be further improved.
- Improve the identification of carers and accuracy of the carers register to enable this group of patients to access the care and support they need.
- Continue to review action to improve patient satisfaction, in order to deliver further improvements. Including systems for raising awareness of online services.
- Review systems for the cleaning of clinical equipment.

We saw an area of outstanding practice:

Overall summary

- The practice did a weekly round of home visits to patients on their palliative care register who were housebound to ensure their continued needs were being met.

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 OHP-Poolway Medical Centre

OHP-Poolway Medical Centre is located in a purpose built health centre in the Kitts Green area of Birmingham which they share with a community health team.

The practice is registered with the CQC to carry out the following regulated activities: diagnostic and screening procedures; treatment of disease, disorder or injury and maternity and midwifery services.

The practice sits within Birmingham and Solihull Commissioning Group (CCG) and provides services to approximately 2,100 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. The practice is part of the Bordesley Green Primary Care Network (PCN). PCNs are groups of practices working together to improve and develop services locally.

The practice is also part of Our Health Partnership (OHP), provider at scale. OHP currently consists of 189 partners across 37 practices providing care and treatment to approximately 359,000 patients. OHP has a centralised team to provide support to member practices in terms of quality, finance, workforce, business planning, contracts and general management, whilst retaining autonomy for service delivery at individual practice level.

The practice is a partnership of two GP partners (both female) however one of the partners had not worked at the practice for a significant length of time. The principal GP was supported by two locum GPs (one male and one female), a practice nurse and two reception staff.

The practice opening times are 8.15am to 6.30pm Monday to Friday. The practice closes between 1pm and 2pm and calls are diverted to the practice manager. Appointments are available on a Monday 9am to 12pm and 2pm to 4pm; on a Tuesday 9.30am to 11am and 2pm to 4pm; on Wednesday and Thursday between 10.30amd and 5.30pm and on a Friday 9am to 12pm. During the out of hours period, patients can access primary medical services through the NHS 111 telephone number. The out of hours provider for the practice is BADGER.

In addition, patients can access appointments in the evening and at weekends at another local practice through the extended access hub arrangements. These appointments are available Monday to Friday 6.30pm to 8pm and on a Saturday 9am to 1pm.

The area served by the practice has high levels of deprivation. Information published by Public Health England rates the level of deprivation within the practice population as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice population age distribution is

broadly similar to the CCG and national averages. The practice population is predominantly white (76.7%) and 23.7% of the population from a black, mixed or other non-white ethnic groups (source: Public Health England and 2011 Census). Male life expectancy is 76 years compared to the national average of 79 years. Female life expectancy is 80 years compared to the national average of 83 years.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met…** **The registered person had failed to ensure that any and all complaints received were investigated and that necessary and proportionate action was taken in response to any failure identified by the complaint or investigation. In particular:** • Complaints were not objectively investigated and responded to. • Complaints were not always responded to in a timely manner. • There was no effective system for reporting verbal complaints or reviewing themes or trends to support improvements. • There had been no consideration for identifying, monitoring and for improving on emerging themes. **This was in breach of Regulation 16(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met…** **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:** • Risks in relation to staff workloads had not been considered and contingency plans put in place.

This section is primarily information for the provider

Requirement notices

- Not all incidents had been reported and the practice had not undertaken any review of incidents to identify themes or trends to support learning and improvement.
- The practice did not have an effective system to ensure patient requests for documents were responded to in a timely manner.
- The practice did not have effective oversight of training to ensure the provider's mandatory training was completed and up to date with all staff.

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