

Drs Green, Broadbelt and Majeed

Inspection report


Vittoria Medical Centre
Vittoria Street
Birkenhead
Merseyside
CH41 3RH
Tel: 01516477321

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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Drs Green, Broadbelt and Majeed (Also known as Vittoria Medical Centre) on 12 September 2019.

This inspection was to follow-up on breaches found at the previous inspection in March 2019 at which we found breaches in Regulation 12, Safe care and treatment because high risk medicines were not managed safely and Regulation 16 because complaints were not dealt with in keeping with the regulations. At this follow up inspection we found action had been taken to ensure high risk medicines were managed safely and processes had been put in place to ensure complaints were dealt with correctly.

We found however, that systems and processes in place to support effective and sustained improvements needed strengthening.

We looked at all five key questions.

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 good overall and good for all population groups.

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

We have rated this practice as requires improvement in well-led.

We found:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm. At the previous inspection systems were not in place to ensure patients on high risk medicines had the required health checks to keep them safe and medicine safety alerts had not been responded to as required. At this follow-up inspection systems had been put in place to promote patient safety. The systems included identifying and keeping in touch, appropriately, with all relevant patients.

- Patients generally received effective care and treatment that met their needs. We saw that clinicians treated and cared for patients in line with current best practice guidelines.
- The practice delivered care and treatment tailored to the individual's needs.
- 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. At the previous inspection the practice did not deal with complaints and comments openly or provide enough information about how to complain. At this inspection the practice had made improvements and could show they had listened to the complainant and addressed complaints correctly. Patients were provided with the information and support needed to raise concerns and information about how to contact the Parliamentary and Health Services Ombudsman was provided.

We rated the practice as requires improvement for providing well-led services because:

- The leadership style and ethos promoted the delivery of high-quality, person-centre care however, the managerial systems did not fully support the delivery of safe and effective services.
- Recent procedural changes had been implemented or were planned, for example: the contents of GP bags were now regularly checked; a new policy to manage prescriptions was in place; plans to scrutinise antibiotic prescribing had been discussed and the development of the clinical audit plan. However, processes needed to support on-going changes were not embedded.
- Analysis of information gathered by the provider lacked detail and did not identify possible areas for improvements. For example, from patient surveys; fire drills or training and recruitment records.
- A clinical audit program had been recently developed however, an operational audit program had not been developed.
- Key roles had not been allocated for example an infection prevention and control lead had not been identified.

The area where the provider **must** make improvements is:

Overall summary

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

The area where the provider **should** make improvement is:

- Consider providing a data logger for both vaccine fridges.

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

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist advisor.

Background to Drs Green, Broadbelt and Majeed

Dr Green, Broadbelt and Majeed (also known as Vittoria Medical Centre) is located at Birkenhead, Wirral. Merseyside CH41 3RH. The practice is situated in a purpose-built health centre shared with another practice and with an independent pharmacist located next door. The practice is in the process of becoming a part of a wider network of GP's in the local area.

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

The practice provides NHS services through a General Medical Services contract to 4,800 patients.

The practice has one male and three female GP's, a practice manager, assistant practice manager, two practice nurses, administration and reception staff.

Standard appointments are 10 minutes long, patients are able to book double slots if they have several issues. Patients can register for online services such as booking

appointments and ordering repeat medicines. Telephone consultations are also available and home visits are provided to the people who cannot get to the surgery due to the severity of their ill health.

The practice is open from 8am to 6.30pm Monday to Friday. Patients can also be referred to extended out of hours services at neighbouring practices 6.30 to 8pm weeknights and Saturdays.

Outside of these hours' patients can use the NHS111 GP service.

The practice is part of the Wirral Clinical commissioning Group (CCG) and scores 1 on the Public Health England scale of deprivation. The scale is 1 to 10 with 1 being the most deprived and 10 being the least deprived. The practice population is made up of mostly working age population. A large number of the practice population has a long-standing health condition and scores 68% compared with the local average of 59% and national 51%.

There is also a higher than average number of unemployed patients.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• There was a lack of strong systems and processes established and operated to evaluate and improve the practice and so demonstrate good governance. <p>In particular we found:</p> <ul style="list-style-type: none">• There was no documented business plan and strategy to support the practice's aim to deliver high quality care and promote good outcomes for patients.• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular relating to infection prevention and control, health and safety, fire safety and staff training.• The systems to prioritise and improve quality outcomes for patients were not sufficiently developed particularly relating to cervical cancer screening; the prescribing of hypnotic medicines and antibiotic prescribing. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>