

Dr Mahbub's Surgery

Inspection report

Brace Street Health Centre
Brace Street
Walsall
WS1 3PS
Tel: 01922605910

Date of inspection visit: 20 June 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?

Requires Improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection at Dr Mahbub's Surgery on 20th June 2023. Overall, the practice is rated as inadequate.

Safe - inadequate,

Effective - inadequate,

Caring - requires improvement,

Responsive - inadequate,

Well-led - inadequate,

Following our previous inspection on 20th March 2018, the practice was rated good overall and for all key questions.

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

Why we carried out this inspection.

We carried out this inspection to follow up concerns reported to us.

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:

- 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 short 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:

- The practice was unable to demonstrate they had systems in place to ensure the safe management of patient care.

Overall summary

- The practice was unable to demonstrate that they were providing effective services, they showed limited monitoring of outcomes of treatment, and they were unable to demonstrate that staff had the skills, knowledge and experience required to carry out their role.
- Staff did not always have the information they needed to deliver safe care and treatment.
- The practice safeguarding registers had not been maintained appropriately and the information held was inaccurate.
- The practice could not demonstrate effective clinical oversight of staff undertaking clinical roles to ensure they were working within their competencies. We found significant concerns in the prescribing of medicines and gaps in the information recorded in patients' consultation records.
- We found there was no systematic structured approach with effective clinical oversight of patient information including clinical data.
- The practice was unable to demonstrate that incidents that affect the health, safety and welfare of people using services were reported internally and had been shared with staff to promote learning and improvement.
- The practice was not always responsive to the needs of their patients in accessing appointments and medicines and complaints were not always used to improve the quality of care.
- The practice was unable to demonstrate they had effective leadership or the correct culture in place to provide high quality sustainable care.
- The practice did not have fully embedded governance systems and had not proactively identified and managed risks.
- The overall governance arrangements were ineffective. The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice was unable to demonstrate that they involved patients, staff or stakeholders in shaping the service.

We found 4 breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure there are comprehensive systems in place to respond to complaints in a timely manner ensuring learning is identified to reduce the likelihood of recurrence.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

Whilst we found no breaches of regulations, the provider **should**:

- Implement a process to encourage patients to attend for cervical and breast cancer screening.
- Implement a carer's register.

As a result of the inspection team's findings from the inspection, as to non-compliance, but more seriously, the risk to service users' life, health and wellbeing, the Commission decided to issue an urgent notice of decision to impose conditions on the provider's registration. The notice was served on the provider on 6 July 2023 and took immediate effect.

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.

Overall summary

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 Care

Our inspection team

Our inspection team was led by a CQC lead inspector, a team inspector and a member of the CQC medicines team. Two GP specialist advisors completed clinical searches and records reviews using video conferencing facilities.

Background to Dr Mahbub's Surgery

Dr Mahbub's Medical Centre is located in Walsall at:

Dr Mahbub's Surgery

Brace Street Health Centre

Walsall

WS1 3PS

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

The practice is situated within the Black Country Integrated Care System (ICS) and delivers General Medical Services (GMS). This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices forming a primary care network (PCN) named South 1 PCN Service, a group of 9 practices within the local region.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the lowest decile (1 of 10). The lower the decile, the more deprived the practice population is relative to others.

The practice has a 3170-patient list. According to the latest available data, the ethnic make-up of the practice area is 47.5% Asian, 41.5% White, 5.4% Black, 4.1% Mixed, and 1.5% Other.

The age distribution of the practice population shows a high level of children at 30.5% compared to an England average of 19.9% and a low older people population of 7.4% compared to the England average 17.7%. There are more male patients registered at the practice compared to females.

The surgery works closely with another surgery in Dudley which the lead GP also owns, and they share some of the same staff.

The partnership team consist of one GP and a part time practice manager, who is also a part time nurse. The practice employs a further full-time nurse, a part time pharmacist and a physician associate and a paramedic, there are also 3 regular locum GP's which work with the practice. The GPs are supported at the practice by a team of reception/administration staff. The practice manager is based at this location to provide managerial oversight.

The practice is open between 0800 to 1830 Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the PCN where late evening and weekend appointments are available. Out of hours services are provided by 111.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <ul style="list-style-type: none">• The provider had no systems in place to ensure staff allocated leadership roles received the appropriate training and support.• The practice did not adhere to its policies by ensuring that staff had received the appropriate training and support to be able to carry out their role effectively. <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• The management of patients prescribed high risk medicines which required monitoring was not always in line with national guidance.• The management of patients with some long-term conditions was not always in line with national guidance.• The management of patients prescribed medicines subject to safety alerts were not always managed in line with guidance.• Systems were not working effectively to promote effective patient care, for example, we identified shortfalls with medicine reviews; monitoring patients with a long-term condition to ensure their medicines were effective; and the follow up of patients when a concern had been identified.• There was a lack of clinical oversight in the issuing of prescriptions leading to errors.• We found delays in the actioning of clinical referrals and referrals to secondary services. The provider was unable to demonstrate effective processes were in place to monitor systems were being followed.• The oversight of test results and tasks required strengthening to ensure patients were followed up in a timely manner when necessary.

Enforcement actions

This was in breach of Regulation 12 (1) (2) (a, b, c, d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation.

- The provider was unable to provide evidence to demonstrate that complaints had been investigated and dealt with and the appropriate action had been taken.

This was in breach of Regulation 16 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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

How the regulation was not being met:

- Governance processes within the practice required significant strengthening. Areas of risk were not being identified and subsequently managed with effective managerial oversight.
- There were no systems in place to ensure policies and processes was adequate and effective.
- Safeguarding registers were incomplete and required updating to ensure they reflected an accurate list of patients with safeguarding concerns and those who are vulnerable registered at the practice.

Enforcement actions

- The provider was unable to demonstrate that incidents that affect the health, safety and welfare of people using services were reported internally and to relevant external authorities/bodies.
- We found no evidence to demonstrate that incidents had been shared with staff to promote learning.
- The provider was unable to demonstrate they had actively sought the views of a wide range of stakeholders, including people who use the service and staff to improve outcomes.
- The provider had not acted on feedback received from staff.
- The provider was unable to demonstrate that some clinical staff maintained an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.
- Documentation was incomplete where patients had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision in place.
- There was limited evidence of clinical improvement activity to drive improvements in patient outcomes.
- We found staff were not up to date with the practice's mandatory training schedule.

This was in breach of Regulation 17 (2) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury
Maternity and midwifery services

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

How the regulation was not being met:

This section is primarily information for the provider

Enforcement actions

- There was no system in place to ensure staff were supervised until they could demonstrate acceptable levels of competence to carry out their role unsupervised.
- Not all staff received regular appraisals.

This was in breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.