

Shenley Green Surgery

Inspection report

22 Shenley Green
Birmingham
West Midlands
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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?

Good 

Are services caring?

Requires improvement 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Shenley Green Surgery on 14 March 2019 as part of our inspection programme.

At the last inspection in December 2015 we rated the practice as good for providing safe, effective, caring, responsive and well-led services.

At this inspection, we found that the providers had mainly moved in line with changes within the healthcare economy and had shaped the practice to sustain delivery of high quality services in some areas. However, we found changes did not routinely support delivery of high quality services.

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 required improvement overall due to concerns in providing safe, caring, responsive and well led services. These requires improvement areas impacted on all population groups and so we have rated all population groups as requires improvement.

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

- Staff we spoke with demonstrated how to recognise and respond to safety concerns; however, records we viewed showed some clinical staff had completed safeguarding training appropriate to their role.
- The practice did not have a process for assessing the different responsibilities and activities of non-clinical staff to determine if they required a Disclosure and Barring Service (DBS) check.
- The practice learned and made improvements when things went wrong.
- The way the practice was led and managed mostly promoted the delivery of high-quality, person-centre care. However, oversight of the governance framework in areas, such as monitoring of training, recruitment checks and management of environmental risks were not carried out effectively.

- During our inspection, we saw that staff treated patients with kindness, respect and explained how they involved patients in decisions about their care.
- However, the practice scored below local and national averages in the 2018 national GP patient survey for questions relating to continuity of care and access. The practice were aware of this and were actively taking action to improve patient's satisfaction.
- The practice implemented changes to the appointment system to improve patients access to care and treatment in a timely way. However; at the time of our inspection, the practice were unable to demonstrate whether patient satisfaction had improved.

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

- Patients received effective care and treatment that met their needs.
- The practice operated a programme of quality improvement activities and routinely reviewed the effectiveness and appropriateness of care provided. The practice monitored data such as Quality Outcomes Framework (QoF) performance and carried out actions to improve performance which were not in line with local or national averages.

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

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training and professional development, to enable them to carry out the duties.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Improve the identification of carers to enable this group of patients to access the care and support they need.
- Continue taking action to improve areas where patient satisfaction is below local and national averages.
- Continue reviewing action plans and changes implemented as a result of quality improvement activities.

Overall summary

- Continue taking action to improve the uptake of national screening programmes such as cervical screening as well as improve areas where Quality Outcomes Framework performance were not in line with local and national averages.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

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.

Background to Shenley Green Surgery

Shenley Green Surgery is located at 22 Shenley Green, Birmingham, West Midlands B29 4HH. The surgery has good transport links and there is a pharmacy located nearby.

Dr. Katerina Gaspar and Dr. Amanda Sinclair are the registered providers of Shenley Green Surgery. The practice is registered with CQC to deliver the following Regulated Activities.

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

Shenley Green Surgery is situated within Birmingham and Solihull Clinical Commissioning Group (CCG) and provides services to 6,000 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.

When the practice is closed, out of hours cover for emergencies is provided by Birmingham and District General Practitioner Emergency Room group (Badger).

The practice has two female GP partners, two female salaried GPs and one female long term locum GP. The

clinical team also includes one locum practice nurse and a health care assistant. The non-clinical team consists of a practice manager and a team of receptionists and administrators.

The surgery is also a training practice providing placements and supervision to speciality registrars and foundation year GPs. At the time of our inspection, there was one GP (ST2) registrar and one GP (FY2) trainee assigned to the practice.

Shenley Green Surgery is in one of the more deprived areas of Birmingham. The practice catchment area is classed as being within a deprived area in England. The practice scored three 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 81% white British, 8% Asian, 5% black, 5% mixed and 2% other non-white ethnicities. The practice demographics show a slightly higher than average percentage of people in the 65+ year age group. Average life expectancy is 79 years for men and 83 years for women compared to the national average of 79 and 83 years respectively. The general practice profile shows that 61% of patients registered at the practice have a long-standing health condition, compared to 50% locally and 52% 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had processes in place that operating ineffectively in that they failed to enable the registered person to assess the risks relating to the safety and welfare of service users and others who may be at risk, in particular we found:</p> <ul style="list-style-type: none">• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively for example, the practice did not carry out environmental risks such as fire as well as health and safety risk assessments. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular we found:</p> <ul style="list-style-type: none">• Employment records did not include information required such as references. The registered person did not establish a process for assessing the different responsibilities and activities of staff to determine if they were eligible for a Disclosure and Barring Service check and to what level.• The registered person did not establish a process for checking and monitoring whether health care professionals were registered with a professional body. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The service provider had failed to ensure that persons employed in the provision of a regulated activity received training as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- The provider was unable to demonstrate that staff training was carried out at appropriate intervals during their employment.
- The provider was unable to demonstrate that appropriate actions were taken quickly when training requirements were not being met.
- The registered person was unable to demonstrate that staff received periodic supervision or regular appraisals of their performance in their role to identify any training, learning and development needs.

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