

Tower Hill Partnership

Inspection report

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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?

Inadequate



Are services effective?

Requires improvement



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 Tower Hill Partnership on 24 February 2020, following our annual regulatory review of the information available to us including information provided by the practice. Our review indicated that there may have been a change to the quality of care provided since the last inspection.

This inspection focused on all of the following key questions:

- Safe
- Effective
- Caring
- Responsive
- Well-led

We had previously inspected the service in December 2016 and rated the service as good overall. All population groups were rated as good.

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. We rated all population groups as requires improvement.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- Safeguarding processes were not embedded to ensure patients were kept safe.
- The practice did not manage test results in a timely manner.
- The practice did not have an effective system to respond to all patient safety alerts.
- The practice did not have appropriate systems in place for the safe management of patients on high risk medicines.
- The practice did not learn and make improvements when things went wrong.

We rated the practice as **requires improvement** for providing effective and responsive services including all of the population groups because:

- Patients did not receive effective care and treatment that met their needs.
- Patient feedback showed that they could not access care and treatment in a timely way.
- There was a new leadership team who acknowledged that improvements were required to promote delivery of high-quality care and had taken some action to address this. However, not all actions had been embedded and further improvements were required.

We also rated the practice as good for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care. However, some areas of the national GP patient survey in regard to quality of consultation was below local and national averages.

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

- Ensure care and treatment is provided in a safe way to patients.
- 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:

- Clarify responsibilities and actions following identification of safeguarding issues by the online GP consultation service.
- Continue to embed action plan to improve patients experience of their consultation.

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	Inadequate 
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 Tower Hill Partnership

Tower Hill Partnership provides primary care services to its registered list of approximately 18,000 patients. The practice is situated at 433 Walsall Road, Perry Barr, Birmingham. The practice is similar to the national average for deprivation levels. For example, income deprivation affecting children was 19% compared to the national average of 20%. The male life expectancy for the area is 79 years which is similar to the national average but higher than the CCG average of 76. The female life expectancy for the area is 85 years compared with the CCG average of 82 years and the national average of 83 years.

The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.

There are six GP partners, four salaried GPs (both male and female), a nurse manager, eight practice nurses, two healthcare assistants and a clinical pharmacist. The team also includes two physicians' associates. They are supported by a business and facilities manager and an IT

manager along with four reception supervisors. The practice is a designated training practice for trainee GPs. These are qualified doctors who are learning the role of a GP.

The practice is located on three floors, both the ground and first floor contain reception, waiting areas, consulting rooms, disabled toilet facilities and treatment rooms, whilst a training room, library and administration offices are situated on the second floor. There is step free access into the building and access for those in wheelchairs or with pushchairs. Patients can also access the first floor via a lift. The practice was open between 8am and 8pm Monday to Thursday, the exception being Friday when the practice is open 8am and 6.30pm. GP appointments are available between 8am and 8pm Monday to Thursday and 8am to 6.30pm on Fridays. The practice also offers appointments on Saturdays and Sundays from 9am until 12.30pm through HUB working arrangements.

The practice had a contract with a third-party organisation to provide out-of-hours service to patients. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure assessments of the risks to the health and safety of service users of receiving care or treatment were being carried out. In particular:</p> <ul style="list-style-type: none">• There was no documented approach to the management of test results. The practice did not act on abnormal test results in a timely manner.• There was no evidence of structured medicines reviews for patients on repeat medicines.• The provider did not have an effective system in place to ensure appropriate monitoring of patients on high risk medicines.• The practice did not maintain an accurate record in respect of each patient. We saw evidence medication reviews coded in the system but no evidence these had been undertaken. <p>The provider did not ensure risks were assessed and managed in regard to safeguarding patients.</p> <ul style="list-style-type: none">• Practice staff had completed updated training in safeguarding but were not always aware of all relevant intercollegiate guidance.

This section is primarily information for the provider

Requirement notices

- The practice safeguarding register was incorrect. There was evidence of missing alerts for some patient's subject to safeguarding concerns on the record system. This was in breach of Regulation 12 (1) (2) (g) 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

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:

The systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided was not fully effective. The provider was unable to demonstrate effective systems for the reporting and management of incidents and significant events to support learning and service improvements.

- The provider did not have effective systems to ensure patient safety alerts and alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) were acted on appropriately.
- There was a lack of leadership oversight and insufficient capacity to identify and implement improvements. There was no systematic, structured approach to the management of patients care and treatment with a lack of effective quality assurance systems and clinical oversight.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.