

Oakwood Surgery

Inspection report

856 Stratford Road
Sparkhill
Birmingham
B11 4BW
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Date of inspection visit: 25 August 2021
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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?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Oakwood Surgery on 25 August 2021. Overall, the practice continues to be rated as requires improvement.

Set out the ratings for each key question

Safe - Good

Effective – Requires improvement

Well-led – Requires improvement

Following our previous inspection, on 22 January 2020 the practice was rated requires improvement for safe, effective, and well-led key and rated requires improvement overall.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Oakwood Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

This was a focused inspection to follow up on:

- *Safe, effective, and well-led key questions*
- *Breaches of regulations as well as ‘shoulds’ identified in previous inspection*
- *Ratings carried forward from previous inspection*

How we carried out the inspection/review

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider
- 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

Overall summary

- information from the provider, patients, the public and other organisations.

We have rated this practice as Requires improvement overall and good for all population groups; except Families, children and young people and working age people (including those recently retired and students) which we rated requires improvement.

We found that:

- The practice provided care in a way that mainly kept patients safe and protected them from avoidable harm.
- Staff demonstrated awareness of actions required if they suspected safeguarding concerns. Since our previous inspection, the practice took action to gain assurance that clinical staff who were not directly employed by the practice had completed safeguarding training.
- Patients received effective care and treatment that mainly met their needs. In particular, since our last inspection, the provider implemented system's which provided assurance that care was managed effectively when care was shared with other health care providers.
- The practice had a system for recording and disseminating actions carried out as a result of significant events. Records showed incidents were being discussed during clinical meetings; and staff were routinely completing the practice significant events log demonstrating thorough investigations to establish root causes.
- Quality Outcome Framework (QoF) clinical indicators for the 2019/20 QoF year were in line with local and national averages.
- The management team were aware of comments and feedback placed on various online platforms and respond to these comments. To improve patient experience; members of the management team observed reception staff and provided feedback in regard to allowing patients time to speak and explain their issues. The practice also made changes to the phone system and increased the number of staff taking calls during busy periods.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.

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

- The practice was on an ongoing journey to further strengthen and embed systems and process. However, there were areas where quality improvement activities required further strengthening, such as oversight of medicine management as well as ongoing management of patients diagnosed with a long-term condition.
- Whilst clinical leads explained carrying out reviews of non-medical prescribers prescribing practice and discussions to support prescribers with clinical decisions; there were no documents or evidence provided to demonstrate this.
- National screening programs such as cervical cancer screening and the uptake of childhood immunisations were below target. The practice demonstrated awareness of this and demonstrated actions taken since or previous inspection, as well as during the national pandemic to improve uptake.
- Clinical governance arrangements had been strengthened; in particular, sub teams were developed to address areas where performance showed negative variation. However, changes were not yet operating effectively in areas such as medicines management.
- The way the practice was led and managed mainly promoted the delivery of high-quality, care. The provider made changes to the governance arrangements since our previous inspection and was on a journey to further strengthen governance arrangements. However, there were areas where changes were not entirely embedded and operating effectively.

We found a breach of regulations. The provider **must**:

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

Overall summary

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

- Continue taking action to improve the uptake of childhood immunisations and cervical screening.
- Take action to ensure a documented approach which demonstrates regular reviews of non-medical prescribers prescribing practice; supported by clinical supervision and or peer reviews.

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	Requires Improvement	
Working age people (including those recently retired and students)	Requires Improvement	
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 who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Oakwood Surgery

Oakwood Surgery is located in Sparkhill Primary Care Centre, South Birmingham. at:

856 Stratford Road

Sparkhill

Birmingham

West Midlands

B11 4BW

The surgery has good transport links and there is a pharmacy located nearby.

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

The practice is situated within the Birmingham and Solihull Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 11,356. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called Birmingham SmartCare which is a GP Federation in Birmingham which is owned and run by local primary care clinicians working together to improve health and well-being.

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 55% Asian, 30% White, 7% Black, 4% Mixed, and 4% Other on-white ethnic groups.

The age distribution of the practice population closely mirrors the local and national averages; except for patients aged between five and 49 which was above the local and national average. There are more male patients registered at the practice compared to females.

Practice staffing comprises of two GP partners (male), two part time salaried GPs and two long-term locum GPs. The clinical team also includes three practice nurses, a part time advanced nurse practitioner, two health care assistants, a phlebotomist, and a medicines management team. The non-clinical team consists of two practice managers, and a team of receptionists and administrators.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

Extended access is provided locally by local hub arrangements, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111.

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 were not being met. The provider must send CQC a report that says what action they are 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 systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The provider did not ensure that systems and processes to identify where quality and safety were being compromised in relation to medicine management routinely enabled the provider to respond appropriately and without delay. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>