Great Barr Medical Centre

Inspection report

379 Queslett Road
Birmingham
B43 7HB
Tel:

Date of inspection visit: 06 December 2021
Date of publication: 25/01/2022

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?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Inadequate

Overall summary

We carried out an announced inspection at Great Barr Medical Centre on 6 December 2021. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective – Inadequate

Caring - Good

Responsive - Requires Improvement

Well-led - Inadequate

Why we carried out this inspection

The practice has not been inspected before. This inspection was carried out to provide a rating for the practice. The inspection was also carried out in response to concerns we had received about appointment access and GP availability.

This inspection was a comprehensive inspection and we included all five key questions: safe, effective, caring, responsive and well-led.

How we carried out the inspection

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 telephone and 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 after the inspection 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 have rated this practice as Inadequate overall.

Overall summary

We found that:

- The practice did not have effective systems and processes to keep patients safe.
- There was no oversight of staff training and no training information available for non-clinical staff.
- There was no evidence that staff had completed the relevant infection prevention and control training for their role or that non-clinical staff had completed safeguarding training that was relevant to their role.
- There was no oversight of risk assessments related to the premises and the practice could not provide evidence of health and safety risk assessments or a recent fire risk assessment.
- The practice was not able to demonstrate that all staff had the skills, knowledge and experience to carry out their roles. The practice could not demonstrate that staff had received induction, regular reviews and appraisals or clinical supervision.
- The practice had taken action to improve telephone and appointment access. This included installing a new telephone system and implementing a system that allowed them to monitor which patients needed an appointment after all the appointments had been taken for the day.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic and had re-started offering face to face appointments from March 2021.
- The practice did not have effective systems to manage complaints and could not demonstrate that all complaints had been responded to appropriately.
- The practice was unable to demonstrate effective leadership. The lack of adequate processes was putting patients at risk.
- However, the provider responded appropriately to our concerns following the inspection, indicating the leadership team did have the capability to provide safe and effective care.

We found two breaches of regulations. 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

(Please see the specific details on action required at the end of this report).

The provider **should**:

- Improve systems and processes to more effectively manage significant events.
- Improve systems for arranging chaperones and interpreters.
- Implement systems and processes to more effectively manage records awaiting summarising.
- Continue to improve uptake with childhood immunisations and cancer screening.
- Implement processes to engage with staff and patients so that learning can be shared, and quality of services provided can be improved further.
- Continue to improve accessibility for all patients including those with a sensory impairment.

We identified breaches and as result of our inspection, a warning notice was issued under Section 29A of the Health and Social Act 2008 to the provider Great Barr Medical Centre in relation to the regulated activities: diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures. This was due to the ineffective systems in place for the management of risk, inadequate leadership to maintain appropriate governance processes and ensure staff had completed training relevant to their roles.

Overall summary

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.

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 Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

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 and completed clinical searches and records reviews during the site visit.

Background to Great Barr Medical Centre

Great Barr Medical Centre is located in Birmingham at:

379 Queslett Road

Birmingham

B43 7HB

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

The practice is situated within the Black Country and West Birmingham Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 11,740. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called a primary care network. This practice is part of the Central Health Partnership primary care network.

Information published by Public Health England shows that deprivation within the practice population group is ranked as level six, with one being the most deprived and 10 being the least deprived.

According to the latest available data, the ethnic make-up of the practice area is 70% White, 18% Asian, 7% Black, and 4% Mixed or Other.

There is a team of three GP partners (two male and one female) one locum GP (male) one day a week. The practice has a team of one practice nurse four days a week, and two advanced nurse practitioners (ANP).

At the time of the inspection the practice was recruiting for a practice nurse, advanced nurse practitioner and administration staff.

The GPs are supported at the practice by a practice manager and a team of reception/administration staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance patients are given the option of a face to face or telephone appointment.

Extended access is provided Monday to Friday by the practice where evening appointments are available 6.30-7.30pm.

The practice also run one clinic every 12 weeks on a Saturday between 9am-12pm and the ANP runs a telephone clinic on some Saturday mornings.

Out of hours services are provided by Malling Health.

This section is primarily information for the provider

Enforcement actions

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found you were failing to operate effective systems and processes to assess, monitor and improve the quality and safety of the services and mitigate risks to adequately protect patients, and others in carrying on the regulated activities. Information relating to the governance of the service to assess, monitor and improve the quality and safety of the service and to mitigate risks to the health, safety and welfare of service users was not readily available. This included site safety information and staff recruitment, ongoing staff checks and training information. We found the practice did not have effective systems in place to ensure the safe management of some service users with long term conditions which required ongoing review and monitoring. We found you did not have effective systems in place to ensure the safety of some service users prescribed certain medicines which required ongoing review and monitoring. We found you did not have an effective system or process for ensuring all alerts (including historic alerts) from the Medicines and Healthcare Products Regulatory Agency (MHRA) and patient safety alerts were discussed, shared and actioned. We found the provider did not have effective systems in place to monitor staff training or for managing staff recruitment files and staff information. The practice was not able to provide a recruitment file for the locum GP. We found information in files was disorganised and not secured to the file. We found gaps in the recruitment records for staff to ensure their suitability to work for the service. For example, there were no evidence of interview notes, conduct in previous employment, such as references, and no signed contract.

This section is primarily information for the provider

Enforcement actions

The provider was also not able to provide evidence of Disclosure and Barring Checks (DBS) for all staff. No risk assessments had been completed in their absence.

There was no induction paperwork in staff files that we reviewed.

The practice could not demonstrate that all staff had received appraisals and staff immunisation information was either not available or it was incomplete.

The provider had not undertaken a risk assessment for the emergency medicines it had chosen not to stock. The provider could not demonstrate that risks had not been fully examined or reviewed.

The system to manage complaints was not effective. The practice could not demonstrate they had responded to complaints appropriately.

We found there was no clear leadership and oversight of governance systems and processes.

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	We found the provider did not have effective systems and processes to assess and mitigate risks to the health and safety of service users, and staff in carrying out the regulated activities.
Maternity and midwifery services	We found you did not have effective systems for the safe and proper management of medicines. We found patients prescribed high risk medicines, and patients with long term conditions were not monitored in line with guidelines. Medication reviews were incomplete and did not record adequate information for safe prescribing.
Surgical procedures	We found the practice did not have effective systems and processes in place to manage MHRA and patient safety alerts and risks were not assessed and explained to patients.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

You did not have effective systems to ensure that persons providing care and treatment had the necessary qualifications, competence, skills and experience to do so safely. Training records were not available for non-clinical staff and for the locum GP. The practice was not able to provide training information for all staff that undertook childhood immunisations and cytology samples.

From training records for clinical staff that we viewed we found clinical staff had not completed clinical infection control training.

You did not have effective systems or processes in place to ensure the premises were safe to use for their intended purpose. You were unable to provide a recent fire risk assessment or a recent premises health and safety risk assessment. Staff were not carrying out required legionella testing.

We found the provider did not have effective systems in place to manage staff recruitment files and staff information. There was no recruitment file for the locum GP including no information about professional qualifications or relevant training.

There was no induction information in staff files that we reviewed.

There was no risk assessment for the recommended emergency medicines the provider had chosen not to stock.

We found there was no formal supervision of clinical staff in extended roles, including monitoring of their prescribing,

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