

# The Acocks Green Medical Centre

## Inspection report


999 Warwick Road  
Acocks Green  
Birmingham  
West Midlands  
B27 6QJ  
Tel: 01217060501  
[www.acocksgreenmedicalcentre.org.uk](http://www.acocksgreenmedicalcentre.org.uk)






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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?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

# Overall summary

We carried out an announced comprehensive follow up inspection of The Acocks Green Medical Centre on 26 June.

The practice was initially inspected in May 2016 and received a rating of Requires Improvement overall. We noted improvement in our follow up inspection in January 2017 and therefore the practice was rated as Good overall. However, we found issues and gaps in evidence during a further inspection in August 2018, as a result the practices overall rating went back to Requires Improvement.

We carried out a further follow up inspection on 26 June 2019 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations we identified in our previous inspection on 1 August 2018.

The full comprehensive report and previous inspection reports can be found by selecting the 'all reports' link for The Acocks Green Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

**Following this inspection we have rated this practice as Inadequate overall. Specifically, the practice was rated as Inadequate for providing safe, effective and well-led services. We rated the practice as Inadequate for providing effective care to families, children and young people, people with long term conditions, older people, people whose circumstances may make them vulnerable, people experiencing poor mental health (including people with dementia) and working age people.**

On this inspection we found that:

- Whilst staff we spoke with demonstrated good understanding of safeguarding principles, the practices systems and processes to keep people safe and safeguarded from abuse required strengthening in areas.

- There were gaps in the practices systems for the appropriate and safe use of medicines and the practice had not always learned and made improvements when things went wrong.
- Care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance.
- The practice could not demonstrate how they assured the competence of staff employed in advanced clinical practice. Specifically, there was no formal evidence provided by the practice to demonstrate a regular review of their nurses prescribing practice supported by clinical supervision or peer review.
- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets in certain areas. Cervical and breast screening uptake was consistently below local and national averages.
- The practice did not always operate effective processes for managing risks, issues and performance.
- Leaders could not fully demonstrate that they had the capacity and skills to deliver high quality sustainable care and during our inspection we received conflicting information with regards to the scope of a role within the nursing team; specifically the evidence found thereafter did not promote a culture of candour, openness and honesty at all levels.
- Feedback from patients was mostly positive about the way staff treated people. Staff described the practice as a positive environment in which to work.

The areas where the provider **must** make improvements as they are in breach of regulations 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 areas where the provider **should** make improvements are:

- Strengthen systems to support timelier reviews of urgent pathology results.
- Continue with efforts to improve uptake of childhood immunisations and cancer screening overall.

# Overall summary

- Explore further ways to identify and capture carers to ensure their care and support needs are met.

I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, we place it into special measures. Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, 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 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.

Special measures will give people who use the service the reassurance that the care they get should improve. We are currently carrying out enforcement actions against the provider and will report on the outcomes at a later date.

**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

<b>Older people</b>	<b>Inadequate</b>	
<b>People with long-term conditions</b>	<b>Inadequate</b>	
<b>Families, children and young people</b>	<b>Inadequate</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Inadequate</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Inadequate</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Inadequate</b>	

## 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 The Acocks Green Medical Centre

The Acocks Green Medical Centre is situated in a converted residential property based in the Acocks Green area of Birmingham. Public Health England data ranks the levels of deprivation in the area as two out of 10, with 10 being the least and one being the most deprived. Approximately 5,075 patients are registered with the practice.

The service is registered to provide the regulated activities of Diagnostic and screening procedures, Surgical procedures and the Treatment of disease, disorder or injury.

The practice is led by a GP partner (male) and is in partnership with another male GP partner who is also the registered manager. This GP was not visible in the practice, managers confirmed that the GP had been out of the country for a long time.

A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Following our inspection we noted that the practice had failed to formally notify Care Quality Commission (CQC) of the absence of their Registered Manager whom had been

absent from the practice for more than 28 days; as part of the CQC statutory notifications process. In addition, we found that the practice was not registered with the CQC to deliver specific services under the appropriate regulated activity of Maternity and Midwifery Services.

Due to the registration issues identified, we wrote to the provider following our inspection in order to establish if changes had been made to the partnership which had not been reflected in the providers registration with CQC. The provider has a number of options to take in response to this matter. We also informed the practice that they are not registered with the CQC to deliver specific services under the appropriate regulated activity of Maternity and Midwifery Services, we requested that they either cease providing services associated with this regulated activity or that they register to provide this with immediate effect.

We received assurance following the inspection to confirm that the required registration changes were underway.

The clinical team includes a long term locum GP (female), and a female nursing team consisting of an advanced nurse practitioner, a nurse prescriber, a healthcare

assistant and a clinical pharmacist. The practice is supported by a business manager, a practice manager and team of staff who cover reception, administrative, secretarial and cleaning duties.

The practice is open between 9am and 6.30pm on weekdays, phone lines were open from 8:30am. When appointments are closed between 1pm and 2pm and on Wednesday afternoons, patients are diverted to the Badger service who are contracted to provide in-hours telephone coverage for the practice. Patients can access evening and weekend appointments through an

extended access Hub arrangement with another practice situated in the Stechford area (approximately 2.5 miles away from the practice). These appointments are available Monday to Friday from 6.30pm to 8pm and on Saturdays from 9am to 1pm. There is also a duty GP available at the practice each day for any emergencies.

Patients are diverted to the GP out of hours service provided by the Badger out of hours service when appointments are closed. Patients can also access advice through the NHS 111 service.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: There were gaps in the evidence provided during our inspection to demonstrate that recruitment checks were carried out in accordance with regulations.</p> <p>For example, there was no evidence of references obtained to satisfy evidence of conduct in previous employment or education for one of the GPs, the practice employed pharmacist and a member of the nursing team. Although we also saw contracts in place for these staff members, we noted that they had not been signed.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk;</p> <p>On observing the practices systems for safeguarding children during our inspection, we found that there was no clear register in place for children at risk and the practice was unable to effectively demonstrate regular review of their registers for vulnerable children including those at risk and on child protection registers. In</p>

## Requirement notices

addition, the service could not provide evidence when requested to support or assure us that where relevant, family members were linked to child safeguarding cases such as those at risk and on child protection registers.

We also found that the practice was not effectively capturing failed attendances of children's appointments in secondary care on the patient record system; as they were coded as a general missed appointment and did not clearly differentiate between a missed appointment in primary or secondary care.

During our inspection we identified gaps in the practices system for the receipt of safety alerts, the practice was unable to evidence when requested, receipt of a drug safety alert from the Medicines and Healthcare products Regulatory Agency (MHRA) issued in November 2018. This alert contained guidance for reviews of patients taking a specific medicine for hypertension and for those taking these medicines on a long-term basis due to risk of certain cancers.

In addition, we identified several patients over the age of 35, all of which were identified as smokers that had been prescribed a contraceptive medicine. The practice was unable to demonstrate that these patients had been reviewed in line with guidance from the National Institute for Health and Care Excellence (NICE). This further highlighted that the practice's systems and processes to keep clinicians up to date with current evidence-based practice was not effective.

There was additional evidence of poor governance. In particular;

The practice was unable to demonstrate a regular review of their nurses such as through formal clinical supervision, peer review or through review of their nurses prescribing practice.

Furthermore, during our inspection we identified instances where the ANP had acted out of scope by signing and issuing Statement of Fitness for Work notes (also known as fit notes), these notes can only legally be issued by a GP.

There was no evidence to indicate that this had been identified until the point of our inspection and therefore highlighted a lack of oversight by practice leaders.

This section is primarily information for the provider

## Requirement notices

We were informed that the Registered Manager had not been in the country for a while, the Registered Manager was also registered with CQC as a GP partner and listed on the practice website as such however members of the management team confirmed during our inspection that although they had access to the individual via telephone they were not visible nor currently based at the practice as a member of the team. Following the inspection it was confirmed by the service that the Registered Manager and GP partner role in the practice is now redundant however this had not been reflected in the providers registration with the CQC.

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