

Clifton Medical Centre

Inspection report

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Date of inspection visit: 8 January 2020

Date of publication: 12/03/2020

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.

Overall summary

We carried out an unannounced focused inspection at Clifton Medical Centre on 8 January 2020 as part of our inspection programme to confirm that the practice had carried out their plan to meet the legal requirements in relation to urgent notice of decision to impose conditions on the providers registration served on 20 and 23 December 2019. This report only covers our findings in relation to those requirements.

At the last inspection in December 2019 we rated the practice as inadequate for providing safe, effective, responsive and well-led services. The practice was rated requires improvement for providing caring services. Breaches of legal requirements were found and after our comprehensive inspection we issued urgent notices of decisions to place conditions on the providers registration.

The full comprehensive report on the December 2019 inspection, can be found by selecting the 'all reports' link for Clifton Medical Centre on our website at www.cqc.org.uk.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 19 December 2019.

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 found that:

- The practice held appropriate emergency medicines and equipment to respond to medical emergencies. However, systems for managing the stock of medicines available on site were not consistently applied across the main and branch site. The provider had not taken action to ensure inappropriate medicine were not being stored as a medicine to be used in the event of a medical emergency.
- Clinical staff demonstrated the competency to meet patients' individual needs; however, the provider was unable to show inspectors evidence of the necessary qualifications or demonstrate that they were assessing clinicians' competencies through clinical supervision.

- There was some evidence of actions being taken for individual patients to ensure appropriate reviews and monitoring were carried out prior to prescribing high-risk medicines. However, the provider had not established an effective system to ensure patients prescribed a high-risk medicine were being monitored appropriately.
- During our inspection, we found the provider had implemented a process to ensure changes to patients' medicines were only being made by clinicians.
- The provider was unable to provide assurance that Disclosure and Barring Service (DBS) checks had been carried out for identified staff.
- There was limited evidence to demonstrate an effective overarching governance framework to support the delivery of good quality care and changes made by the provider following our December 2019 inspection, had not been communicated effectively within the practice.
- The practice did not have clear systems and processes to keep patients safe and the provider was unable to demonstrate they had acted on previous concerns identified such as the management of safety alerts and infection control. There was no evidence to confirm that environmental risk assessments had been carried out at the main site to ensure risks were managed effectively.
- The practice were unable to demonstrate they had a system in place for sharing learning or to communicate improvements required when things went wrong.

Despite some actions which had been taken to address issues identified at our December 2019 inspection, there was no evidence that actions had had a positive impact on the providers ability to provide a safe, effective and well-led service. Although some actions were ongoing such as areas of medicines management, we found that changes were not communicated effectively throughout the practice which hindered the ability to imbed new systems and processes. As a result, the areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- 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).

Overall summary

The practice is due to be inspected again within six months of publication of the December 2019 comprehensive inspection report. When we re-inspect, we will also look at whether further progress has been made to enable compliance with Regulation 12: safe care and treatment; and Regulation 17 good governance HSCA (RA) Regulations 2014.

This service will remain 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 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 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. The team included a GP specialist advisor, a second CQC inspector and two members of the CQC medicines team.

Background to Clifton Medical Centre

Clifton Medical Centre is located at West Bromwich, an area in the West Midlands. There is a branch site situated at Victoria Health Centre in Smethwick. The practice has good transport links and there is a pharmacy located nearby. We visited both sites as part of this inspection.

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

Clifton Medical Centre is situated within the Sandwell and West Birmingham Clinical Commissioning Group (CCG) and provides services to 5,862 patients under the terms of a general Medical Services contract (GMS). This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a single-handed GP (male) who employs two salaried GPs (one male and one female). The practice employed two regular male locum GPs, a practice nurse, a clinical pharmacist and several administration staff.

The practice is part of a wider network of GP practices. There is an executive manager and also a business manager who works across several sites.

The practice opening hours are Monday to Friday 8.30am to 6.30pm. The practice is part of a primary care network and patients had access to appointments from 9am to 12pm Saturday and Sunday at the local hub. When the practice is closed, out of hours cover is provided by NHS 111.

The National General Practice Profile states that 58.4% of the practice population are from a white ethnicity. Information published by Public Health England, rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Urgent notice of decision to remove existing conditions and impose additional conditions of your registration as a service provider in respect of regulated activities Care and treatment must be provided in a safe way for service users
Maternity and midwifery services	How the regulation was not being met:
Surgical procedures	The provider had failed to ensure the proper and safe management of medicines;
Treatment of disease, disorder or injury	<ul style="list-style-type: none">• The provider did not have effective arrangements in place to provide assurance that medicine reviews were completed and reviewed regularly, or prescribing was in line with nationally recognised guidelines.• The provider did not have an effective system in place to ensure patient safety alerts and alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) were acted on appropriately.• provider did not have an effective system in place for the monitoring and recording of the availability of emergency medicines. <p>The provider could not demonstrate that clinical staff had completed the appropriate level of training for their roles.</p> <p>The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:</p> <ul style="list-style-type: none">• The provider had not completed a documented health and safety/ premises and security, fire safety or legionella risk assessments.

This section is primarily information for the provider

Enforcement actions

- The provider did not provide assurance that systems were in place to assess the risk of, prevent, detect and control the spread of health care associated infections.

This was in breach of Regulation 12 (1) 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

Urgent notice of decision to remove existing conditions and impose additional conditions of your registration as a service provider in respect of regulated activities Care and treatment must be provided in a safe way for service users

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met:

The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of emergency medicines, medicines management as a whole and staff training.

The provider did not have effective processes for significant events and incidents to enable staff to learn from significant events and incidents effectively.

The provider did not establish an overarching governance framework and leadership structure to support the delivery of good quality care.

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