

Church Lane - Khan

Inspection report

113 Church Lane
Stechford
Birmingham
B33 9EJ
Tel: 08450711104

Date of inspection visit: 11 May 2021
Date of publication: 30/06/2021

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?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Church Lane – Khan on 11 May 2021. Overall, the practice is rated as Requires Improvement.

Set out the ratings for each key question

Safe - Requires Improvement

Effective - Requires Improvement

Caring – Good

Responsive – Good

Well-led - Requires Improvement

Following our previous inspection on 22 August 2019, the practice was rated Requires Improvement overall and for all key questions.

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

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on:

- *Safe, Effective, caring, responsive and Well-led key questions*
- *Areas followed up included breaches of regulations and areas where the provider ‘should’ improve, 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

Overall summary

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 and requires improvement for all population groups.

We found that:

- Actions pointed out during our previous inspection, regarding adding findings from the practice personal emergency evacuation plan to the fire risk assessment had not been carried out until following this inspection.
- Safeguarding systems, processes and practices were developed, implemented, and communicated to staff. The management of incident was safe; and actions were taken to reduce the risk of recurrence.
- The practice provided care in a way that kept most patients safe and protected them from avoidable harm. There were areas such as medicines management which was not carried out in line with national prescribing guidelines.
- Quality Outcomes Indicators (QoF) data indicated that patients did not routinely received effective care and treatment that met their needs. The providers were aware of this and explained a range of factors such as COVID-19 pandemic and a period when they did not have a regular nursing team.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic which included the use of digital platforms such as video and telephone consultations. Patients could mainly access care and treatment in a timely way and the practice increased their phone lines to improve access.
- Oversight of training needs, checking staff immunisation status during the recruitment process and documenting learning and outcomes following complaints needed further strengthening.
- The practice carried out clinical audits as part of their quality improvement activities. However, the process did not demonstrate a continuous cycle which is continuously measured with improvements made after each audit cycle.
- Assurance systems and arrangements for managing and responding to risks in a timely manner was not managed effectively. In particular, the practice did not operate effective governance arrangements to ensure information is being used systematically to monitor adoption of prescribing guidance and improvement of QoF performance.

We found the following breaches of regulations. The provider **must**:

- 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.

Whilst we found breaches of regulations, we found the provider **should**:

- Improve monitoring of staff completion of training updates identified by the provider as mandatory training.
- Improve employee immunisation programme to include a review of staff's immunisation needs.
- Improve arrangements for identifying, recording, and managing risks including processes for responding to medical emergencies remains safe and effective.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Requires Improvement 
People with long-term conditions	Requires Improvement 
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 who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor/a member of the CQC pharmacy team who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Church Lane - Khan

Church Lane – Khan, also known as The Surgery, is situated in a converted residential property in the Stechford area of Birmingham at:

113 Church Lane

Stechford

Birmingham

B33 9EJ

The provider is registered with CQC to deliver the Regulated Activities, Diagnostic and screening procedures, Maternity and midwifery services, Surgical procedures and the Treatment of disease, disorder, or injury.

The practice is situated within the Birmingham and Solihull Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 3,476. This is part of a contract held with NHS England.

Information published by Public Health England ranked deprivation within the practice population group as 146 compared to CCG ranking of 15.

The practice is led by a male GP partner (also the Registered Manager). The clinical team includes a practice nurse and a part time health care assistant (both female). The practice team includes a practice manager and a team of administrative staff who cover admin and reception duties. The practice employs locum GPs through a locum GP agency, locum GPs work at the practice every Tuesday and Friday.

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 a hub clinic at Omnia Practice on a Tuesday evening where extended access appointments are available. Out of hours services are provided by NHS 111.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: 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: • The registered person did not where reasonably practicable monitor progress against plans to improve the quality and safety of services and take action without delay where progress is not being achieved. • Where reasonably practicable the registered person did not ensure that their governance systems remained effective. In particular, the registered person did not ensure that clinicians routinely worked in line with the registered persons repeat prescribing policy. • The registered person did ensure where people's views about their experience was shared; a record of analysis, including learning and actions taken to address issues raised was being recorded. This was in breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not routinely do all that was reasonably practicable to ensure that medication reviews were part of, and aligned with people's care, treatment and reviewed regularly. In particular:

This section is primarily information for the provider

Requirement notices

- The provider did not ensure high risk medicines monitoring and safety assured before issuing prescriptions including repeat prescriptions.
- The provider did not routinely comply with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS)

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.