

The Greens Health Centre

Inspection report

100 Maple Green
Dudley
West Midlands
DY1 3QZ
Tel: 01902 667949
www.thegreenshealthcentre.com

Date of inspection visit: 11 March 2019
Date of publication: 16/04/2019

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?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection of The Greens Health Centre on 11 March 2019 as part of our inspection programme.

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 rated this practice as requires improvement overall but good for providing caring and responsive services and requires improvement for providing safe, effective and well-led services and requires improvement for all population groups with the exception of people experiencing poor mental health (including people with dementia) which we rated as inadequate.

We found that:

Health and Safety Risk assessments were inadequate or missing.

- Patients received effective care and treatment that met their needs. However, the practice remained below local averages for the outcomes for patients with a long-term condition.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs.
- The formalisation of systems was required to further promote the delivery of high-quality, person-centre care.

We rated the practice as requires improvement for providing safe services because:

- The safeguarding adult policy did not contain updated categories of abuse.
- Recruitment checks on locum staff had not been carried out in accordance with regulations.
- There was no active health and safety lead, no formal programme of risk assessments and a fire evacuation drill had not been carried out in the last 12 months.
- Patients on repeat medicines were not always receiving regular review.

We rated the practice as requires improvement for providing effective services because:

- Patient health outcomes were significantly below local averages in certain areas, for example, for patients experiencing poor mental health.
- There was no structured programme for the recording of clinical supervision.

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

- Health and safety arrangements required strengthening to promote a pro-active approach to risk management.
- There was no structured programme for clinical audit, a system for the recording of clinical supervision and a formal programme for learning and development, including for practice leaders.

The areas where the provider **must** make improvements are:

The regulations were not being met as the registered person 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:

- 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:

- Continue to explore ways to further increase the uptake of cervical screening.
- Continue to review the patient satisfaction rates with telephone access.
- Review the training arrangements to support reception staff identify potential serious medical conditions that should be referred to a clinician immediately.

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

Dr Rosie Benneworth BS BM BMedSci MRCGP

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)	Inadequate	

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser.

Background to The Greens Health Centre

The Greens Health Centre is a long-established practice located in the Dudley area of the West Midlands. The surgery has good transport links and there is a pharmacy (independent of the practice) within the building.

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

The Greens Health Centre is situated within the Dudley Clinical Commissioning Group (CCG) and provides services to approximately 7,600 patients under the terms of a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services to the local community.

The practice employs four full-time GP partners (one female, three male), two practice nurses and a health

care support assistant. The practice was supported by members of the Dudley CCG pharmacy team. The clinical team were supported by a practice manager, two deputy practice managers and a team of reception and administration staff.

The practice area is one of high deprivation when compared with the national and local CCG area. Demographically the practice has a lower than average older patient distribution when compared with the CCG and national averages. For example, 13% of the practice population are 65 years and older compared with the CCG average of 20.4% and the national average of 17.3%. The general practice profile shows that the percentage of patients with a long-standing health condition is 24% which is significantly higher than the local CCG average of 55.5% and national average of 51.4%. National General Practice Profile describes the practice ethnicity as being 73.2% white British, 17.7% Asian, 5.5% black, 3.6% mixed ethnicities.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The regulations were not being met as the registered person 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: Health and Safety risk assessments were not in place. There was no active health and safety lead, no formal programme of risk assessments and a fire evacuation drill had not been carried out in the last 12 months. The safeguarding adult policy did not contain updated categories of abuse. Recruitment checks on locum staff had not been carried out in accordance with regulations. Patients on repeat medicines were not always receiving regular review.</p>
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>The registered person had systems or processes in place that were 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: Action plans to address the challenges faced by the practice were not in place. This included delivery of the service in relation to patient health outcomes, no effective recall for a medication review of patients on repeat medicines, low scores for the review of patients experiencing poor mental health and low patient satisfaction with access by telephone. A system of sharing learning from significant events and complaints with staff was not in place. There was no clear system to provide clinical oversight for the practice nurses. There was no structured programme of quality improvement.</p>