

OHP-Bartley Green Medical Practice

Inspection report

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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

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 at OHP-Bartley Green Medical Practice on 22 January 2020 as part of our inspection programme.

The practice was previously inspected on the 17 January 2019 and received a rating of requires improvement overall. At this inspection we followed up on breaches of regulations identified at a previous inspection on 17 January 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 have rated this practice as requires improvement overall.

We rated the practice as **requires improvement** for providing safe, effective and well-led services and for the families children and young people and vulnerable people population groups because:

- The practice had systems and processes for keeping patients safe however we found areas where these were not always effectively managed or embedded.
- Although, we saw strong working relationships with the health visiting team the practice did not proactively manage the safeguarding register and not all staff had completed safeguarding training to a level relevant to their roles.
- The practice had taken action to monitor and strengthen recruitment processes, but further work was needed to ensure appropriate checks were consistently in place for all new staff.
- There were systems in place for recording and reviewing incidents however, the practice was not able to demonstrate wider learning was effectively shared across the team.
- Patient outcome and performance data was mostly in line with local and national averages with the exception of child immunisation and cervical screening uptake which was not meeting national minimum standards or targets. The practice was also unable to demonstrate how it supported patients with learning disabilities.

- We found the governance and leadership arrangements did not always fully support the delivery of high quality sustainable care.

We rated the practice as **good** for providing caring and responsive services and for the older people, people with long term conditions, working age people and people experiencing poor mental health (including dementia) population groups because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Feedback received through the CQC comment cards showed patients were positive about the service received.
- The practice had taken action to improve patient satisfaction in accessing services.

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

- 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 review progress in improving patient satisfaction in relation to access and take action as appropriate.
- Review action taken to improve the uptake of childhood immunisation and cervical screening and identify ways this may be further improved.
- Review areas of high exception reporting to identify any areas for improvement.
- Review how care and treatment for patients with a learning disability may be improved.

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

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

Our inspection team

Our inspection team consisted of a CQC lead inspector and a GP specialist advisor.

Background to OHP-Bartley Green Medical Practice

OHP-Bartley Green Medical Practice is located in a purpose built health centre in the Bartley Green area of Birmingham.

The practice is registered with the CQC to carry out the following regulated activities: diagnostic and screening procedures; treatment of disease, disorder or injury; surgical procedures; family planning; maternity and midwifery services and treatment of disease, disorder or injury.

The practice sits within Birmingham and Solihull Commissioning Group (CCG) and provides services to approximately 6,000 patients under the terms of a General Medical Services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. The practice is part of the Weoley and Rubery Primary Care Network (PCN). PCNs are groups of practices working together to improve and develop services locally.

The practice is part of Our Health Partnership (OHP), provider at scale. OHP currently consists of 189 partners across 37 practices providing care and treatment to approximately 359,000 patients. OHP has a centralised team to provide support to member practices in terms of quality, finance, workforce, business planning, contracts and general management, whilst retaining autonomy for service delivery at individual practice level.

The practice has four GP partners (two male and two female), two salaried GPs, three practice nurses and a health care assistant. Other staffing includes a practice manager and deputy practice manager supported by a team of administrative/reception staff.

The practice opening times are 8.15am to 6.15pm Monday to Friday. On a Tuesday the practice offers extended opening until 8pm. During the out of hours period, patients can access primary medical services through the NHS 111 telephone number. The out of hours provider for the practice is BADGER.

In addition, patients can access appointments in the evening and at weekends at another local practice through the extended access hub arrangements. These appointments are available Monday to Thursday 6.30pm to 8pm, on a Saturday 8.30am to 11.30am and on a Sunday 10am to 2pm. Patients can also sign up for video consultations through the OHP partnership as part of the extended access arrangements.

The area served by the practice has above average levels of deprivation. Information published by Public Health England rates the level of deprivation within the practice population as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice population age distribution is broadly similar to the CCG and national averages. The practice population is predominantly white (84%)

(source: Public Health England and 2011 Census). Male life expectancy is 78 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

The practice is a training practice for qualified doctors who wished to become a GP and a teaching practice for medical students.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met...</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The practice was unable to demonstrate active monitoring of a safeguarding register and ensuring staff had received the appropriate level of training.• The practice was unable to demonstrate that they had fully embedded their systems for DBS checks.• Information was not always complete for example staff immunisation records, infection control audit and minutes from meetings.• There was a significant backlog in the summarising of new patient records.• Sharing of learning from incidents and complaints was not well embedded.• There were no systems for monitoring consent.• Not all staff were aware of the practice vision and values and strategy of the practice.• There was lack of effective systems for staff support during work pressures and when staff were absent. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>