

Fiveways Health Centre

Inspection report

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Date of inspection visit: 20 September 2018 and 25 September 2018
Date of publication: 26/11/2018

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 well-led?

Inadequate



Overall summary

This practice is rated as inadequate overall. (Previous rating January 2018 – Inadequate)

The key question is rated as:

Are services well-led? - Inadequate

We carried out a comprehensive inspection of Five Ways Health Centre on 9 January 2018. Significant failings were identified in the care and treatment of patients and the practice was rated as inadequate overall and placed into special measures. Under Section 29 of the Health and Social Care Act 2008 two warning notices were issued in respect of the following regulated activities: Treatment of Disease, Disorder or Injury and Diagnostic and Screening Procedures. The provider was required to submit an action plan of planned improvements to mitigate the risks identified. A Section 64 letter was also issued, where the provider was required to provide the Care Quality Commission with specified information and documentation under Section 64 of the Health and Social Care Act 2008.

We carried out a focused unannounced inspection on 6 June 2018 to review the actions the practice had taken following the warning notices and the Section 64 letter and to confirm the provider had implemented their action plan. Following this inspection, we found further significant failings in the management of patient care and treatment and urgent action was taken to protect the safety and welfare of people using this service. Under Section 31 of the Health and Social Care Act 2008 a temporary suspension of four months was imposed on the registration of the provider and registered manager in respect of the following regulated activities: Diagnostic and screening procedures, Treatment of disease, disorder or injury, Family planning, Maternity and midwifery services and Surgical procedures. The suspension took effect from Friday 8 June 2018 until 8 October 2018.

We carried out this inspection on the 20 and 25 September 2018 to review the actions the practice had taken during the suspension to ensure all failings and associated risks had been mitigated and processes had been implemented for the safe care and management of patients. Findings from the inspection showed the provider had failed to

address the issues we had highlighted as being necessary for the suspension to be lifted. In addition, we found additional failings that will or may expose any person to the risk of harm.

At this inspection we found:

- As identified in the previous two inspections, the significant event reporting process had not been implemented effectively and the practice were unable to demonstrate a proactive approach in assessing, monitoring and mitigating risks relating to health, safety and welfare of service users.
- The practice was unable to demonstrate that learning identified from significant events had been considered in the assessment of risks.
- The practice management team were unable to demonstrate they were knowledgeable about issues and priorities relating to the quality and future of services.
- Governance arrangements continued to be ineffective in ensuring that responsibilities were clear and that quality, performance and risks were identified, understood and managed.
- The practice had not ensured the appropriate availability of flu vaccines for patients who were eligible and had not acted to protect patients from exposure to the risk of harm.
- The practice was unable to demonstrate that an appropriate system was in place to ensure safety alerts were managed effectively.
- The practice had not completed the relevant employment checks to assure themselves that newly appointed staff were fit for their role.
- The practice infection control lead was unable to demonstrate the appropriate knowledge for the role.

An extended suspension took effect from Monday 8 October 2018 for a period of 28 days. Insufficient improvements have been made such that there remains a rating of inadequate overall and we are taking 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 four weeks 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

Overall summary

within four weeks, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

We have shared our findings with the Clinical Commissioning Group (CCG) and the CQC and CCG are working together to address the concerns identified.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Population group ratings

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a member of the CQC medicine team and an inspection manager.

Background to Fiveways Health Centre

Five ways Health Centre is located in Ladywood Middleway, Birmingham. The surgery operates out of purpose-built premises. The practice provides primary medical services to approximately 4,500 patients in the local community. The practice has two GPs (both male) and a part time practice nurse (female). The non-clinical team consists of administrative and reception staff and a practice manager.

Based on data available from Public Health England, Five Ways Health Centre is located in an area with high levels of deprivation compared to the national average. For example, the practice is ranked one out of 10, with 10 being the least deprived. The practice population is made up of 59% of people from black and minority ethnic (BME) groups. The practice had a lower than national average percentage of patients aged over 65 years, currently 8% of its registered population is in this age group in comparison to the national average of 17%.

The practice is open between 8am to 8pm Mondays to Fridays and 10am to 12 midday Saturday and Sunday. Appointments are from 9.30am to 12.30pm and 4pm to 6.30pm Monday to Friday. Extended hours appointments are available Monday to Friday between 6.30pm to 7pm and 10am to 11.30am Saturday and Sunday. Telephone consultations are available if patients requested them; home visits are also available for patients who are unable to attend the surgery if they lived within the practice boundaries. When the practice is closed, primary medical services are provided by Primecare, an out of hours service provider and the NHS 111 service. Information about this service is available on the practice website.

The practice is part of NHS Sandwell & West Birmingham Clinical Commissioning Group (CCG). The CCG serves communities across the borough. (A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services).

Are services well-led?

We rated the practice as inadequate for providing a well-led service. At our previous inspection on 9 January 2018, we rated the practice as inadequate for providing well led services as the governance arrangements to reduce the risk of harm to patients were not in place or embedded and there was no effective leadership in place to ensure the mitigation of risk.

A Warning Notice was issued on 28 February under Section 29 of the Health and Social Care Act 2008 where the provider was required to become compliant with Regulation 17 (1), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 27 May 2018. At our follow up inspection on 6 June 2018, we found minimal improvements had been made and identified further risks that had not been acted on. Under Section 31 of the Health and Social Care Act 2008 a temporary suspension of four months was imposed on the registration of the provider and registered manager.

We carried out this inspection on the 20 and 25 September 2018 to review the actions the practice had taken during the suspension to ensure all failings and associated risks had been mitigated and processes had been implemented for the safe care and management of patients. Findings from the inspection showed the provider had failed to address the issues we had highlighted as being necessary for the suspension to be lifted. In addition, we found additional failings that will or may expose any person to the risk of harm.

Leadership capacity and capability

Leaders were unable to demonstrate they had the skills to deliver high-quality, sustainable care.

- The management team continued to be unable to show they were knowledgeable about issues and priorities relating to the quality and future of services. They showed a lack of understanding about the challenges they faced and were unable to demonstrate an effective approach to challenge and address issues.
- Since the previous inspection the practice had taken on two GPs (both male) to clinically lead the practice. We were told that the two GPs would be submitting application forms to CQC to be added as partners to the

provider's registration. We were told that a female GP was going to be employed to work two sessions a week at the practice, due to the high number of female patients within the local population.

- The practice was unable to demonstrate effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- There was no clear leadership with defined roles and responsibilities with regards to practice management. Most practice management tasks were delegated to the administration team with the management lead having minimal knowledge or oversight.

Vision and strategy

The practice did not have a clear vision and credible strategy to deliver high quality, sustainable care and we found continued breaches in regulations relating to safe care and treatment and good governance.

- There was a vision and set of values, however due to the lack of understanding of the management team, these were not being implemented.
- The practice lacked capacity and capability in managerial leadership to support or to implement a vision and strategy.
- The strategy was not in line with health and social care priorities across their neighbourhood. For example, the practice had not planned its services to meet the needs of the practice population. This included the organisation of flu vaccines for eligible patients, with no oversight of risk to patients' health.
- Since the suspension, we found the practice had not reviewed the patients' records to identify patients at risk and implement learning plans for the future to ensure risk to patients' care and treatment was mitigated.

Culture

The practice did not have a culture of high-quality sustainable care. Their approach demonstrated a reactive culture to risk and learning, which at times focused on blame rather than learning.

- The practice was unable to demonstrate they focused on the needs of patients. A lack of communication between the manager and GPs had resulted in no patient records being reviewed during the suspension to share learning from the previous inspections and mitigate future risks.

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- Leaders and managers were unable to demonstrate how they acted on behaviour and performance inconsistent with the vision and values.
- On reviewing a sample of significant events, we found the practice had missed opportunities for learning and sharing with the team to ensure future risks were mitigated.
- The provider was unable to demonstrate openness, honesty and transparency as we found evidence of a false declaration on two application forms to the CQC and due to the non-payment of fees the CQC had initiated enforcement action.
- We found staff carrying out advanced roles were unaware of their responsibilities. For example, a member of the clinical team was unable to demonstrate their experience and role in line with their job description.

Governance arrangements

During the suspension period, the new GPs had reviewed the clinical governance arrangements and had implemented policies to provide clinical oversight for the delivery of quality care. However, we found there was still a lack of managerial oversight for the overall governance arrangements to ensure risks to patient safety were identified, assessed and managed effectively. The provider was unable to demonstrate an understanding of the significant issues that led to suspension and how they would drive improvements, including how they would monitor the quality and safety of the services in place.

- Structures, processes and systems to support good clinical governance were clearly set out, however this was not reflected in the overall management of governance. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred clinical care.
- The processes and systems to support non clinical governance were not clearly set out and were not effective in supporting the governance arrangements of the practice.
- Staff were clear on their roles and accountabilities in respect of safeguarding, however the infection prevention and control lead was unable to demonstrate

appropriate knowledge for the role. The practice was unable to ensure the appropriate management for assessing the risk of, and preventing, detecting and controlling the spread of, infections.

- The practice had implemented a system to act on medicine safety alerts, however we found the system was not effective in ensuring all alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) were managed appropriately.
- The practice was unable to demonstrate effective management arrangements for the vaccination programme. We found no influenza vaccines had been ordered for patients and no analysis of the risks had been completed.
- The practice had not carried out appropriate staff checks at the time of recruitment and on an ongoing basis. We found gaps in the personnel files that demonstrated the practice had not assured themselves that staff had the appropriate skills for their role.
- The GPs had a plan to do audits to drive improvements, however none had been implemented during the suspension period. There had been no consideration to the use of audit to look back at risks identified leading to the suspension to mitigate further occurrence.
- An analysis of records had not been completed during the suspension period, the provider had only reviewed patients identified during the CQC inspection. No reviews of patients at risk had been completed to ensure they had been appropriately managed.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There was an ineffective, process to identify, understand, monitor and address past, current and future risks including risks to patient safety.
- The practice were unable to demonstrate how they had mitigated risks identified through investigations carried out by the Clinical Commissioning Group (CCG).
- The practice had limited processes to manage current and future performance. Practice leaders had minimal oversight of safety alerts, incidents, and complaints.
- The practice had not considered and understood the impact on the quality of care of service changes or developments.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers

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supported them when they did so, however the practice was unable to demonstrate an understanding of significant events and that learning was discussed and shared with staff to mitigate further risk.

- There were inadequate systems for reviewing and investigating when things went wrong. The practice was unable to demonstrate they identified themes and took action to improve safety in the practice.

Appropriate and accurate information

The practice did not have appropriate and accurate information.

- The practice was unable to demonstrate that quality and operational information was used to ensure and improve performance.
- The practice was unable to demonstrate quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- On reviewing team meeting minutes, we found the recording of information including incidents was inconsistent with duplicate entries and no evidence of learning or outcomes.
- We found some of the practice policies had been updated, including the safeguarding policy however, the policy did not include all the relevant information required for appropriate safeguarding reviews and the clinical system had not been updated with the required information for children at risk.

Engagement with patients, the public, staff and external partners

The practice did not involve patients, the public, staff and external partners to support high-quality sustainable services.

- The practice told us they had reviewed the comments from the Friends & Family Test since the suspension, however we found no evidence of the results being shared with staff or external partners.

Continuous improvement and innovation

There was some evidence that systems and processes had been implemented during the suspension, however the practice was unable to demonstrate learning and actions for improvements had been implemented to ensure the mitigation of future risks.

- The practice had not made use of internal and external reviews of incidents and complaints. We found learning was not shared effectively with the staff and used to make improvements.
- Leaders and managers had encouraged staff to update their training during the suspension period, including learning of a new approach to share information within the practice and new systems to support the daily management of clinical correspondence.

Please refer to the evidence tables for further information.