

Crankhall Lane Medical Centre

Inspection report

156 Crankhall Lane
Wednesbury
WS10 0EB
Tel: 0121 531 4704

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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?

Inadequate



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 Crankhall Lane Medical Centre on 13 January 2020 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 have rated this practice as requires improvement overall.

We rated the practice as **inadequate** for providing safe services because:

- The practice had some systems and processes to keep patients safe and protected them from avoidable harm. However, these did not always support the early identification of potential risks.
- Patients records lacked sufficient information to demonstrate a clear process and audit trail for the management of information about changes to patient's medicines or GPs involvement in decision making.
- Significant events were discussed during practice meetings. However, incident forms and practice logs had limited information to demonstrate a thorough investigation to establish root causes to reduce likelihood of reoccurrence.

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

- Quality Outcome Framework (QoF) clinical indicators were below local and national averages for long-term conditions and exception reporting was above local and national averages with no clear clinical reason for this.
- The practice demonstrated a programme of quality improvement activities such as clinical audits which had been repeated to assess whether improvements had been achieved. However, audits were not targeted at areas where performance showed negative variation and the practice did not operate a process to enable clinical oversight of clinical note keeping or monitoring of the nursing teams' clinical practice.
- The practice participated in national priorities and initiatives to improve the population's health. However,

there were variation in the uptake of national screening programmes. The practice demonstrated awareness of this and were taking some action to improve the uptake of cervical screening.

- Oversight of clinical governance did not support the delivery of safe and effective care. The leadership team did not establish a holistic awareness of issues and areas where performance showed negative variation in order to support development of an action plan to address identified issues. There was a lack of record keeping which impacted on the practice ability to demonstrate safe and effective management of patients care.
- The practice did not operate an effective governance framework to ensure training updates were routinely completed in an agreed timeframe.
- There were roles and responsibilities to support the governance framework. However, some areas lacked effective oversight such as the monitoring of training, recording and investigating significant events as well as the accuracy of clinical record keeping.

These areas affected all population groups, so we rated all population groups as **requires improvement overall**.

We rated the practice as **good** for providing caring and responsive services because:

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had a vision and strategy to deliver care and treatment to their population group. Staff felt supported and able to raise concerns.

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 areas where the provider **should** make improvements are:

- Take action to gain a holistic understanding of data which indicates a low uptake of childhood immunisations as well as national screening programmes such as cervical screening and take action to improve the uptake.

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	Requires improvement 
People with long-term conditions	Inadequate 
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. The team included a GP specialist advisor, a second GP specialist advisor who was shadowing the team and a second CQC inspector.

Background to Crankhall Lane Medical Centre

Crankhall Lane Medical Centre is located in Wednesbury an area of the West Midlands. The surgery has good transport links and there is a pharmacy located nearby.

Dr Tehmina Rahman is the sole registered provider of Crankhall Lane Medical Centre, registered with CQC since January 2019 to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Crankhall Lane Medical Centre is situated within Sandwell & West Birmingham Clinical Commissioning Group (CCG) and provides services to 3,837 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 provider is a single handed female GP supported by practice staff comprising of three locum GPs (Male). The clinical team also includes two part time practice nurses

and a health care assistant. The non-clinical team consists of a part time practice manager, a reception supervisor and a team of administrators and receptionists.

The practice has a slightly higher than local average number of patients aged 65 to 75 and over; patients under the age of 18 was comparable to local averages but above national averages. The practice scored one on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. National General Practice Profile describes the practice ethnicity as being 84% White British, 3% Mixed race, 9% Asian and 4% Black. The general practice profile shows that 49% of patients registered at the practice have a long-standing health condition, compared to 47% locally and 51% nationally. Male life expectancy is 76 years compared to the national average of 79 years. Female life expectancy is 82 years compared to the national average of 83 years.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The provider did not provide assurance that incidents that affected people using the service were thoroughly investigated and monitored to make sure that action is taken to reduce the likelihood of reoccurrence.• The provider did not operate a system to ensure the procedures in place for reporting incidents were followed consistently. <p>The provider did not provide assurance that clinical records showed only relevant regulated professionals with the appropriate qualifications planned and prescribed care and treatment, including medicines. In particular:</p> <ul style="list-style-type: none">• The provider did not demonstrate that clinicians were actively involved in prescribing decisions.• The provider did not demonstrate that results from blood tests carried out in secondary care were being viewed by clinicians prior to authorising repeat prescriptions. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Requirement notices

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

How the regulation was not being met:

In particular we found:

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to health and safety and fire risk assessments, medicines management as a whole ensuring training updates were undertaken as well as regular clinical supervision.
- The provider did not ensure the practice process for reporting significant events and incident was routinely followed and there was limited evidence of thorough investigations to demonstrate effective learning from significant events and incidents.
- The provider did not establish an effective follow up system to improve quality outcomes for patients. In particular patients diagnosed with a long term condition.
- The provider did not establish an effective process to ensure audits of the service provided was targeted at areas where performance was not in line with local and national averages. Processes to support governance arrangements were not continually reviewed to ensure they enabled the provider to identify where quality and safety were being compromised to respond appropriately without delay.

The provider did not ensure care records included a record of decisions taken in relation to the care and treatment provided. In particular:

- The provider did not ensure records were complete to include results of diagnostic tests and discussions which resulted in changes to patients care following medical advice.

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