

Broadway Health Centre

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

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Outstanding



Are services well-led?

Outstanding



Overall summary

We carried out an announced comprehensive inspection at Broadway Health Centre on 16 October 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 have rated this practice as **Outstanding overall**.

We rated the practice as **outstanding** for the population groups, people with long term conditions in the Effective key question, families, children and young people and people whose circumstances may make them vulnerable in the Responsive key question because:

- The practice had taken a multi-disciplinary approach to ensure they could create accurate and up to date registers for vulnerable patients. This included working with the local safeguarding teams, social workers and health visitors. The provider told us that all patients identified had been offered an appointment for a review. A random sample of records viewed during the inspection confirmed patients had been reviewed as part of the safeguarding process. As a result the practice had been able to assure us that they had effective registers in place that were monitored regularly.
- The practice had implemented systems following the transfer of care of patients from a local practice under caretaking arrangements to monitor the care of patients at a local nursing home. The practice had carried out a review of each patient and a multi-disciplinary meeting was organised to discuss the findings and implement an action plan. Individual personalised reviews of each patient and a complete overhaul of the patients' medicines was undertaken to ensure they were receiving appropriate care and treatment.
- The practice had an audit system in place to review the death of patients and demonstrated sharing and learning were an integral part of their management of palliative care patients. The outcome of the audits were shared with the primary care network. A plan had been implemented to use templates on the clinical system to further enhance the recording of information and to re-audit and share results on a regular basis.

- The practice held community based multidisciplinary team clinics with a diabetes consultant and diabetes specialist nurse. To implement a population management approach, the practice were working in partnership with a secondary care diabetes lead to develop and pilot new joint effective and efficient chronic care pathways. A set of eight diabetic processes had been implemented which included gathering all the relevant tests for each diabetic patient and forwarding them to the diabetic consultant for risk stratification and recommendations for the management of each patient.
- The practice had implemented "Make Every Contact Count" (MECC). To ensure patients received continuity of care and were monitored appropriately. A review was carried out each morning of patients attending the practice and alerts were added to the patient record to advise the clinical team of any outstanding reviews that the patient required to be completed on their visit. This reduced the impact of having to ask patients to return multiple times and also ensured patients had the relevant checks needed to monitor their health and their needs were responded too appropriately.

We rated the practice as **outstanding** for providing responsive services because:

- The practice supported the UK governmental Vulnerable Persons Resettlement scheme and was the first practice within the CCG to register for Syrian refugees. The practice formed a collaborative approach with the local authority and refugee voluntary organisation where a process was formed for a comprehensive initial health assessment. Due to the local population and their cultural needs, the staff were aware of the need to develop a tailored approach to support patients with their physical and mental health needs and cultural barriers to language and culture.
- To support vulnerable patients to return to work, the practice was participating in the "Thrive to Work" programme. The aim of the programme was to support vulnerable people to find work and be given the appropriate support. The practice actively encouraged patients to attend the programme and supported them through the process.
- The practice had an extra 3,500 patients registered with them through a caretaking arrangement of a local practice. A review of each patient had to be completed to ensure all records were up to date and patients had received appropriate care and management. A process

Overall summary

was implemented to review each patient and identify any outstanding care needs and implement personalised care plans. Due to the significant concerns identified for patients under the caretaking arrangement, the practice were not assured that all children and adults with safeguarding concerns had been appropriately identified and coded. Following a review of each patient, a range of clinical registers were implemented to provide further detailed information to local agencies and services to ensure patients received the appropriate care and monitoring.

- The provider inherited approximately 10,000 clinical letters in the system, relating to another provider, which did not clearly identify appropriate actions had been taken. The provider liaised with the CCG to ensure they had the necessary capacity to review and action all correspondence. The actions included a schedule to check all the outstanding clinical letters to review if they had been read coded correctly and those that were un-actioned were risk stratified and safely actioned based upon medical review and clinical judgment with patients informed in line with the Duty of Candour, and best practice guidelines.

We rated the practice as **outstanding** for providing well-led services because:

- Services were tailored to meet the needs of individual patients. They were delivered in a flexible way that ensured choice and continuity of care. The practice had identified areas where there were gaps in provision locally and had taken steps to address them.
- There were innovative approaches to providing integrated person-centred care.
- The practice had identified areas where there were gaps in provision locally and had taken steps to address them.
- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.
- There was a strong emphasis on learning and sharing outcomes with the whole team and external organisations to promote best practice.
- All opportunities for learning from internal and external incidents were maximised. All learning was shared with staff regularly.

- Leaders demonstrated they had the capacity and skills to deliver high quality, sustainable care.
- There was effective leadership at all levels which supported innovation, implementation of processes and the continuous monitoring of patient care.
- There was continuous commitment to patients and external stakeholders to share information, ideas and improvements. This included active participation in the local GP federation, regular meetings with the patient participation group (PPG) to assist in the development of new services and an audit programme to drive quality improvement.

We rated the practice as **good** for providing safe, effective and caring services because:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- To support newly pregnant mothers, the practice had implemented a 1000-day monitoring system. The process followed a newly pregnant mothers' journey through pregnancy to ensure they received the appropriate support and monitoring and after the birth of their child, post-natal checks and immunisations were scheduled in at the appropriate time.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The practice continually reviewed the effectiveness of their services and had a leadership team in place to monitor the effectiveness of the services provided.
- Patient feedback demonstrated patients were satisfied with the services received and felt staff were helpful and supportive.

We rated the practice as **requires improvement** for the population group working age people (including those recently retired and students) because:

- Cervical cancer screening results were lower than national targets. The practice encouraged patients to attend their appointments and information was available at the practice on the importance of cancer screening.

Whilst we found no breaches of regulations, the provider **should:**

Overall summary

- Continue with efforts to improve uptake of childhood immunisations.
- Continue to encourage patients to attend cancer screening appointments.

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to Broadway Health Centre

Broadway Health Centre is located near to the City Centre of Birmingham. The practice is located in a purpose-built building; there is step free access to the building with wheel chair access and car parking. The practice has good transport links and there are pharmacies located nearby.

The provider is registered with CQC to deliver the Regulated Activities: diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

Broadway Medical Centre is part of Sandwell and West Birmingham Clinical Commissioning Group (CCG) and provides services to 4,235 patients registered with Broadway and since June 2018 has been providing services to another 3,500 patients as part of caretaking arrangements for a local practice 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's clinical team is led by two GP partners (both male). The nursing team consists of two prescribing

nurse practitioners and three practice nurses (all female). There is a practice manager, IT manager, finance manager and a team of administration and reception staff. The practice is a teaching practice for GP registrars, medical students and trainee nurses.

The practice opening hours are Monday, Tuesday, Thursday and Friday from 8am to 8pm and on Wednesday 8am to 6.30pm. The practice is part of Urban Health Primary Care Network and patients had access to appointments from 6.30pm to 8pm Monday to Friday and weekends from 9am to 11.30 a.m. When the practice is closed, out of hours cover is provided by NHS 111.

The National General Practice Profile states that 63.9% of the practice population is from a Black and Ethnic Minority Groups (BME). Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.