

# Fernbank Medical Practice

## Quality Report

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Date of inspection visit: 14 March 2018

Date of publication: 16/05/2018

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.

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## Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection on 14 March 2018. This inspection was undertaken to follow up on breaches in regulations that we identified. We issued a Warning Notice to the provider in relation to:

- **Regulation 12: Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The provider was required to be compliant against the requirements of the Warning Notice by 7 February 2018.

The provider received an overall rating of inadequate following our inspection on 7 November 2017 and was placed into special measures. This will remain unchanged until we undertake a further full comprehensive inspection within six months of the publication date of the report. The full comprehensive report on the November 2017 inspection can be found by selecting the 'all reports' link for Fernbank Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Summary of findings

This report only covers our findings in relation to the areas identified in the Warning Notice as inadequate during our inspection in November 2017.

Our key findings were as follows:

- We found the provider was making progress towards meeting the full legal requirements in relation to the breaches in regulations that we identified as part of our warning notice.
- The provider advised us that non-clinical staff had ceased carrying out duties which were typically carried out by clinical staff. To support this action, the provider had increased clinical staffing to include a locum GP, a locum practice nurse and locum health care assistant. However, evidence of qualifications and training was not consistently available for all roles undertaken by locum staff.
- A system had been established for managing safety alerts received. We reviewed several examples, which showed clear evidence of action taken and shared learning. However, in one instance the provider had not considered action where third party prescribing had taken place.
- The provider had reviewed and updated their policy for incident reporting but advised us that there had been no new incidents reported since our previous inspection in November 2017. We were therefore unable to assess the level of progress made in this area.
- We saw evidence of progress made in working with external services to support care and treatment. Since our previous inspection multi-disciplinary team meetings had been held with members of the palliative care and community teams and with the mental health teams to discuss some of the practices most vulnerable patients.

The practice had implemented an action plan to address the areas identified in the warning notice. It was evident that action had been taken to address and improve patient outcomes. However, some of the required actions were not yet fully completed or embedded and will be reviewed again at the next inspection. As a result, the areas where the provider must continue to make improvement are:

- Ensure all incidents that affect the health, safety and welfare of people using the service are reviewed, thoroughly investigated and monitored to make sure that action was taken to remedy the situation, prevent further occurrence and make sure that improvements are made as a result.
- Ensure effective systems are in place to check that staff work within the scope of their qualifications, competence, skills and experience.

The areas where the provider should make improvement are:

- Consider all patients affected by safety alerts, including where third sector prescribing has occurred, to ensure patients are made aware of any issues either directly or through the third sector prescriber.
- Consider developing standard criteria for staff undertaking health checks to escalate

This service was placed in special measures in November 2017 and is due to be inspected again within six months of the publication of the final report. When we re-inspect, we will also look at whether further progress has been made to enable compliance with Regulation 12: safe care and treatment HSCA (RA) Regulations 2014; including specific areas for improvement such as management of incidents and effective staffing.

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

# Fernbank Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP Specialist Advisor and a second CQC inspector.

## Background to Fernbank Medical Practice

Dr Nawaz Hussain Bangash is the registered provider of Fernbank Medical Practice which is located at 508-516 Alum Rock Road, Ward End, Birmingham B8 3HX. The practice is situated in a purpose built premises for providing primary medical services to the local community. Further information about Fernbank Medical Practice can be found by accessing the practice website at [www.fernbankmedical.org.uk](http://www.fernbankmedical.org.uk)

Based on data available from Public Health England, the levels of deprivation in the area served by Fernbank Medical Practice are above the national average, ranked at one out of 10, with 10 being the least deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial). The practice serves a population that is younger than the national average and that is ethnically diverse.

The patient list size is approximately 4,700. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

On-site parking is available with designated parking for cyclists and patients who display a disabled blue badge.

The practice staffing comprises of a principal GP (male), a salaried GP (female), two long-term locum GPs (both male), a locum practice nurse and a locum health care assistant. Other staff include a practice manager and an assistant practice manager supported by a team of administrative and reception staff.

The practice is open between 8.30am and 6.30pm Mondays, Tuesdays, Thursdays and Fridays and on a Wednesday it is open between 8.30am and 2pm. The practice does not provide any extended opening hours.

The practice has opted out of providing cover to patients in their out of hours period including weekends and Bank Holidays. During this time, services are provided by, Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services. During in hour closure periods on Wednesdays from 1.30pm to 2pm cover is also provided by BADGER.

During the inspection we spoke with the two practice managers, a salaried GP, a locum GP and administrative/reception staff.

## Why we carried out this inspection

We undertook a comprehensive inspection of Fernbank Medical Practice on 7 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our

## Detailed findings

regulatory functions. The practice was rated as Inadequate. Breaches of legal requirements were found and the practice was placed into special measures. We issued a warning notice which the practice was required to become compliant with by 7 February 2018. The full comprehensive report following the inspection in November 2017 can be found by selecting the 'all reports' link for Fernbank Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Fernbank Medical Practice on 14 March 2018. This inspection was carried out to review in detail the actions taken by the practice in relation to the warning notice and to confirm that the practice was now meeting legal requirements.

# Are services safe?

## Our findings

**At our previous inspection in November 2017 a warning notice was issued to the provider as we found the arrangements in respect of safety alerts, incidents and risks relating to staffing were not adequate.**

**During our focused inspection on 14 March 2018 we found the provider had taken steps to address the areas in relation to providing safe services, as set out in the Warning Notice. Progress towards meeting the legal requirements had been made although some of the required actions were not yet fully completed or embedded.**

### Risks to patients

During our comprehensive inspection in November 2017 we found that non-clinical staff were supporting clinicians with duties which were previously carried out by the practice health care assistant during baby clinics. At this inspection, staff told us that the practise of non-clinical staff supporting the baby clinics had stopped and all clinical tasks during the baby clinics were carried out by the GP.

In November 2017 the practice did not have a practice nurse or a female GP. The health care assistant had also resigned from the practice and was working their notice period. At this inspection we saw that the clinical team included a salaried female GP who had started working at the practice in December 2017, a health care assistant who at the time of our inspection was working on a locum basis but was due to start permanently in April 2017 and a locum practice nurse. We reviewed the locum staff files for evidence of training records and qualifications. We saw some training records for staff but found checks of qualifications, registration against professional bodies and evidence of specific training for roles undertaken by locum staff were not consistently available. Following the inspection further training certificates were forwarded to us which covered most of the areas however there were still some gaps.

We also found that the criteria for the health care assistant to escalate concerns to GPs for example following new patient or other health checks was not clearly identified.

### Lessons learned and improvements made

During our comprehensive inspection in November 2017 we found that the provider did not operate effective systems for managing patient and medicine safety alerts such as those received from the Medicines and Healthcare products Regulatory Agency (MHRA). The provider had systems in place for receiving safety alerts and receipt of these was acknowledged during practice meetings. However, the practice was unable to demonstrate that appropriate action had been taken in response.

At this inspection we saw that the practice had formalised the process for managing alerts. A folder was maintained containing alerts received and staff told us that searches were carried out to identify any patients affected by them. There was a standard agenda item at the clinical meetings for discussing alerts. Minutes of these meetings clearly showed discussions regarding alerts received and action taken. We saw that these meetings had also been attended by locum staff.

We discussed four safety alerts that had been identified at our November 2017 inspection in which there was previously no evidence of action having been taken. Staff showed us searches that had been carried out in response to the alerts. The practice identified no patients were affected that needed following up, this included a patient whose prescribing was through a third party.

We looked at further examples of recent safety alerts that had been received since our previous inspection. Most of these showed that no patients were affected. Only one showed a patient affected and the patient had been contacted to inform them.

During our previous inspection, the provider was unable to demonstrate effective systems for managing incidents and significant events. We found inconsistencies in how these were recorded, followed up and learning shared.

At this inspection, the practice shared with us an updated policy and form for reporting and recording incidents. However, the practice advised us that they had not yet used it as there had been no new incidents since our previous inspection. We saw that incidents were a standing agenda item at the monthly practice meetings for discussion and for learning to be shared. There was also no evidence of any analysis of incidents having taken place to identify any themes or trends, the practice advised us that

## Are services safe?

they would amend their policy to include this and a copy of their updated clinical governance policy and incident management procedure was forwarded to us following the inspection.

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection in November 2017 a warning notice was issued to the provider as we found arrangements for working with other external services was not adequate.**

**During our focused inspection on 14 March 2018 we found the provider had taken steps to address the areas in relation to providing safe services, as set out in the Warning Notice.**

### **Coordinating care and treatment**

During our comprehensive inspection in November 2017 we found that the practice was not actively maximising their opportunities to work with others externally to make sure that care and treatment remained safe for people using the service. This included working with community health teams.

At this inspection we found evidence of multi-disciplinary team meetings which had taken place with the mental health team. Minutes of the meeting were made available to us. It was anticipated that these meetings would take place every six months. We also saw that a meeting took place in November 2017 which was attended by members of the palliative care and district nursing teams to discuss those with end of life care needs. Another meeting was arranged for February 2018 but we were advised this did not take place as there were no relevant patients to discuss.

The locum GP had recently taken on the lead role for palliative care at the practice. Staff responsible for overseeing palliative care were in the process of completing 'going for gold' training in palliative care to help improve the patient experience. We saw evidence of the palliative care register being reviewed.

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 were not being met. The provider must send CQC a report that says what action they are 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><b>How the regulation was not being met:</b></p> <p>The registered person did not ensure care and treatment is provided in a safe way to patients. In particular:</p> <p>The registered person did not ensure that all incidents that affect the health, safety and welfare of people using the service were reviewed, thoroughly investigated and monitored to make sure that action was taken to remedy the situation, prevent further occurrence and make sure that improvements are made as a result.</p> <p>The registered person did not provide assurance that staff worked within the scope of their qualifications, competence, skills and experience.</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p>