

# Hilltops Medical Centre

## Inspection report

Kensington Drive  
Great Holm  
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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

<b>Overall rating for this location</b>	<b>Requires Improvement</b> 
Are services safe?	<b>Requires Improvement</b> 
Are services caring?	<b>Insufficient evidence to rate</b> 
Are services responsive to people's needs?	<b>Insufficient evidence to rate</b> 
Are services well-led?	<b>Requires Improvement</b> 

# Overall summary

We carried out a remote review of Hilltops Medical Centre on 9 December 2020. This was undertaken to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in Regulation 12 safe care and treatment as set out in a requirement notice we issued to the provider in October 2019.

The practice received an overall rating of requires improvement at our inspection on 15 October 2019. During this inspection safe, effective and well led domains were inspected with a rating of good for effective and all population groups and a rating of requires improvement for safe and well led services. These ratings will remain unchanged until we undertake an inspection that includes a site visit.

The report on the inspection carried out in October 2019 can be found by selecting the 'all reports' link for Hilltops Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

This report details our findings following the remote review of Hilltops Medical Centre undertaken 9 December 2020 as part of our transitional monitoring approach (TMA details on <https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/transitional-monitoring-approach-what-expect>) to follow up on risks identified both from the previous inspection and our own intelligence monitoring. This inspection looked at the following key questions:

- Safe
- Well-led

During this remote review we asked the practice to comment on the lower than expected patient satisfaction to the latest GP survey in relation to the caring and responsiveness domain and looked at the practice complaints log.

We did not include the Effective domain in this remote review as it was rated Good in our previous inspection of 15 October 2019.

We did not undertake a site visit as part of this review.

We reviewed the quality of care at this service on a combination of:

- information from our ongoing monitoring of data about services
- information from the provider, patients, the public and other organisations and
- information from a remote review of clinical records and telephone interviews with staff.

Our key findings were as follows:

- There was evidence work had been undertaken to improve infection prevention and control (IPC) standards.
- Staff spoke about improvements to governance systems and the management of policies and protocols, these included improvements to appraisal systems and risks associated with chemical or substances hazardous to health (COSHH).
- Improvements had been made to ensuring appropriate recruitment checks were undertaken for staff.
- There had been insufficient action taken to seek assurance on staff immunity status to reduce the risks to patients and staff.
- A systematic approach to the management and review of medicines safety alerts was still lacking.

The areas where the provider **must** make improvements as they are in breach of regulations:

# Overall summary

- Ensure care and treatment is provided in a safe way to patients. (Please refer to the enforcement section at the end of the report for more detail.)

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

- Review systems for the management of significant events and complaints to ensure a consistent approach is demonstrated in responding to incidents and maintaining records.
- Monitor patient satisfaction and drive improvement in performance, particularly relating to access.

**Details of our findings and the evidence supporting our review 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

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

## Our inspection team

Our inspection was undertaken by a CQC lead inspector supported by a GP specialist adviser.

## Background to Hilltops Medical Centre

Hilltops Medical Centre provides a range of primary medical services, including minor surgical procedures, from its location at Kensington Drive, Great Holm in Milton Keynes. It is part of the NHS Milton Keynes Clinical Commissioning Group (CCG). The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice serves a population of approximately 17,300 patients with an age-range in line with local averages. The practice population is largely White British, with 23% of the practice population being from Black and Minority Ethnicity backgrounds. The practice population is rapidly expanding with vast local housing development. The practice had seen an increase of approximately 800 patients over a ten-month period.

According to data published by Public Health England the area falls in the 'second least deprived decile' and is one of little deprivation. Average life expectancy for people living in the area is higher than local CCG and national averages. There is low unemployment and the practice supports patients in an area of new housing expansion.

The clinical team consists of two male senior GP partners, five salaried GPs (two male and three female), three female advanced nurse practitioners (ANP), two female practice nurses, a diabetic specialist nurse, a paramedic, a male pharmacist (qualified to prescribe) and four health care assistants (one male and three female). The team is supported by a team of non-clinical, administrative staff. During the course of our remote review the practice informed us the practice manager was no longer in post and that the practice was being supported by its Primary Care Network (PCN) and local federation.

Members of the community midwife and health visiting team operate regular clinics from the practice location. The practice is a training practice and accepts registrars every year. (Registrars are fully qualified and registered doctors training to become GPs). In addition, the practice supports medical students learning to become doctors and receives two new students every six weeks. The practice employs one female regular locum when additional clinical cover is required. Support is also provided by two pharmacists employed by the Milton Keynes Clinical Commissioning Group who visit the practice to support medicines optimisation and management.

The practice operates from a two-storey purpose-built property. Patient consultations and treatments take place on the ground level. There is a large car park outside the surgery, with disabled parking available. There is a pharmacy situated within the building but not attached to the practice.

Hilltops Medical Centre is open between 8am and 6.30pm Monday to Friday. Extended hours are provided on Tuesday, Wednesday and Thursday, when the practice is open from 7am to

6.30pm. Additional appointments are also offered alternate Saturdays, from 8.30am to 11.30am. The out of hours service can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

This section is primarily information for the provider

## Enforcement actions

### 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>The provider had failed to do all that is reasonably practicable to mitigate risks to the health and safety of service users of receiving care or treatment.</b></p> <p><b>We found:</b></p> <ul style="list-style-type: none"><li>• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the receipt and management of relevant Patient Safety Alerts, recalls and rapid response reports issued from the MHRA and through the Central Alerts System (CAS).</li><li>• The practice had not consistently sought assurance on the immunity status of non-clinical staff. The practice had not assessed the resulting risks to patients and staff.</li></ul> <p><b>This was in breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>