

Holbrooks Health Team

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

Requires Improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Holbrooks Health Team on 16 and 18 August 2022. Overall, the practice is rated requires improvement.

Safe - Good

Effective - Good

Caring - Good

Responsive – Requires Improvement

Well-led – Requires Improvement

Following our previous comprehensive inspection on 18 August 2021, the practice was rated requires improvement overall. Specifically, the practice was rated as requires improvement for providing safe and effective care, and inadequate for providing well-led services.

The full report for this inspection can be found by selecting the ‘all reports’ link for Holbrooks Health Team on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up on breaches of regulations from the previous comprehensive inspection. In addition, as part of this inspection we revisited areas of concern identified at a recent unannounced focussed inspection which took place on 2 August 2022. Therefore, as part of this comprehensive inspection we inspected all five key questions: safe, effective, caring, responsive and well-led.

How we carried out the inspection/review

This was a two-day inspection which included:

- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- A full site visit.
- Reviewing evidence from the provider.
- Speaking with staff whilst on site.

Our findings

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 found that:

Overall summary

- The practice demonstrated progress in providing safe and effective care.
- We noted improvements in the practice's management of patients with long term conditions.
- There was a process for monitoring patients' health in relation to the use of high risk medicines.
- The practice had strengthened their system for recording and acting on safety alerts.
- At this inspection, leaders demonstrated that they had the skills to deliver high quality care. There were clear responsibilities, roles and systems of accountability in place.
- There was some evidence which demonstrated efforts to engage patients in programmes for childhood immunisations and cervical screening. However, data remained below local and national uptake rates.
- During our inspection we observed that staff dealt with patients with professionalism, dedication and a caring nature.

Although we found that the provider had addressed key areas identified on the inspection in August 2021 and there was evidence of compliance with the specific regulatory breaches previously issued, we identified other areas that required further improvement:

- Some of the practices processes for managing risks, issues and performance contained gaps and were not always effective.
- Although there was evidence of an open culture at the practice, staff we spoke with were not aware of who their Freedom to Speak up Guardian was.
- Engagement with the public and staff had not always been effective, this impacted on the practices efforts to sustain high quality and sustainable care.
- We noted a theme in patient feedback indicating that they were not always able to access services in a timely way. The practice was making continued efforts to address and improve this, but they were unable to demonstrate impact at the time of our inspection.

We found a breach of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider should:

- Continue with efforts to engage patients' patients in programmes for childhood immunisations and cervical screening.
- Explore further ways of identifying and capturing patients who are carers so that they are supported where needed.
- Continue to engage in practice support and improvement projects.
- Expand on the formal clinical supervision in place for the wider clinical team.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector, the team included a CQC GP specialist advisor and a second CQC inspector. The CQC GP specialist advisor completed clinical searches and records reviews ahead of visiting the location. A full site visit was then carried out by the inspection team.

Background to Holbrooks Health Team

Holbrooks Health Team is situated in a purpose-built health centre in the area of Holbrooks, Coventry. Information published by UK Health Security Agency (UKHSA) shows that deprivation within the practice population group is in the fourth decile (four of 10) with one being most deprived and 10 being least deprived. Approximately 12,270 patients are registered with the practice and the practice's patients are mostly within working-aged groups. The practice is a member of a Federation called the Coventry & Rugby GP Alliance (CRGPA) and is situated within the Coventry and Warwickshire Integrated Care System (ICS).

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The clinical team at the practice includes a mix of male and female GPs, comprising of two GP partners, two salaried GPs and two sessional GPs (long-term locum GPs). One of the GP partners was responsible for the operational management of the practice. They had taken on the management lead role, in addition to some clinical work as a GP at the practice, at the time of our inspection. The practice is a training practice for medical students and trainee GPs. There was one trainee GP in post at the time of our inspection. There are two physician associates, three clinical pharmacists and four nurses; including a nurse manager and a nurse associate. Patients can also access additional care through the ARR (additional role) positions at the practice, this includes two first contact physio's and social prescribers employed by the practice's Primary Care Network (PCN). The practice had a team of staff who covered reception, secretarial and administration duties.

The practice is open for appointments between 8am and 6.30pm Monday to Friday. Patients can access appointments on weekday evenings between 6.30pm and 9.30pm and on Saturday and Sunday mornings by contacting the extended access Hubs across Coventry, Rugby and Nuneaton. When the practice is closed patients are directed to the GP out of hours service which is accessed through the 111 service.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	The registered person had systems or processes in place that were operating ineffectively, failing to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:
Maternity and midwifery services	The Patient Group Direction (PGD) evidence viewed during the inspection did not reflect an appropriate authorisation process. In addition, the practice could not provide evidence of any fire drill records completed within the last 12 months.
Surgical procedures	There were no systems or processes that enabled the registered person to seek and act on feedback on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:
Treatment of disease, disorder or injury	We noted limited evidence of involvement with patient engagement exercises at the time of our inspection. Engagement with the public and staff had not always been effective, this impacted on the practices efforts to sustain high quality and sustainable care.
	There was additional evidence of poor governance. In particular:
	There was no evidence of formal appraisals completed for the non-clinical team. Staff we spoke with were not aware of who their Freedom to Speak up Guardian was, and the practices Whistleblowing policy contained gaps.
	This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014