

Hill Top Medical Centre

Inspection report

15 Hill Top Road
Oldbury
B68 9DU
Tel: 01214222146
www.hilltopmedicalcentre.co.uk

Date of inspection visit: 31 October 2022
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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

Inadequate



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive at Hilltop Medical Centre on 31 October 2022. Overall, the practice is rated as Inadequate.

Safe - Requires Improvement

Effective - Requires Improvement

Caring - Requires Improvement

Responsive - Inadequate

Well-led - Inadequate

Following our previous inspection on 1 August 2018 rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Hill Top Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

Following a review of information we held about the provider which triggered the inspection.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews.
- 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.
- Requesting evidence from the provider.
- A site visit.

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:

- The practice had a safety alert protocol in place, however, the practice was unable to demonstrate that it consistently acted on safety alerts.

Overall summary

- The practice had some arrangements to identify risks, however we found staff had not received the recommended immunisations and no risk assessments had been carried out to identify potential risks to patients and staff in the absence of appropriate immunisations
- On reviewing staff records, we found some staff had not received recent appraisals and we identified gaps in staff training.
- The practice was unable to demonstrate they had systems in place for the clinical supervision of staff in advanced clinical roles.
- Patient feedback was negative in relation to access and appointment availability. The practice had implemented an action plan to improve access by an increase in staff. However, on the day of inspection, staff told us that staff shortages were impacting on appointment availability.
- Governance processes needed strengthening to ensure risks were mitigated. We found there was no governance lead in place to oversee systems and processes were adhered too and the actions from risk assessments had not been acted on.
- The practice had some systems in place to provide care in a way that kept patients safe, but these required strengthening to ensure effective communication with staff.
- We found some patients had not received the appropriate reviews to ensure effective care was provided that met their needs.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Continue to encourage patients to attend for cervical screening and childhood immunisations
- Monitor staff training to gain assurances all staff are up to date with the latest training modules.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

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 who spoke with staff and undertook a site visit. The team included a GP specialist advisor who completed clinical searches and records reviews when visiting the location.

Background to Hill Top Medical Centre

Hill Top Medical Centre is located in Oldbury at:

15 Hill Top Road

Oldbury

West Midlands

B68 9DU

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, treatment of disease, disorder or injury and surgical procedures. The practice operates out of two buildings directly opposite each other across the car park. One of the buildings is used for administration functions but is also used for flu clinics and minor surgery. The newer building is mainly used for routine consultations. Consulting rooms are located on the ground and first floor of this building. There is a lift available to enable easy access to the first floor consultation rooms for those patients who have difficulties with their mobility.

The practice is commissioned by NHS Black Country Integrated Care Board (ICB) which is part of the Black Country and West Birmingham Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 10,500. This is part of a contract held with NHS England. The practice is part of a wider network of GP practices.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the third lowest decile (3 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 75.8% White, 13.7% Asian, 5.1% Black, 4.1% Mixed, and 1.3% Other.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of three GPs. The practice has a team of four nurse practitioners and one practice nurse who provides nurse led clinics for long-term conditions and minor illnesses. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and assistant practice manager provide managerial oversight.

The practice is open between 8am to 8pm Monday to Friday. Weekend openings are from 9am to 11am Saturday and 9am to 10am Sunday as part of extended access. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Out of hours services are provided by NHS111.

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- Safety alerts were not being acted on appropriate
- Safeguarding processes were not effective, with staff not having completed training relevant to their role and the appropriate disclosure and barring checks (DBS) had not been completed for some staff and no risks assessments had been completed in their absence to review potential risk to patients or staff.

This was in breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- Governance processes were ineffective to minimise risks. For example: Staff had not completed training relevant to their role.
- Risk assessments had not been completed in the absence of staff immunisation status.
- The practice had an ineffective process in place to monitor performance. On reviewing staff records, we found some staff had not received recent appraisals, there was no clinical supervision in place for staff who carried out advanced clinical roles.

This was in breach of Regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.