

Hollyhurst Medical Centre

Inspection report

8 Front Street
Blaydon On Tyne
NE21 4RD
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Date of inspection visit: 28 September 2021
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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?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Hollyhurst Medical Centre on 28 September 2021. Overall, the practice is rated as requires improvement.

The key question ratings were as follows:

Safe – Requires improvement

Effective – Requires improvement

Caring - Good

Responsive - Good

Well-led – Requires Improvement

We carried out a comprehensive inspection at Hollyhurst Medical Centre 21 August 2018 as part of our inspection programme. The practice was rated as good overall and for all domains and population groups.

Following information of concern we received, we carried out a remote regulatory assessment on 18 and 22 December 2020. This was carried out without entering the premises due to the Covid-19 pandemic. Following this assessment, we identified areas where the practice should make improvements:

- Carry out medication reviews where appropriate in line with current guidance.
- Monitor patients in line with current guidance who are prescribed direct oral anticoagulants (DOACs)
- Review the process for patient safety alerts so it is clear what action has been taken.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Hollyhurst Medical Centre our website at www.cqc.org.uk.

Why we carried out this inspection

This inspection was a follow-up inspection, to check what progress the provider had made to improve on those areas where we said they should at the last regulatory assessment.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider

Overall summary

- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short 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 have rated this practice as requires improvement overall and for all population groups.

We rated the practice as requires improvement for providing safe services because:

- Although some improvements had been made there remained further work to be carried out on the monitoring of patients' medication.
- The practice did not have a sustainable and stable clinical team and there was low morale amongst staff.
- Some recruitment records were not up to date.
- Arrangements for infection control were partially met.

We rated the practice as requires improvement for being effective because:

- We saw that patients ongoing needs were not always fully assessed.
- Records relating to minor surgery were not correctly documented.
- The monitoring of the usage of a certain type of inhaler for asthma was poor.
- We were concerned the practice were not undertaking timely follow up of patients whose test results indicated they may be pre-diabetic or diabetic.

We rated the practice as requires improvement for being well-led because:

- The practice struggled to build a sustainable and stable clinical team.
- Staff told us they felt the staffing issues put pressure on them.

We also found that:

- 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.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Patients could access care and treatment in a timely way.

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

- 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.

See the requirement notice section at the end of this report for further details

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

Overall summary

- Continue with and deliver plans to reinstate the three-monthly meetings with the health visitor.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit accompanied by an inspection manager. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Hollyhurst Medical Centre

Hollyhurst Medical Centre provides care and treatment to approximately 4,556 patients of all ages from Blaydon and the surrounding areas. The practice is part of NHS Newcastle Gateshead Clinical Commissioning Group and operates on a Personal Medical Services (PMS) contract.

The practice provides services from the following addresses;

- Main surgery - Hollyhurst Medical Centre, 8 Front Street, Blaydon On Tyne, NE21 4RP
- Branch surgery - Elvaston Road Surgery, 7 Elvaston Road, Ryton, NE40 3NT

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

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

Information published by Public Health England shows that deprivation within the practice population group is in the sixth decile (six 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 98.4% White, 0.7% Asian, 0.6% Mixed, 0.2% Black and 0.1% Other.

The lead GP, a salaried GP and a long-term locum GP provided cover at both sites (two female and one male). There were two practice nurses and a healthcare assistant (all female) working at the practice at the time of the site visit. The GPs were supported at the practice by a team of reception/administration staff. The business manager who covers both of the providers sites is based at Hollyhurst Medical Centre and provides managerial oversight across both registered locations and all four sites. The practice manager is based at Hollyhurst Medical Centre oversees both the main surgery and branch.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, some GP appointments were telephone consultations. The patients are however offered face to face appointments if appropriate.

The practice is part of the Gateshead Outer West Primary Care Network (PCN), which is a wider network of GP practices to enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home.

Extended access, where late evening and weekend appointments are available, and Out of Hours Services are provided locally by Gateshead Community Based Care Services.

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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were insufficient systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The practice did not have a sustainable and stable clinical team.• Systems for ensuring clinical cover were not sufficient; there had been no planned cover on several occasions.• Some recruitment records were not up to date.• Arrangements for infection control were only partially met; staff did not know who the infection control lead was. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none">• Although some improvements had been made there remained further work to be carried out on the monitoring of patients' medication.• We saw that patients ongoing needs were not always fully assessed.• Patients were prescribed repeat medications without reviews and appropriate tests being completed in line with the latest guidance.• Records relating to minor surgery were not correctly documented.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.