

Hoyland Medical Practice

Inspection report

High Croft
Hoyland
Barnsley
S74 9AF
Tel: 01226355800

Date of inspection visit: 6 May 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

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling Care Quality Commission's (CQC) regulatory obligations and responding to risk in light of the Covid-19 pandemic and reducing the burden placed on practices by minimising the time inspection teams spend on site.

This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The practice was last inspected in February 2016 when it was rated as good overall and for all domains and population groups.

Background

We undertook a remote regulatory assessment on 6 May 2021 following receipt of information of concern. We focused our assessment on the well-led key lines of enquiry.

During the assessment we spoke with one GP, two practice managers and the administration manager and reviewed information that we had asked the provider to send to us. We also had 15 responses to a questionnaire sent to all staff.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we carried out the assessment
- 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 adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Staff described how they had worked as a team to provide good care and treatment to patients.
- The practice culture required review to effectively support high quality sustainable care. Specifically, the practices speaking up policies were not in line with national guidance as they did not contain contact details for an independent and impartial source of advice to staff.
- Staff told us they did not always feel listened to when raising concerns relating to the practice telephone system as the issues had existed for a number of years.

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

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

The provider **should**:

- Ensure all staff complete equality and diversity training.
- Review the practices speak up policies.

Dr Rosie Benneyworth BM BS BMedSci MRCP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Not inspected	
People with long-term conditions	Not inspected	
Families, children and young people	Not inspected	
Working age people (including those recently retired and students)	Not inspected	
People whose circumstances may make them vulnerable	Not inspected	
People experiencing poor mental health (including people with dementia)	Not inspected	

Our inspection team

Our inspection team consisted of a CQC lead inspector who spoke with staff using video conferencing facilities.

Background to Hoyland Medical Practice

Hoyland Medical Practice provides care and treatment to 12,343 patients of all ages from the Barnsley area. The practice is part of NHS Barnsley Clinical Commissioning Group (CCG) and operates on a General Medical Services (GMS) contract.

The practice provides services from the following addresses:

Main Surgery

Hoyland Medical Practice

High Croft

Barnsley

S74 9AF

Branch Surgery

Cape Horn Medical Centre

1 Jeffcock Road

High Green

Sheffield

S35 4HJ

The practice is registered with the CQC for the treatment of disease, disorder or injury; diagnostic and screening procedures; maternity and midwifery services; family planning and surgical procedures.

Both premises are suitable for patients with mobility issues and on-site car parking is available which includes dedicated disabled parking.

Patients can book appointments in person, on-line or by telephone. Opening hours are as follows:

Main surgery

Monday 8am to 7pm

Tuesday, Wednesday and Friday 8am to 6.30pm

Thursday 7am to 6.30pm

Branch Surgery

Monday to Wednesday 8.30am to 6pm

Thursday 8.30am to noon

Friday 8.30am to 5.30pm

Appointments with a GP and nursing team are available at both sites throughout the opening hours.

Across all sites the practice has:

- 4.8 whole time equivalent (wte) GPs
- 4.15 wte advance nurse practitioners and practice nurses
- 1.8 wte healthcare assistants
- Several part time allied health practitioners including mental health nurse, pharmacists and a pharmacy technician
- A number of non-clerical members of staff including two practice managers, an administrative manager, receptionists, administrator and secretaries.

The practice is part of the South Primary Care Network which consists of four member practices with a total patient population of over 45,304.

0.5% of the practice patient population are from BAME groups. People from different ethnic backgrounds may have an increased risk of developing certain conditions.

The practice deprivation ranking is 2406 out of 6900. The lower the number or ranking the more deprived the area in which the practice is based is. The Clinical Commissioning Group in which the practice is based (NHS Barnsley CCG) ranks 32 out of 191 in terms of level of deprivation.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was additional evidence of poor governance and oversight of the practice telephone system. In particular: • The provider did not regularly capture, feedback and log issues relating to the telephone system and report to the third party telephone provider. • Some staff reported they felt they were not always listened to when reporting concerns relating to the practice telephone system. Regulation 17(1)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	