

# Hollyns Health and Wellbeing

## Inspection report

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Pasture Lane, Clayton  
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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?

Inadequate



Are services effective?

Requires Improvement



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 inspection at Hollyns Health and Wellbeing on 22 and 23 June 2022. Overall, the practice is rated as Requires Improvement.

Safe – Inadequate

Effective – Requires improvement

Caring - Good

Responsive - Requires improvement

Well-led - Requires improvement

Following an inspection on 17 May 2016 the provider was rated as good overall and good in all five key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Hollyns Health and Wellbeing on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

## 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 less 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
- Requesting evidence from the provider
- A site visit
- Requesting staff feedback via a questionnaire.

## 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.

# Overall summary

## **We have rated this practice as requires improvement overall**

We found that:

- The provider did not consistently demonstrate the delivery of safe, responsive, effective and well-led care to all their patients.
- The practice did not have effective systems for the appropriate and safe use of medicines, including medicines optimisation.
- Care and treatment was not consistently delivered in line with current evidence-based guidance.
- The practice did not consistently demonstrate clear systems, practices and processes which kept people safe.
- During the pandemic the practice had completed a large amount of wellbeing calls to patients including the elderly and vulnerable, signposting them to food banks, supermarkets who were offering deliveries, dog walking, befriending and other services which were available to patients locally.
- Feedback from patients regarding access was mixed.
- Staff dealt with patients with kindness and respect.
- We saw evidence of a cohesive and supportive staff team who were able to raise concerns. Staff told us they were confident concerns would be addressed.
- The practice had adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.

We found three 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.
- Ensure that all premises and equipment used by the service are clean, suitable for the purpose for which they are used and properly maintained.

In addition, the provider **should**:

- Improve uptake rates for cancer screening programmes
- Explore and develop ways to improve patient satisfaction at the practice.
- Take action to ensure staff to keep up to date with training, including training relating to safeguarding and mental capacity.

**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

## 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. 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 Hollyns Health and Wellbeing

Hollyns Health and Wellbeing is located in Bradford at:

4 Glenholme Park

Pasture Lane, Clayton

Bradford

BD14 6NF

The practice has a branch surgery at:

Allerton Health Centre

Belldean Road,

Bradford

BD15 7WA

Both sites were visited as part of this inspection activity.

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

The practice is situated within the NHS Bradford District and Craven Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a patient population of about 13,207. This is part of a contract held with NHS England.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two 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 23% Asian, 72% White, 1% Black, 3% Mixed, and 1% Other.

The age distribution of the practice differs from the local and national averages. There are fewer male patients registered at the practice than females between the age of 25 and 49. There are more patients registered at the practice aged 19 and under than the England average but this is comparable to the CCG norms.

There is a team of 4 part time GP partners who provide cover at both practices and an advanced nurse practitioner who was is also a partner (four female and one male). There are two further part time salaried GPs (both female) and two further female advanced clinical practitioners (ACPs), and one trainee ACP. The practice has a team of five nurses, two healthcare assistants and a trainee advanced clinical practitioner. The GPs are supported at the practice by team of patient services administrators, and additional administration staff. The business development, enterprise and finance manager, an operations manager and the patient services manager provide managerial oversight.

Hollyns Health and Wellbeing is open between 8am to 12pm and 1pm to 6pm Monday to Friday. The branch location at Allerton Health Centre is open as above on a Tuesday and Thursday and between 8am and 1pm Monday, Wednesday and Friday. Between the hours of 12pm and 1pm patients who telephone the surgery and require urgent medical assistance are directed to an out of hours provider. The practice offers a range of appointment types including book on the day, face to face, telephone consultations and advance appointments.

The practice works with a local GP federation and is a member of a primary care network (PCN) which provides extended hours access appointments seven days per week at several locations across the CCG. Appointments are available between 6.30pm and 9.30pm on weeknights and from 10am to 2pm at weekends. Patients can be referred to a range of health professionals including GPs, nurses, phlebotomy services and physiotherapists.

Out of hours support can be accessed by calling the surgery telephone number or contacting the NHS 111 service.

During our inspection we saw that the provider was displaying the previously awarded ratings in the practice and had links from their website to their CQC report and ratings.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• The provider did not ensure that systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity.</li><li>• The provider could not demonstrate the prescribing competence of non-medical prescribers or a regular review of their prescribing practice supported by clinical supervision or peer review.</li><li>• The provider could not demonstrate that all staff were aware of relevant policies and procedures; that policies and procedures were followed and they directed staff to the most suitable course of action.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• The provider did not ensure the safe management of medicines at the practice. For example, they could not evidence a full medication review, and discussion with the patient or documentation to support this. Where recalls, areas of action or follow up were required these were not consistently completed.</li><li>• 182 patients had a possible missed diagnosis of CKD.</li><li>• The provider did not ensure that patients with asthma were supported in line with National Institute for Health and Care Excellence (NICE) guidance.</li><li>• Recalls, reviews and follow ups of patients prescribed medicines including DMARDS (disease-modifying antirheumatic drugs) and DOACs (direct acting oral anticoagulants) were not always undertaken in line with clinical guidance. 154 patients who were prescribed DOACS required creatinine clearance to be undertaken. Therefore, the provider could not be assured that the health and medicines needs of patients were met.</li><li>• The provider did not follow NICE guidance or a drug safety update from 2017 and had not ensured that reviews of patients prescribed gabapentinoids were undertaken annually as required.</li><li>• Leaders at the practice did not ensure the timely management of tasks, scans and clinical correspondence.</li><li>• The provider did not ensure the safe monitoring of prescription stationery or it's distribution throughout the practice.</li><li>• The provider had failed to assess the risk of the prevention, detection, and control of the spread of infections. Cleaning schedules were not in place for clinic rooms or clinical equipment. Vaccine refrigerators were visibly dirty on inspection.</li><li>• Leaders at the practice did not take timely action following the infection prevention and control audit which had been undertaken on 22 March 2021.</li></ul>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

- The provider had failed to maintain oversight of the complete immunisation status of the staff team in line with UK Health and Security Agency guidance.

This was in breach of Regulation 12 (1) 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 15 HSCA (RA) Regulations 2014 Premises and equipment

- The provider did not ensure that the premises were suitable for the purpose of which they were being used or that they were properly maintained. For example, they did not respond to identified risk following Legionella risk assessments which had been undertaken in March 2020 across both sites.
- The risk assessments indicated that action was required at both sites, with six actions for immediate attention required at Allerton. A further 18 actions at Allerton and nine actions at Clayton required management.
- The provider did not have a plan in place to address the ongoing work required following the fire risk assessments undertaken at the practice.

This was in breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.