

# Doctors Hardy, Hughes, Harvey and Roberts

## Inspection report

Hungerford Medical Centre  
Crewe  
CW1 5HA  
Tel: 01270275949

Date of inspection visit: 24 August 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

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 Doctors Hardy, Hughes, Harvey and Roberts (Also known as The Hungerford Medical Centre) on 24 August 2022. Overall, the practice is rated as requires improvement.

The key questions are rated as:

Safe – Requires improvement

Effective – Requires improvement

Caring – Good (rating awarded at the inspection October 2016)

Responsive – Good (rating awarded at the inspection October 2016)

Well-led – Requires improvement

The provider was last inspected October 2016 and was rated Good overall and in all the key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Doctors Hardy, Hughes, Harvey and Roberts 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. This included focusing on the key questions safe, effective and well led. Caring and responsive were not inspected.

## 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 by telephone and using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- Gaining feedback from staff using staff questionnaires
- A shorter site visit

## Our findings

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

# Overall summary

- 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 overall**

We found that:

- The practice in the main provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients in the main 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.

Following this inspection, we have rated the practice **requires improvement** for providing safe services. We identified recruitment checks were not carried out in accordance with regulations and staff did not always have the information to deliver safe care and treatment.

Following this inspection, we have rated the practice **requires improvement** for providing effective services as not all staff received effective induction, appropriate support, training and appraisal.

Following this inspection, we have rated the practice **requires improvement** for delivering well-led services. The practice was unable to demonstrate they had robust systems in place to assess, monitor and mitigate the risks of services delivered.

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 persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

The provider **should also**:

- Have systems in place to gather satisfactory evidence of conduct in previous employment, such as references, and maintain a copy proof of identity including a recent photograph within staff files.

**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 alongside a second CQC inspector 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 Doctors Hardy, Hughes, Harvey and Roberts

Doctors Hardy, Hughes, Harvey and Roberts (AKA The Hungerford Medical Centre) is located in Crewe at:

School Crescent,

Crewe

Cheshire

CW1 5HA

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

The practice is situated within the Cheshire and Merseyside Integrated Care Systems (ICS) and delivers General Medical Services (GMS) to a patient population of about 10375. This is part of a contract held with NHS England.

The practice is part of a wider group of GP practices, Grosvenor, Hungerford and Rope, (PCN). PCNs work together with community, mental health, social care, pharmacy, hospital and voluntary services in their local area.

Information published by Public Health England shows that deprivation within the practice population group is in the sixth decile (6 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 2% Asian, 96% White and 2% other. The age distribution of the practice population is similar to local and national averages.

There is a team of four GP partners, four salaried GPs and one locum GP. There is a nurse manager, four practice nurses, a health care assistant, pharmacist and pharmacist technician. The clinical team are supported at the practice by a practice manager, deputy practice manager and a team of secretarial, administrative, care coordinators and reception staff.

The practice is open between from 8am to 6:30pm Monday and Tuesday and 7am to 6:30pm Wednesday to Friday. The practice is also open one Saturday morning per month with GP, Pharmacist and Nurse for pre-booked appointments. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally in GP hubs provided by South Cheshire and Vale Royal GPs, where late evening and weekend appointments are available. Out of hours services are provided by Leighton Hospital.

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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>The provider did not have robust systems in place arrangements to respond appropriately and in good time to people's changing needs, for example coding documents in patients records in a timely manner</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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met</b></p> <p>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</li></ul>

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### **How the regulation was not being met**

The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular

- Newly appointed staff were not provided with an induction.
- Not all staff had access to appropriate support, supervision and appraisal.