

# Battlehill Health Centre

## Inspection report

Belmont Close  
Wallsend  
NE28 9DX  
Tel: 01916918777

Date of inspection visit: 21 September 2022  
Date of publication: 22/11/2022

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?	<b>Requires Improvement</b>	
Are services effective?	<b>Requires Improvement</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Requires Improvement</b>	

# Overall summary

**This service is rated as requires improvement overall.**

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

## Why we carried out this inspection

We carried out an announced comprehensive inspection at Battlehill Health Centre on 21 September 2022 as part of our comprehensive inspection programme.

## Our findings

- We saw that some of the systems and policies in place were still being developed. These currently had a poor structure and were not organised.
- The processes for managing risks, issues and performance could be improved.
- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Patients received care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care (See Requirement Notice Section at the end of this report for further detail).

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

- Continue to audit the existing training of staff to ensure mandatory training has been completed.

**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. The team included a GP specialist adviser.

## Background to Battlehill Health Centre

Battlehill Health Centre is registered with the Care Quality Commission to provide independent healthcare services. The service provides an extended GP access service from Battlehill Health Centre, Wallsend, Tyne and Wear, NE28 9DX. They also provide a similar service from Oxford Centre, which we inspected on the same day as this service. There are three other extended access locations ran by this provider where services are delivered from GP practices, all of which are registered separately with Care Quality Commission. All five locations are run as one service. The provider of this service is Tynehealth which is a federation representing all of the GP practices in the North Tyneside area. The administrative records for all of the services are held at Hedley Court, Orion Business Park, North Shields, NE29 7ST, which we visited as part of this inspection.

Battlehill Health Centre building is owned by Newcastle Hospitals NHS Foundation Trust. We visited this site as part of this inspection. There was disabled parking and access and the service was on the ground floor. There was a car park close by.

Staff usually work across all five sites. Some are directly employed by the service, most of the clinical staff are bank and locum staff and the GPs work on a self-employed basis.

The service provides extended GP access appointments via;

- The patients' registered GP.
- NHS 111 service.
- Direct via a telephone booking line
- A video consultation service

There was always a team leader on duty who worked across all of the five locations when the service was open. The service was provided:

- Monday – Friday 6pm – 8.30pm.
- Saturday & Sunday 9am - 5.30pm.
- Bank holidays 10am – 2pm.

During the hours above the provider can offer additional services, such as cervical screening, contraceptive services, heart disease monitoring and NHS Health checks.

An enhanced healthcare service is provided for older people living in care homes which are in two of the primary care networks (PCN) in the area.

The service for patients requiring urgent medical care outside of these and the GP surgery hours is provided by the NHS 111 service.

# Are services safe?

**We rated the service as requires improvement for providing safe services.**

- There had been no formal infection control audits at the service since May 2020.
- There was no auditing of medical prescribing or regular medicines audits to ensure prescribing was in line with best practice guidelines.
- We were not assured that there were systems in place to inform staff about patient safety alerts and that audits were being run from these alerts to ensure safe patient care.

## Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. They had safety policies, including Health & Safety policies, which were regularly reviewed and communicated to staff. The service used a health and safety contractor to review their health and safety and fire prevention arrangements. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. We saw examples of checks in staff files. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff mostly received safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- We discussed the processes in place to manage infection prevention and control, with the lead for this, who was the service manager. They had received training for this role. There was a policy for infection control in place, which stated an audit would be carried out every year. However, no formal audits of this had been carried out since May 2020. There were informal walkabouts carried out by the service manager of the extended access sites however, these were not recorded. A new nurse was starting at the service soon and they were going to take over the lead role for infection control and provide training to staff, such as hand washing.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- The service had recently implemented a digital rota platform to help improve the workforce pool of clinicians. The platform was also being used to recruit clinicians.
- There was an effective system in place for dealing with surges in demand. There was always a hub manager on duty in covering the five locations when the service was open. There were rotas in place well in advance and contingency plans for emergencies.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients in line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits or who had been inappropriately streamed into the service.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

# Are services safe?

- When there were changes to services or staff, the service assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

The service had some systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines. However, due to the clinical lead being absent from the service for some time there had been no auditing of medical prescribing or regular medicines audits to ensure prescribing was in line with best practice guidelines.

## Track record on safety

The service maintained safety records.

- There were risk assessments in relation to safety issues. The service had a risk register which was reviewed with the significant events. This contained issues such as, staff recruitment issues and the impact of the clinical lead being absent.
- The service monitored and reviewed activity. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Joint reviews of incidents were carried out with partner organisations, including NHS 111 service and the local integrated care board (ICB).

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- There had been two significant events reported across the five services in the last twelve months. The service had recently set up a new system to record these and how they were dealt with. We looked at both of these and saw that there was an investigation, they were discussed at staff meetings and what learning was taken from them.
- We were told at our inspection that the service did have a system previously in place to inform staff about the patient safety alerts and the did have the ability to run audits from the alerts. However, due to the clinical lead being absent this had not been happening for some months.

# Are services safe?

- Following our inspection, the service supplied us with log of safety alerts which they said had been carried out, however this was not supplied on the inspection day.

# Are services effective?

**We rated the service as requires improvement for providing effective services.**

- There had been no recent clinical audits, to improve patients care, this included audits of patient consultations.
- We were not assured that all appraisals and clinical supervision of the nursing staff were taking place.

## Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. There were care pathways information available on the service's intranet.
- However, we were concerned that there was no oversight in the extended access service of supervision of nursing staff to ensure they were working within these guidelines.
- Arrangements were in place to deal with repeat patients. There was a system in place to identify frequent callers and patients with particular needs, for example, common types of conditions and care plans, guidance and protocols were in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.

## Monitoring care and treatment

From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their clinical commissioning group (CCG) on their performance against the standards which includes audits; whether face to face assessments happened within the required timescales: seeking patient feedback: and, actions taken to improve quality.

The outcomes the service were using to measure the quality of the service compared to the service specification were:

- The total number of appointments per month (target of 3188 per month).
- A breakdown of face to face and telephone appointments offered and carried out.
- The 'did not attend' (DNA) rates across the service
- A breakdown of appointments offered by day, and by skill mix

For the month of July 2022, the outcomes were;

- 2620 appointments were offered, which was 82% of the target.
- The number of face to face appointments offered were 2539, there were no telephone appointments.
- The DNA rate was 10%
- The breakdown of appointments offered by day was Monday 378, Tuesday 395, Wednesday 351, Thursday 443, Friday 155, Saturday 679 and Sunday 138.
- The breakdown of appointments offered by skill mix was GP 734, advanced nurse practitioner (ANP) 396, health care assistant (HCA) 649, paramedic 0 and practice nurse 760.

This data was compiled monthly and reported back to the commissioner of the service, which is the integrated care board (ICB).

# Are services effective?

There were no recent clinical audits carried out which included reviews of patient consultation notes. The managers told us that clinical audits had been carried out up until 2019 in the service. However, these had stopped during the COVID-19 pandemic and had not restarted. This was to be a priority for the new clinical lead who was to be in post within the next month.

## Effective staffing

Staff mostly had the skills, knowledge and experience to carry out their roles.

- The provider had an induction programme for all newly appointed staff. This covered such topics as policies and procedure and use of equipment.
- Training from the member of staff's 'home' GP practice was accepted and documented. The integrated care board (ICB) received reassurance from the home practices on training staff had received. The human resources manager explained that they did not have complete records of training which staff had received, either directly or from the home GP practice, they were currently carrying out a full audit of this. For example, they knew that not all staff had received sepsis training and they were checking that staff had received the correct level of safeguarding children training.
- We saw examples of staff appraisals. However, we were unsure that all appraisals and clinical supervision of the nursing staff were taking place.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.

## Coordinating care and treatment

Staff worked together and worked well with other organisations to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services or when they were referred to hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with the patient's GP practice so that they were aware of the need for further action and to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. This was helped by almost all of the GP practices the service covered, having the same clinical system and notes which could easily be shared. The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

## Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- The service identified patients who may be in need of extra support.



# Are services effective?

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

# Are services caring?

**We rated the service as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs. The hub managers who managed the appointment queues could make staff aware of those who needed extra support. If they had appointments available but patients had mobility problems, they had an account with a local taxi firm which they could use to bring patients to their appointment if needed.
- The practice shared with us the results of their patient feedback from May to July 2022. They received a total of 460 responses. Responses to the following questions were as follows;
- Overall, how satisfied were you with the service you received? – (five is a positive response) five – 85.6%, four - 6.8%, three - 3.2%, two – 0.9% - one – 3.4%.
- How likely are you to recommend the service to friends or family if they need similar care or treatment – five – 84.9%, four – 7.2%, three – 2.9%, two – 0.7%, one – 4.3%.
- How helpful/approachable did you find our reception/clinical staff? – five – 85.8%, four - 9%, three – 2.7%, two – 1.4%, one – 1.1%.
- There were 12 free text comments of which nine were positive and three negative.
- The service had received many compliments which included comments such as friendly and efficient service, amazed at being able to get an appointment at night and the doctor was nice and very understanding.

## **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## **Responding to and meeting people's needs**

The provider organised and delivered services to meet patients' needs. They took account of patient needs and preferences.

- The provider understood the needs of their population and tailored services in response to those needs. The provider engaged with commissioners to secure improvements to services where these were identified.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example, those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service provided enhanced healthcare service for older people living in eight care homes which are in two of the primary care networks (PCN) in the area. This was provided by eight frailty nurse practitioners. There was a clinical lead for the service. This provided a proactive approach to assessment of people's needs and care planning.
- The enhanced healthcare service had identified gaps in policy and procedure, for example in covert medication procedures between primary care and care home staff. Subsequently after working with pharmacist a policy was developed and was to be rolled out in the local GP practices.
- The service held data which showed that the enhanced healthcare service was having a positive effect on emergency admissions and A and E attendances. There was a reduction of 11.8% in emergency admissions from 2018 to 2019 compared to 2021 to 2022. There was a reduction in A and E attendances of 10.3%

## **Timely access to the service**

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

The service was provided:

- Monday – Friday 6pm – 8.30pm.
- Saturday & Sunday 9am - 5.30pm.
- Bank holidays 10am – 2pm.

The service provided extended GP access appointments via;

- The patients' registered GP.
- NHS 111 service.
- Direct via a telephone booking line
- A video consultation service

During the hours above the provider could offer additional services, such as cervical screening, contraceptive services, heart disease monitoring and NHS Health checks. COVID vaccinations could also be administered from the extended access locations when required.

The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.

Patients with the most urgent needs had their care and treatment prioritised.

# Are services responsive to people's needs?

## Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The complaints policy and procedures were in line with recognised guidance. There had been three complaints in the last 12 months. We looked at two responses to complaints in detail and found that they were satisfactorily handled in a timely way.
- A member of staff described to us how the service had changed a process of how to book into appointments due to a complaint about lack of appointments by a patient.
- Improvements to the policy regarding the wearing of masks for patients in the service were made following a complaint during the pandemic from a patient.

# Are services well-led?

## **We rated the service as requires improvement for being well-led**

- We saw that some of the systems and policies in place were still being developed. These currently had a poor structure and were not organised.
- The processes for managing risks, issues and performance could be improved.

## **Leadership capacity and capability**

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The service had in the last year recruited new managers to the service.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff told us the leaders were working closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.

## **Vision and strategy**

- The service had put together a strategy and action plan to move forward. They had sessions with their own board members, the primary care networks (PCN) and staff.
- Plans had been put in place to have access to a more flexible work pool of staff, and clinical staff and more accommodation space.
- The core values for the service were innovation, communication, quality, integrity, equality and respect.

## **Culture**

The service had a culture of good quality sustainable care.

- Staff felt respected, supported and valued. They told us there had been a lot of positive changes to the service recently, with new senior staff in post who were driving these improvements.
- The service focused on the needs of patients.
- Leaders and managers were developing the service consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were freedom to speak up guardians and the service were looking to offer their services in this to GP practices in the area
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was a strong emphasis on the safety and well-being of all staff. Staff were supported when they were involved in a traumatic incident, complaint or investigation.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**

# Are services well-led?

There were some responsibilities, roles and systems of accountability to support governance and management, however in some areas they were weak and not fully embedded.

- Structures, processes and systems to support good governance and management were being developed. Some staff told us that these had not been organised and had poor structure.
- Staff had roles and accountabilities, however in the case of infection control these responsibilities were not always carried out.
- The post of clinical lead had recently not been covered in the extended access service. This was identified by the management as a risk and a new member of staff was being appointed in the next month to this post, to address the issues. The service were carrying out a clinical governance review of which a report and actions to move forwards would soon be compiled.

## Managing risks, issues and performance

1. There were some processes for managing risks, issues and performance but these could be improved.
- We were not assured that there were effective processes to identify, understand, monitor and address current and future risks including risks to patient safety.
  - There was currently no oversight of patient safety alerts.
  - There was no clinical audit being carried out, this included audits of medicines prescribed or patient consultations.
  - We were not assured that all appraisals and clinical supervision of the nursing staff were taking place
  - However, managers did have a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed.
  - The provider had plans in place and had trained staff for major incidents.
  - The service did understand where changes were necessary to improve the quality of patient care.

## Appropriate and accurate information

The service acted on appropriate information.

- Managers had recently set up a series of new meetings which included all staff, there were regular board, executive, care home, finance and human resource, team and clinical meetings
- The service used performance information which was reported on and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.

## Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support good quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- Staff told us they felt able to give feedback on the service and how things could be improved.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

# Are services well-led?

There were systems and processes for learning, continuous improvement and innovation.

- The service had a flexible work pool, they were able to cover clinics and set up other services as required by the primary care networks.
- The service was carrying out a clinical retention survey for the area, to establish what staff views on what would help them to stay employed in the area.
- The service was looking into the possibility of being able providing training for the GP practice in the area.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• There had been no formal infection control audits at the service since May 2020.</li><li>• There was no auditing of medical prescribing or regular medicines audits to ensure prescribing was in line with best practice guidelines.</li><li>• We were not assured that there were systems in place to inform staff about patient safety alerts and that audits were being run from these alerts to ensure safe patient care.</li><li>• There had been no recent clinical audits, to improve patient care, this included audits of patient consultations.</li><li>• We were not assured that all appraisals and clinical supervision of the nursing staff were taking place.</li></ul>