

Holmhurst Medical Centre

Inspection report

12 Thornton Side
Watercolour
Redhill
RH1 2NP
Tel: 01737647070

Date of inspection visit: 23 February 2022
Date of publication: 03/05/2022

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		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services well-led?		Requires Improvement	

Overall summary

We carried out an announced inspection at Holmhurst Medical Centre between 21 March and 24 March 2022. Overall, the practice is rated as Good.

The key questions are rated as:

Safe - Good

Effective - Good

Caring – Good carried over from last inspection

Responsive – Good carried over from last inspection

Well-led – Requires Improvement

At our previous inspection on 12 November 2019, the practice was rated Requires Improvement overall and for the safe and well-led key questions. Caring, effective and responsive were rated as Good.

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

Why we carried out this inspection

The practice had been previously rated as Requires Improvement in November 2019. This inspection was to follow up breaches of regulations 12, and 17 as identified in our previous inspection. The previous ratings for caring and responsive, which were rated as Good, are carried forward.

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
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit to the practice

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 Good overall.

We 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 way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- There was adequate monitoring of patients who were prescribed medicines.
- The practice was monitoring staff immunisations and risk assessments had been undertaken to mitigate any risks associated with a lack of immunisation.
- Although the provider did have a system in place to record and act on safety alerts, we identified one alert which had been issued in the past that had not been acted on.
- Staff recruitment files contained all of the required information.
- Medicine reviews and non-urgent referrals were completed in the required time frames. However, staff told us that they felt undertrained in this area.
- Staff training was up to date, which included safeguarding, basic life support, infection prevention and control, and sepsis.
- Patient Group Directives (PGDs) had been signed by all of the nurses and the authorising GP.
- The practice held a spread sheet of all 'Two Week Wait' referrals. These were dated as to when the GP asked for the referral, the date it was sent and the received date from the organisation sent to.
- Staff comments were mixed in regard to the culture of the practice.
- Significant events, complaints and MHRA alerts were not always centrally recorded or readily available in regard to the information required. For example, to evidence the action taken, communication with patients, staff members or the wider learning.

The provider **Must:**

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The provider **should:**

- Review and continue to monitor cervical smear screening to meet the Public Health England screening rate target.
- Review and improve child immunisation rates to meet World Health Organisation (WHO) targets.
- Continue to review staff immunisation status and record centrally.

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. We 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 Holmhurst Medical Centre

Holmhurst Medical Centre is a GP practice based in Redhill in Surrey. The practice provides GP services to 10,100 patients.

Services are provided from one location:

Holmhurst Medical Centre, 12 Thornton Side, Redhill, Surrey, RH1 2NP.

Information published by Public Health England shows that deprivation within the practice population group is rated nine out of 10. The lower the decile, the more deprived the practice population is relative to others. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial).

According to the latest available data, the ethnic make-up of the practice area is 6.5% Asian, 88.4% White, 1.8% Black, 2.6% Mixed, and 0.7% Other.

There is a team of three GP partners and three salaried GPs (male and female). The practice is also a training practice for doctors. Training practices help qualified doctors, known as registrars, complete the final stages of their GP training. The GPs are supported by two practice nurses, a HCA, a phlebotomist, practice management and a range of administrative roles.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance.

Patients are able to contact Holmhurst Medical Centre from 8am and the practice is open 8.30am to 6.30pm Monday to Friday.

The practice is part of a hub of GP practices which provides extended access appointments for patients during the week until 8pm and at weekends. Patients are able to access Out of Hours services through NHS 111.

For information about practice services, opening times and appointments please visit their website at www.holmhurstmedicalcentre.co.uk

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were limited systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:</p> <ul style="list-style-type: none">• The provider had failed to review and create strategies to allow staff to give honest and open feedback without fear of retribution. <p>The registered person had systems or processes in place that were operating 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. In particular:</p> <ul style="list-style-type: none">• Significant events, complaints and MHRA alerts were not always centrally recorded or readily available in regard to the information required. For example, to evidence the action taken, communication with patients, staff members or the wider learning.• The provider had failed to act on feedback from staff and significant events raised for the triage of referrals.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	