

# Balfour Medical Centre

## Inspection report

2 Balfour Road  
Grays  
RM17 5NS  
Tel: 01375373366

Date of inspection visit: 20 April 2022  
Date of publication: 02/06/2022

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?

Requires Improvement



Are services effective?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced focused inspection at Balfour Medical Centre on 20 March 2022. Overall, the practice is rated as Requires improvement.

Set out the ratings for each key question

Safe - Requires improvement

Effective – Requires improvement

Well-led - Requires improvement

The data and evidence we reviewed in relation to the responsive key question part of the inspection did not suggest we needed to review the rating for responsive. Responsive remains rated as good. The caring key question was not inspected as part of this inspection therefore retains the previous rating of good.

Following our previous inspection on 21 February 2017, the practice was rated Good overall and for all key questions excluding effective with was rated as requires improvement:

The full reports for previous inspections can be found by selecting the 'all reports' link for Balfour Medical Centre 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 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 and questionnaires
- 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

## 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 Improvement overall**

We found that:

- The practice had system and processes in place to identify vulnerable patients and communication with other professionals to support and protect those patients.
- Systems relating to recruitment were not effective when the practice was employing staff known to them, without the required checks always being carried out.
- There was no system in place to check clinical staff registration once employed and no system to monitor staff vaccination status.
- Although some risk assessments were in place there was a lack of key risk assessments.
- Systems relating to medicines management required review and strengthening.
- There were systems in place to learn and make improvements when things went wrong.
- Safety alerts were being actioned however there was a lack of audit trail of all actions taken. Processes for reviewing historic safety alerts were not always followed.
- Most patients received care and treatment that met their needs.
- Although staff were supported and had access to training, the practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles. They were in the process of rectifying this when we inspected.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Data for the uptake of childhood immunisations and cervical screen were below national targets.
- There was a positive and open culture within the practice. They were aware of areas requiring improvement and had plans in place to address this.

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.

The provider should:

- Implement a protocol for when patients do not wish to have essential blood monitoring tests.
- Develop processes for checking new patients have appropriate coding on their record.
- Continue to improve the uptake of childhood immunisations and cervical screening.

**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 Balfour Medical Centre

Balfour Medical Centre is located in Grays at:

2 Balfour Road

Grays

Essex

RM17 5NS

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 and surgical procedures.

The practice is situated within the Thurrock Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) a patient population of about 5,698. This is part of a contract held with NHS England. During our inspection the practice received consent for a temporary list closure, this means the only patient registrations that practice may accept are those from immediate family members of existing patients.

The practice is part of a wider network of GP practices called the Grays Primary Care Network.

Information published by Public Health England shows that deprivation within the practice population group is in the seventh lowest decile (seven 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 85.6% White, 6.6% Black, 5.2% Asian, 2% Mixed, and 0.6% Other.

There is a team of two GPs who are supported by locum GPs. The practice has one advanced nurse practitioner, a physician associate and a practice nurse who provides nurse led clinics for long-term conditions. The GPs are supported at the practice by a team of reception/administration staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations.

Extended access is provided locally by Thurrock Care Hubs, where late evening and weekend morning appointments are available. Out of hours services are provided by NHS111.

## 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 Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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;</p> <ul style="list-style-type: none"><li>• The practice was unable to provide assurance that staff were adequately trained for their role.</li><li>• Some health and safety risk assessments and a fire risk assessment had not been completed.</li><li>• The practice was unable to provide assurance that they had assessed the risks relating to which emergency medicines they held onsite.</li><li>• Some policies did not contain practice specific information.</li><li>• The process in place for historic safety alerts was not effective and there was no audit in place to check compliance.</li><li>• The practice was unable to provide assurance that staff had been appropriately recruited.</li><li>• There was no system in place for ongoing checks of professional registration status.</li><li>• There was no system in place to monitor staff vaccination status.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>