

271a Southend Road

Inspection report

271A Southend Road
Stanford Le Hope
SS17 8HD
Tel: 01375679316

Date of inspection visit: 04 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?	Inadequate	
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 271a Southend Road on 04 August 2022. Overall, the practice is rated as Requires Improvement.

Safe - Inadequate

Effective – Requires improvement

Well-led - Requires improvement

Following our previous inspection on 28 November 2018, the practice was rated Good overall and for all key questions.

The data and evidence we reviewed in relation to the responsive and caring key questions in planning for this inspection did not suggest we needed to review the ratings, therefore the service retains the previous rating of good for these key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for 271a Southend Road on our website at 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
- 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
- Requesting staff complete questionnaires
- Requesting the practice signpost patient to our website to complete 'Give Feedback on Care' forms for this service.

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:

- There were systems in place for the safeguarding of vulnerable adults and children, however not all staff had received safeguarding training appropriate to their role.
- There was a lack of risk assessments in place to identify and take action to mitigate risks.
- There was a lack of assurance that patients received appropriate monitoring of their medication and medical condition.
- Patients did not always receive care and treatment in line with guidelines.
- The practice had not met the 90% minimum target for childhood immunisation uptake for children aged five, however the practice had met the 95% WHO based target for childhood immunisations for children aged one and two.
- There was a lack of assurance that staff had received relevant training at an appropriate level to perform their role.
- Large parts of the governance structure were reliant on one member of staff, other staff found it difficult to access information in their absence.
- There were gaps in the effectiveness of governance arrangements which impacted on the safety of patients and staff.
- The practice had a system in place to deal with patient safety alerts.
- Staff found leaders approachable and felt the practice worked together as a team.

We found two 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.

The provider also **should**:

- Continue to improve the uptake of the measles, mumps and rubella immunisation for children aged five.
- Continue to improve the uptake of cervical cancer screening.

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 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, and a second inspector who spoke with staff using video conferencing facilities and supported the site visit.

Background to 271a Southend Road

271a Southend Road is located in Stanford Le Hope at:

271A Southend Road,

Stanford Le Hope,

Essex,

SS17 8HD

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

The practice is situated within the Mid and South Essex Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 2,907. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices which form Stanford Le Hope Primary Care Network (PCN).

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 92.2% White, 2% Black, 1.3% Asian, 1.2% Mixed, and 0.3% Other.

There is a team of two GPs who provide cover at the practice. The practice has 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. A practice manager provides managerial oversight.

The practice is open between 8am to 6.30pm Mondays and Tuesdays, 8am to 7pm Wednesdays and Thursdays, 8am to 1pm Thursday (clinics), 1pm to 6.30pm Thursday (requests, prescriptions). The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Thurrock Health Hubs, where late evening and weekend appointments are available. Out of hours services are provided by IC24 via 111.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that 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">• The systems for ensuring that patients receive adequate monitoring and review were ineffective.• Safeguarding notices within the reception area identified the incorrect clinician as lead. <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none">• There was a lack of system to ensure that staff had received adequate and timely training to enable them to fulfil their role.• Some confidential patient information was not kept securely. <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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Not all expected emergency medicines were kept onsite. There was a lack of risk assessment for this.• There was a lack of assurance that patients prescribed an Ace Inhibitor or Angiotensin Receptor Blocker were receiving appropriate monitoring.• For some patients with a potential diagnosis of Chronic Kidney Disease, appropriate interval testing of serum estimated glomerular filtration rate (eGFR), had not taken place. Appropriate specialist advice had not been sought where eGFR was progressively declining.• For patients given two or more courses of rescue steroids, where a Steroid Emergency Card was indicated in line with guidance, there was no evidence on the record that this was issued.• There was a lack of assurance that where patients had a diagnosis of Hyperthyroidism they received appropriate monitoring.• There was a lack of assurance that patients with diabetic retinopathy with a higher blood glucose monitoring test result, had received appropriate medication review and monitoring of their diabetes. <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <ul style="list-style-type: none">• There was no evidence of either a policy, protocol or schedule in place relating to reducing some infection control risks. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>