

Kelvedon & Feering Health Centre

Inspection report

46 High Street
Kelvedon
Colchester
CO5 9AG
Tel:

Date of inspection visit: 27 June 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?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Kelvedon & Feering Health Centre 27 June 2022. Overall, the practice is rated as requires improvement. This is the first inspection for this practice.

We rated this practice as requires improvement overall and the key questions:

Safe - requires improvement

Effective - requires improvement

Caring – requires improvement

Responsive – requires improvement

Well-led - requires improvement

Why we carried out this inspection

This inspection was a comprehensive inspection as part of our ongoing programme of inspection.

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
- Staff questionnaires

Our findings

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

- 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

Overall summary

We found that:

- There was a safeguarding policy in place, but not all staff we communicated with were aware of it, or what the process was.
- Multi-disciplinary team meetings had not taken place, but there were plans to schedule these.
- Recruitment checks had not always been carried out in accordance with regulations, although an improved system had recently been implemented to make this more effective.
- There were no records of staff vaccination status.
- Overall, there was a system in place for the safe handling of requests for repeat medicines.
- There was some evidence of learning from significant events, but there was no recorded evidence of the individual staff member's learning. During the inspection this was implemented for future significant events.
- There was a system for recording and acting on safety alerts, but the practice acknowledged that this needed to be improved.
- Vulnerable adults were discussed at regular frailty meetings, but there was no forum to discuss vulnerable children. During the inspection we were told that there was a plan to set these up.
- Cervical screening uptake was below the England average.
- We saw limited evidence that the practice had carried out any clinical quality improvement activity.
- There were areas of the National GP survey data where the practice had performed below local and national averages.
- There was no recorded evidence of the individual staff member's learning following a complaint.
- Some staff we communicated with told us that although leaders were always visible, they didn't feel that they were always approachable.
- There had been a very recent restructure and therefore there had not been any evaluation of its effectiveness to address the issues at the practice.
- The Patient Participation Group, (PPG), had not been active at the time of the inspection.
- There was limited evidence of embedded systems and processes for learning, continuous improvement and innovation.

We found a breach of regulations. The provider **must**:

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

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

- Continue to engage with patients about involvement in the practice's Patient Participation Group.
- Continue to improve the uptake of cervical screening.
- Implement a system to review unplanned hospital admissions.
- Ensure that multi-disciplinary meetings take place for relevant patients.
- Improve the complaints procedure to include evidence of learning for the staff members directly involved.

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 Kelvedon & Feering Health Centre

Kelvedon & Feering Health Centre is located in Kelvedon at:

46 High Street

Kelvedon

Essex

CO5 9AG

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 Mid Essex Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 7,400. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices in a Primary Network, (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (10 of 10). The higher the decile, the less deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 98% White and the remaining 2% consists of small numbers of patients from Asian, Black, Mixed and Other ethnicities.

There is a team of two GPs who work full time at the practice. The practice has a nursing team of team of four nurses and a healthcare assistant who provide nurse led clinics. The GPs are supported at the practice by a team of reception/administration staff. There is an operations manager and a finance and facilities manager, and the practice was in the process of recruiting a practice manager to provide managerial oversight.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access and out of hours services are provided by NHS 111.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were not effective processes for managing safeguarding, recruitment, staff vaccination status, recording and acting on safety alerts, prescribing, the review of controlled drugs, and management of significant events.</p> <p>There was limited evidence that the practice had carried out any clinical quality improvement activity.</p> <p>The practice did not have a programme of learning and development.</p> <p>The practice did not have an effective system to act on patient feedback to identify where they might improve.</p> <p>The practice did not regularly use data to assess and mitigate risk to patients or drive improvements.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>