

# The Clays Practice

## Inspection report

Victoria Road  
Roche  
St Austell  
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Date of inspection visit: 9 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 well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at The Clays Practice on 9 June 2022. Overall, the practice is rated as requires improvement.

This inspection was a focused inspection, meaning that we inspected three of the key questions; safe, effective and well-led. Our ratings for each of these questions are:

- Safe – **Requires Improvement**
- Effective - **Requires Improvement**
- Well-led – **Requires Improvement**

## Why we carried out this inspection

We inspected this service as part of our regulatory functions under the Health and Social Care Act 2008.

Following our previous inspection in September 2021, the practice was rated requires improvement overall and for the provision of safe and well-led services. The practice was rated good for the effective key question and the ratings of good for the caring and responsive key questions had been carried over from the previous inspection.

We served requirement notices following our previous inspection as we found there were breaches in regulations 12 (safe care and treatment) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This focused inspection was to follow-up on the safe, effective and well-led key questions and the breaches of the regulations.

## How we carried out the inspection

Throughout the COVID-19 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 facilities
- Completing clinical searches and reviewing patient records on the practice's patient records system and discussing findings with the provider remotely
- Requesting evidence from the provider and reviewing information held on the practice's electronic information management system remotely
- A site visit to The Clays Practice's main site in Roche and their branch site in Bugle
- Requesting and reviewing feedback from staff and patients who work at or use the service
- Reviewing a range of information we hold about the practice, including information other organisations have shared with us.

## Our findings

# Overall summary

We based our judgement of the quality of care at The Clays Practice on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services
- information from the provider, patients, the public and other organisations.

**We have rated this practice as Requires Improvement overall. We have rated the safe, effective and well led key line of enquiry as requires improvement. The ratings of good for the caring and responsive key questions have been carried over from the previous inspection.**

We found that:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The practice did not have effective systems and processes in place to manage risks and keep patients safe and protected from avoidable harm.

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

- Establish effective systems and processes to ensure good governance and oversight, in accordance with the fundamental standards of care, to provide safe care and treatment for service users.

We also found the following areas for improvement where the provider **should**:

- Monitor the systems put in place to improve uptake of cervical screening and childhood vaccinations to ensure they are effective.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

## Our inspection team

Our inspection team included two CQC inspectors, a member of the CQC medicines team and a GP specialist advisor.

The inspectors spoke with staff using video conferencing facilities and undertook a site visit. The GP specialist advisor spoke with staff using video conferencing facilities and completed clinical searches and reviews of patient records without visiting the location.

## Background to The Clays Practice

The Clays Practice is located at:

The Clays Practice

Victoria Road

Roche

St Austell

Cornwall

PL26 8JF

The practice also has two branch sites located at:

Bugle Surgery

Roche Road

Bugle

Cornwall

PL26 8PP

St Dennis Surgery

Fore Street

St Dennis

Cornwall

PL26 8AD

Patients can access services at the location and at either branch site.

The main location in Roche and Bugle Surgery both have a dispensary on site. We included both of these facilities in this inspection.

The provider is registered with CQC to deliver the following regulated activities from all three sites: diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures, treatment of disease, disorder or injury.

The practice is situated within the Kernow Clinical Commissioning Group (CCG) and delivers services to a patient population of about 13,300. This is part of a contract held with NHS England. The practice is part of a wider network of GP practices known as Arbennek Health Primary Care Network (PCN). The PCN includes four providers of GP services.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three out 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 98.4% White, 0.9% Mixed, 0.5% Asian and 0.2% other. The age distribution of the practice population closely mirrors the mean average for the CCG and England.

There is a team of six GP partners, three salaried GPs and one locum GP. The team are supported by one advanced nurse practitioner, five practice nurses, seven healthcare assistants/phlebotomists one business manager, one practice manager and additional administration staff. The dispensary had seven dispensary staff.

The following staff were employed by the PCN and provided services for The Clays Practice: one full-time pharmacist, two paramedics, two physiotherapists, one full-time social prescriber and one mental health worker

The main site in Roche is open from 8.30am to 12.45pm and from 1.30pm to 6.30pm on Mondays to Fridays, excluding bank holidays. Both branch sites are open from 8.30am until noon on Mondays to Fridays, however, the practice are using the branch sites more frequently in the afternoons due to the need for more space.

Patients can telephone the practice between 8am and 6.30pm on Mondays to Fridays, excluding bank holidays. Calls received at the beginning and end of the day and between 12.30pm and 1.30pm are answered by a call handling service. There was a direct telephone number the call handling service, paramedics, care homes and district nurses could use.

At times when the practice is closed, services are provided by NHS 111, emergency services or the third-party GP service.

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
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• The practice had not consistently followed recruitment procedures to ensure the suitability of persons employed. This included, but was not limited to, DBS checks.</li><li>• Blank prescription stationery was not monitored in line with national guidance.</li><li>• Emergency medicines and equipment were not stored securely.</li><li>• The practice had not consistently followed procedures to ensure medicines requiring cold storage and emergency medicines and equipment were available, safe and effective to use.</li><li>• The practice had not always acted to reduce or remove the risks identified in risk assessments nor demonstrated how risks were to be managed. This included, but was not limited to, fire.</li></ul>