

Clayton Brook Surgery

Inspection report

59-60
Tunley Holme, Bamber Bridge
Preston
PR5 8ES
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www.claytonbrooksurgery.com

Date of inspection visit: 26 May 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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced inspection at Clayton Brook Surgery on 26 May 2022. Overall, the practice is rated as **Good** with the following key question ratings:

Safe – **Requires Improvement**

Effective – **Good**

Caring – **Good**

Responsive – **Good**

Well-led – **Good**

Why we carried out this inspection

This was a full comprehensive inspection due to changes to the registration of the practice.

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 remotely and on site.
- 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
- Staff completing questionnaires.
- A short site visit

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 **Good** overall.

However, we rated the practice as **Requires Improvement** for providing safe services because:

Overall summary

- Although we found that most clinical areas of service were delivered, we found that systems and processes in place to manage risk within the practice were not working effectively or as intended.
- Safeguarding alerts were not consistently recorded on the patient record.
- The clinical record when a high risk medication review or a review of patients with a long-term condition had taken place was not fully documented.
- There were no processes for acting on safety alerts, in particular historic alerts, to minimise the risk of any patients not receiving the monitoring required for the medicines they are prescribed.

For the key questions caring, effective, responsive and well led 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 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 way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We found one breach of regulations. The provider must:

- Ensure care and treatment is provided in a safe way to patients.

In addition the provider should:

- Continue to catch up on medication reviews for patients where recall has lapsed due to the pandemic.
- Monitor the system implemented in relation to patients with diabetes, making sure these are embedded and maintained.
- Work towards improving levels of 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 MRCP

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 remotely and undertook a site visit. The team included a GP specialist advisor who spoke with staff remotely and completed clinical searches and records reviews without visiting the location.

Background to Clayton Brook Surgery

Clayton Brook Surgery is located in Bamber Bridge at:

59-60 Tunley Holme

Bamber Bridge

Preston

PR5 8ES

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

The practice is situated within the Chorley and South Ribble Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 3525. This is part of a contract held with NHS England.

The practice has recently joined Leyland Primary Care Network PCN. Leyland Primary Care Network is an NHS Collaboration between six GP Practices. Being part of a wider network of GP practices provides services such as a network pharmacist, physio, paramedics and social prescribers.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three 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 96% white and the remainder other. The age distribution of the practice population closely mirrors the local and national averages.

There is a team of two male GP partners supported by a long-term female GP locum and an advanced nurse practitioner. The practice has a practice nurse who provides nurse led clinics for long-term conditions and a healthcare assistant. The GPs are supported at the practice by a team of care navigators and administration staff. The practice manager and assistant practice manager provide managerial oversight. There are also community staff attached to the practice which include a district nurse, smoking cessation adviser, phlebotomist and podiatrist (for diabetic patients). The practice is a teaching practice for GPs in training and medical students.

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.

When the practice is closed, patients are able to access out of hours services offered locally by the provider GotoDoc by telephoning 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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of service users of receiving the care or treatment. In particular:</p> <p>The provider had failed to assess the risks to the health and safety of service users of receiving the care or treatment. In particular:</p> <ul style="list-style-type: none">• Patients prescribed high risk medicines did not always receive the required monitoring.• Evidence of structured medicine reviews was not held• Patients with diabetes not identified or coded• Safety alerts had not been actioned in an appropriate or timely manner.• Clinical records had not been coded appropriately in relation to child safeguarding• Records reviewed showed that a code had been added to the patient record to show that a medicine review had been completed. However not all medicines had been reviewed and there was no documentation of discussions regarding side effects and compliance.• There was no process in place to ensure historical Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts were being actioned. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>