

Waking Medical Centre

Inspection report

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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires Improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Requires Improvement 

Are services well-led?

Inadequate 

Overall summary

We carried out an unannounced on-site focused inspection on 4 August 2022 following concerns we had received. We inspected the key question, are services safe. During this visit we identified further areas of concern and expanded the inspection to include the four remaining key questions, are services effective, caring, responsive and well-led on 23 August 2022. Overall, the practice is rated as inadequate.

The ratings for each key question are:

Safe - Inadequate

Effective - Requires Improvement

Caring – Good

Responsive – Requires Improvement

Well-led - Inadequate

We previously carried out a comprehensive inspection in March 2016 and the practice was rated inadequate overall and inadequate for providing safe and well-led services. We rated the practice as requires improvement for providing effective services and good for providing caring and responsive services.

We carried out a comprehensive inspection in November 2016 and the practice was rated good overall and good in all key questions except for providing effective services which was rated as requires improvement.

We carried out a focused follow up inspection in 2017 and inspected the effective key question which was rated as good.

We carried out an Annual Regulatory Review in 2019. We did not find evidence of significant changes to the quality of service being provided since the last inspection.

The full reports for previous inspections can be found by selecting the 'all reports' link for Wakering Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We initially carried out a focused inspection in response to concerns raised with CQC in relation to patient safety. During this inspection we identified further concerns and expanded our focus to include all remaining key questions.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).

Overall summary

- 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 found that:

- The practice did not have an effective system in place to review children and adults with safeguarding concerns.
- There was not an effective system in place to manage incoming correspondence on the clinical system and unplanned hospital admissions were not reviewed.
- Systems for the safe management of medicines were not effective. We found out of date emergency medicines, patients prescribed high risk medicines were not appropriately monitored, the process for managing requests for repeat prescriptions was not effective and there was no established system for recording and acting on medicines and patient safety alerts.
- There were no systems in place for recruitment checks, vaccination checks, staff appraisals, staff training to assist them in identifying medical emergencies, and procedures to support and manage staff with poor performance.
- We saw limited evidence that the practice had carried out any clinical quality improvement activity and there were no effective systems in place to regularly review data to improve performance.
- There was no system to record or update the competence of staff employed in clinical practice and there was no system to ensure the competence of staff who worked at the practice who were employed by the primary care network (PCN).
- People with long term conditions had not received the care and treatment required.
- The practice had a clear vision, but it was not supported by a credible strategy to provide high quality sustainable care.

However, we also saw some areas of good practice. We found that:

- Dispensary services were delivered in line with guidance.
- Childhood immunisations uptake rates met World Health Organisation (WHO) based targets.
- There was a programme of mandatory learning in place and there was a system for oversight of this.
- Staff reported that they worked well as a team.
- The practice performed at or above local and national averages in all but one indicator in the latest National GP Patient Survey results.

We found 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 areas where the provider **should** make improvements are:

- Continue to optimise the prescribing of antibacterial medicines in line with local and national guidelines.

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- Continue to improve the uptake of cervical cancer screening.
- Take steps to engage with national healthcare priorities.
- Improve the range of information in the waiting area.
- Continue to engage with patients about involvement in the patient participation group.

I am placing this practice in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. Special measures will give people who use the service the reassurance that the care they get should improve.

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 conducted remote clinical searches and interviews and a member of the CQC pharmacy team, who was part of the on-site inspection.

Background to Wakering Medical Centre

Wakering Medical Centre is located in Great Wakering in Essex.

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 also has a dispensary on site.

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 10,500. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called Rochford primary care network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the eighth lowest decile (eight 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 96.2% White, 1.8% Asian, 0.7% Black, 1.3% Mixed.

There is a team of three GP partners and a salaried GP. The practice has a team of two nurses and a healthcare assistant. There are three dispensers. The GPs are supported at the practice by a team of reception/administration staff led by a practice manager and a practice manager in training.

The practice is open between 8am and 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 is provided locally by a local GP surgery, where late evening and weekend appointments are available. Out of hours services are accessed through 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> <ul style="list-style-type: none">• The practice failed to demonstrate a safe approach to safeguarding to ensure patients were correctly identified and followed up.• The practice did not demonstrate that all staff had access to annual appraisals.• The systems and processes in place were ineffective and many policies were not reviewed to ensure good governance.• The provider did not have an effective system to regularly review governance structures and risk management systems.• The practice did not have an effective system to ensure the competency of staff in advanced clinical practice. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

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
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• We found the practice system for managing patient and medicines safety alerts did not ensure medicines were prescribed safely. We found patients that had been affected by alerts had not been appropriately reviewed and the risks to the patient not discussed with them.• The practice did not evidence that all medicines were prescribed safely to patients.• The practice did not evidence a safe system to ensure patients on high-risk medicines were appropriately managed in a timely way.• The practice did not have a recruitment process in place which ensured staff had been recruited safely.• The practice did not have oversight of the immunisation status of staff who may be at risk of harm.• The practice did not evidence that all patients had a structured and comprehensive medicines review. We identified reviews had been coded on the clinical system but there was no evidence in the clinical records that all medicines were considered.• The practice did not evidence a safe system to ensure all patient electronic tasks sent to administration staff members were managed effectively.• The practice did not have in place a safe policy, system and process to ensure that appropriate standards of cleanliness and hygiene were met.• The practice did not have in place a safe policy, system and process to ensure that all medicines and items available for use were within their expiration date. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>