

# Clacton Community Practices

## Inspection report

32 Crossways  
Jaywick  
Clacton-on-sea  
CO15 2NB  
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Date of inspection visit: 29 September 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?

Good



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 comprehensive inspection at Clacton Community Practices on 29 September 2022. Overall, the practice is rated as requires improvement.

This was the first inspection of this service since they registered with the Care Quality Commission (CQC) in 2020.

Safe - Requires improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led - Requires improvement

The provider (Ranworth Surgery) at short notice took over the management of this practice in February 2020 because the previous provider had failed to provide safe, effective and well-led care and treatment for the patient population. This resulted in the commissioning organisation cancelling the contract with the previous provider. At this time the provider inherited a huge backlog of work including medication reviews, summarising of records, deduction requests. Additionally, no improvement or audit work had been undertaken by the previous provider to understand the population needs. There was and continues to be over 100 requests per month made by new patients requesting registration. The provider has continued to register patients since taking on the contract despite the challenges faced.

A month after taking on the contract the provider had to manage COVID-19 pandemic restrictions whilst supporting the transition of staff to a new provider, the implementation of a completely new governance structure and policies, work processes, working arrangements, and staff training.

The provider was awarded the Alternative Provider Medical Services (APMS) contract from April 2021 following a successful procurement bid. At this time there was already a project in place to merge 2 of the 3 sites into a new larger more accessible building. The provider took on the required business management, planning, stakeholder, and public engagement required to finally complete this project in May 2021.

## Why we carried out this inspection

We carried out this inspection in line with our inspection priorities and it included all of the key questions: safe, effective, caring, responsive and well-led to provide a rating for this practice .

## 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).
- Reviewing patient records to identify issues and clarify actions taken by the provider.

# Overall summary

- 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 leadership did not have oversight to ensure all systems and processes were in place to deliver effective care to all patients.
- The practice had safeguarding processes and procedures that kept patients safe from abuse. However, records viewed with a recorded safeguarding alert did not always have the reason the concern was documented.
- The practice had effective systems to ensure all emergency medicines and equipment were safe to use.
- The process used to monitor patients' health in relation to the use of medicines including high risk medicines did not consistently provide appropriate monitoring and clinical review prior to prescribing.
- The system to identify patients with a potential missed diagnoses for chronic kidney disease was not effective.
- Some historical alert recommendations of the Medicines and Healthcare products Regulatory Agency (MHRA) had not been acted on.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients told us they could access care and treatment in a timely way.
- The practice respected patients' privacy and dignity and patient confidentiality was maintained throughout the practice

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.

In addition, the provider **should**:

- Continue to embed the process to monitor the appropriateness of prescribing for antibiotics hypnotics, and high-risk medicines.
- Continue to encourage uptake for cervical screening and childhood immunisations.

**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.

## Background to Clacton Community Practices

Clacton Community Practices are located in Clacton-on-sea at:

Kennedy Way Medical Centre#

Kennedy Way

Clacton on Sea

Essex

CO15 4AB

Green Elms Health Centre

32 Crossways

Jaywick

CO15 2NB

### **Nayland Drive Surgery**

Nayland Drive Surgery

2 Nayland Drive

Clacton on Sea

CO16 8TJ

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, family planning, and surgical procedures. These are delivered from the three sites.

The practice offers services from three locations and patients can access services at the three sites.

The practice is situated within the NHS Suffolk and North East Essex Integrated Care Board (ICB) and delivers General Medical Services (GMS) and delivers General Medical Services (GMS) to a patient population of about 15,800. This is part of a contract held with NHS England.

The practice is part of a wider network of five GP practices.

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

There is a team of 10 GPs who provide cover at the three sites. The practice has a nursing team of 20 nurses and additional healthcare roles who provide a range of clinics and service at the three sites. The GPs are supported at the practices by a team of reception/administration staff and managerial staff.

The practices are open between 8:00am 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 is provided locally by the primary care network practices (PCN), where late evening appointments are available from 6:30pm to 8:00pm and on Saturday from 9:00am to 5:00pm. Out of hours services are provided by East Suffolk and North East Essex NHS Foundation Trust and accessed via the NHS111 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
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>The registered person had systems or processes in place that operated 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.</p> <p><b>How the regulation was not being met:</b></p> <p>In particular:</p> <p>Patient records with a safeguarding alert did not always have the reason the concern was recorded.</p> <ul style="list-style-type: none"><li>• The procedure to carry out structured medicines reviews was inconsistent and showed not all patients had been reviewed effectively.</li><li>• The process used to monitor patients' health in relation to the use of medicines including high risk medicines did not consistently provide appropriate monitoring and clinical review prior to prescribing.</li><li>• The system to identify patients with a potential missed diagnoses for chronic kidney disease was not effective.</li><li>• The system to monitor historical safety alerts was inconsistent as some had not been acted on.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>