

# The Clays Practice

## 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at the Clays Practice on 20 February 2019 as part of our inspection programme.

At this inspection, we visited the main location the Clays Practice in Roche, Cornwall. There is a dispensary at the Roche site, which was inspected. The practice has two branch surgeries, which we did not visit but reviewed governance arrangements monitoring these.

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. We rated safe and well led as requires improvement because we found that:**

- We found some gaps in recording of actions taken to mitigate risks and overall governance was not effective because: The recording and analysis of significant events in the dispensary did not evidence information gathering, analysis, shared learning and monitoring of change. The requirement to ensure each patient requiring a care plan had one had not been fully implemented and was not picked up by the practice.
- Exception reporting was not applied in accordance with guidelines and led to inaccurate negative data for the practice. Alert systems to assist non-clinical staff in identifying a deteriorating or acutely unwell patient were not embedded when a long-term condition increased risks for a patient.

**We have rated this practice good for all population groups and effective, caring and responsive because:**

- A significant event, which stopped the service from the main site at Roche following a serious flood was very well managed. Patients praised staff for continuing to deliver services from the branch surgeries during this period.
- Safety systems were clear facilitating the management of risk across all the practice, including the branch surgeries. The practice thoroughly investigated safety events reported as such and learned from them to improve processes and patient experience.

- Staff demonstrated a willingness to immediately make changes resulting from feedback given at the inspection, examples were: The care plan consolidation action plan submitted within 48 hours showed completed actions and planned to be resolved by the end of April 2019.
- 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 organised and delivered services to meet patients' needs. 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. The practice was performing higher in several parts of the national GP patient survey.
- All patients providing feedback during the inspection were strongly positive about the practice. Staff were said to be compassionate, friendly and went the extra mile to support patients and their carers'.
- Audit was used to identify in-depth learning and implement changes to improve patient care and treatments.
- Succession planning and staff development was proactive and created a flexible and responsive workforce.

The area where the provider **must** make improvements are:

Established effective systems and processes to ensure good governance in accordance with the fundamental standards of care to manage and mitigate risk.

Ensure that each patient who requires it has a care plan which shows their needs have been assessed and shows what care is planned and how it will be delivered in line with current legislation.

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

- Raise awareness of the significant event (SEA) processes to ensure there is consistent documentation of risks, actions, change and embedding for safe governance.
- Review the way emergency medicines and equipment is organised to facilitate effective monitoring of expiry dates.

# Overall summary

- Review the standard operating procedure for the return and destruction of controlled drugs in line with the Misuse of Drugs (Safe Custody) regulations.
- Review quality improvement systems to increase audit to monitor clinical effectiveness through patient registers.
- Increase the identification and assessment of carers' to ensure their needs for support are met.
- Improve the uptake of cervical screening
- Consider further ways to engage and support hard to reach families in the community, including making them aware of healthcare immunisation available for their children.

**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

## Population group ratings

<b>Older people</b>	<b>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager specialist provider.

## Background to The Clays Practice

The Clays Practice is a partnership of five GPs (one female and four male) who registered with the CQC in April 2013.

The practice is situated within the Kernow Clinical Commissioning Group (CCG) and provides services to 12,851 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice main registered location is situated at:

The Clays Practice, Victoria Rd, Roche, Saint Austell PL26 8JF

There are two branch surgeries, located at:

Bugle Surgery, Roche Road, Bugle, PL26 8PP

St Dennis Surgery, Fore Street, St Dennis, PL26 8AD


The surgery has reasonable transport links to St Austell but limited out to surrounding villages. The practice has a dispensary on the main location site at Roche, which the majority of patients are eligible to use and able to access the medicines delivery service provided by the practice. Information about the opening times of the dispensary and branch surgeries is on the practice website and in waiting rooms.

The practice employed four practice nurses, five health care assistants/phlebotomists, several administration staff, a deputy and practice manager. The practice was part of an informal network of five GP practices in the area known as the 'Mid Rural Cluster Group'.


Teaching placements are provided for nursing students during their foundation training.

There is a higher percentage of patients with long term conditions (60%) compared with the national average of 54%. The National General Practice Profile states that 98% of the practice population is from a white background with a further 2% of the population originating from black, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest level of deprivation and level ten the lowest. Male life expectancy is 78 years compared to the national average of 79 years. Female life expectancy is 83 years compared to the national average of 83 years.

The practice is open between 8am and 6:30pm Monday to Friday. Extended hours appointments were by arrangement and available Monday to Friday. Outside of these times, patients access hubs based in Bodmin,



Stratton, St Austell, Liskeard, Newquay, Falmouth and Truro. Staff at the practice direct patients to these access services with further information available on the practice website.



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. These are delivered from the registered location.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p><b>How the regulation was not being met:</b></p> <p>The practice was unable to demonstrate through evidence that each patient requiring a care plan had one which showed their needs had been assessed, care planned and how it would be delivered in line with current legislation.</p>
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><b>How the regulation was not being met:</b></p> <p>Risks were increased due to potential under reporting and inconsistencies with the significant event process and incomplete alert systems to assist non-clinical staffing identifying a deteriorating or acutely unwell patient based on past medical history.</p> <p>Gaps found in safeguarding, frequency of clinical audits precipitated by complaints and significant events and lower percentage of carers identified demonstrated governance was ineffective.</p>