

Clayhill Medical Practice

Inspection report

Vange Health Centre
Southview Road, Vange
Basildon
SS16 4HD
Tel: 01268288664
www.ClayhillMedicalPractice.nhs.uk

Date of inspection visit: 28 July 2021
Date of publication: 21/09/2021

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?

Requires Improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Clayhill Medical Practice on 28 July 2021. Overall, the practice is rated as requires improvement.

Safe - Requires Improvement

Effective - Good

Caring - Requires Improvement

Responsive - Good

Well-led - Requires Improvement

We inspected the practice in February 2019 and placed them in special measures for a period of six months. At subsequent inspections in September 2019 and November 2020, the practice was placed in extended special measures for further periods of six months.

Following our November 2020 inspection, we issued the practice with a warning notice for improvement. We followed this up with an inspection in April 2021 and found that the practice had complied with the notice. The full reports for previous inspections can be found by selecting the 'all reports' link for Clayhill Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection to re-rate the practice and to follow up on:

Sustainability of progress made against areas previously identified as in breach of the regulations.

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 using video conferencing
- 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
- A short site visit
- Reviewing evidence we already held from the provider

Overall summary

Overall summary

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
- information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement overall and Requires Improvement for the population group ‘people experiencing poor mental health.’

We found that:

- Some systems to keep patients safe and protected them from avoidable harm were not fully effective or embedded.
- Systems related to medicines management had improved from our previous inspections, although further changes could be made to improve effectiveness and safety.
- Patients received effective care and treatment that met their needs.
- Data from the National GP Survey reflected that patient satisfaction was much lower than the local and national averages in some of the areas measured. There was no plan to address the continued lower performance in this area.
- 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 had been responsive to some issues raised in previous inspection and was on an ongoing improvement journey.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Whilst we found no breaches of regulations, the provider **should**:

- Develop processes around the action to take when patients do not comply with monitoring tests for high risk medicines.
- Ensure that where medicine reviews had been undertaken by secondary care, that these are recorded in the patient's record.
- Improve processes related to checking immunisation of staff.
- Continue to improve the uptake of child immunisations and cervical screening.
- Develop audit reporting so that outcomes are clearly identified.
- Improve the infection control and prevention policy to include the names of staff with key responsibilities.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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

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

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 Clayhill Medical Practice

Clayhill Medical Practice is located in Vange in Basildon. The provider premises are owned by NHS property services and are shared with other providers of healthcare services. The practice is part of a local primary care network of GP practices.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning. The practice is situated within the Basildon and Brentwood Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 6,146 patients. This is part of a contract held with NHS England.

The patient profile for the practice has a higher than average level of unemployed patients and slightly higher than average number of patients with a long-term health condition. Average life expectancy for patients at this practice is 2 years lower than the CCG and national average for males and females. The locality has a higher than average deprivation level.

The practice has two partners, one of whom is a GPs. Locum cover is provided by regular locums. There are two part-time female practice nurses and an advanced nurse practitioner (ANP). Clinical staff are supported by a team of administrative staff. Standard appointments are 10 minutes long, with patients being encouraged to book double slots should they have several issues to discuss. The provider can carry out home visits for patients whose health condition prevents them attending the surgery.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient will be seen at the main GP location. The practice offers extended hours on Wednesday evening. The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are relayed to the local out-of-hours service provider via NHS 111. Extended access is provided locally by BB Healthcare Solutions, where late evening and weekend appointments are available

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 Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:</p> <ul style="list-style-type: none">• The practice had not taken action to address areas of consistently low patient satisfaction identified in the national patient survey. <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none">• The systems to ensure safe recruitment of staff were not consistently effective.• The systems in place for safeguarding did not provide assurance that all staff had received appropriate training for their role.• Not all GPs had received Mental Capacity Act and Deprivation of Liberty Safeguards training. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>