

# Carnarvon 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	Good	
Are services safe?	Good	
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 Carnarvon Medical Centre on 21 July 2021. Overall, the practice is rated as Good.

Safe - Good

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

Following our previous inspection on 19 November, 2020, the practice was rated Inadequate overall and Inadequate for providing safe services, effective services and well-led services. It was rated Requires Improvement for providing responsive services and Good for providing caring services. The provider was placed in special measures and we took enforcement action and issued a warning notice.

The full reports for previous inspections can be found by selecting the 'all reports' link for Carnarvon Medical Centre on our website at [www.cqc.org.uk](http://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:

A warning notice served following our last inspection relating to the following:

- Leaders could not fully demonstrate that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective and not fully embedded.
- The practice did not have effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- The system for complaints and significant events was not effective and therefore learning and service improvement was limited.

Also, to review areas identified at our last inspection where the provider should make improvements:

- Increase the percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them.
- Improve the number of patients on its register who are identified as carers.
- Update the information regarding data protection on the website to include online consultations.
- Ensure child pads are available for use with the defibrillator.
- Improve the monitoring of fridge temperatures used to store vaccines.
- Improve the recording of action taken as a result of patient safety alerts.
- Ensure all staff are supported to recognise the acutely unwell patient, including signs of sepsis.

## How we carried out the inspection

# Overall summary

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

## 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 and Good for all population groups, except Working Age People, (including those recently retired and students), which we have rated as Requires Improvement.**

We rated the population group, Working Age People, (including those recently retired and students), as Requires Improvement because we found that the performance for the uptake of three cancer screening indicators remained lower than the local and national averages.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- 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-centred care.

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

- Continue to monitor and audit the number of prescription items for antibiotics to bring the prescribing in line with local and national averages.
- Include the outcome of shared cared monitoring on the patient record.
- Continue to improve the take-up of childhood immunisations and undertake regular reviews of performance relating to cancer indicators and update the action plans where appropriate.
- Monitor the percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months, to improve performance in line with local and national averages.

# Overall summary

I am taking this service out of special measures. This recognises the significant improvements 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 MRCP

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>Requires Improvement</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 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 Carnarvon Medical Centre

The practice is situated within the Southend Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 6000. This is part of a contract held with NHS England. The practice is located in a purpose-built health centre in Westcliff on Sea, Essex, which it shares with two other GP practices and other healthcare services.

The practice is registered with the CQC to carry out the following regulated activities: treatment of disease, disorder or injury, diagnostic and screening procedures, minor surgical procedures and family planning.

The practice staff comprises:

Two GP partners, two salaried GPs, one locum GP, two Locum ANPs, one locality ANP, one practice manager, two practice nurses- present 9am – 5pm, five days a week, nine administration staff (including three trained prescribing clerks), one prescribing pharmacist from the Primary Care Network,(PCN), one session per week, one social prescriber from the locality hub one day a week, a mental health nurse on site one day a week, and a social worker one day a week on site.

Extended access is provided locally via a service commissioned by the CCG where late evening and weekend appointments are available.

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 is offered a choice of either the main GP location or the branch surgery.

National data indicates that people living in the area are in the third most deprived decile of the deprivation scoring in comparison to England.