

Balfour Medical Centre

Inspection report

2 Balfour Road
Grays
RM17 5NS
Tel: 01375373366

Date of inspection visit: 25 July 2023
Date of publication: 14/11/2023

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?		Inadequate	
Are services caring?		Requires Improvement	
Are services responsive to people's needs?		Inadequate	
Are services well-led?		Inadequate	

Overall summary

We carried out an announced comprehensive inspection at Balfour Medical Centre on 25 July 2023. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective - Inadequate

Caring - Requires Improvement

Responsive - Inadequate

Well-led - Inadequate

At our last inspection on 20 April 2022 we rated the practice as requires improvement for providing **safe, effective and well led** services because:

- Systems and processes for safe and effective care, required strengthened governance by the provider.

At this inspection, we found that those areas previously regarded as requires improvement had not been addressed and further clinical and other concerns were found. The practice is therefore now rated **inadequate** for providing **safe, effective, responsive and well-led services**.

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

Why we carried out this inspection

We carried out this inspection to follow up on breaches of regulation from a previous inspection.

How we carried out the inspection

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

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system remotely (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.
- 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.

Overall summary

We found that:

- The provider was unable to demonstrate that safe systems or practices were in place or working effectively in relation to medicines management, safeguarding, recruitment, or management of risks to patients or staff.
- They were unable to demonstrate that action taken to address the below average target for cervical screening had led to any improvements in this area. Additionally, the practice was unable to demonstrate that patients' needs were always met, or that they had actively engaged in collaborative working with other health and social care professionals.
- The provider was unable to demonstrate that they had taken action to address poor satisfaction of patients who responded to the GP patient survey data, or completed internal surveys to address the poor satisfaction expressed by patients. Furthermore, we saw that there was a decline in patient satisfaction over time from previous surveys and there was no system in place to address this.
- They were unable to demonstrate that any actions had been taken to record, address or learn from complaints.
- Systems and processes were not working as intended, overseen effectively, or structured in a way that enabled the provider to fulfil their responsibilities to the practice population. Clinical and non-clinical leadership were unable to demonstrate adequate capacity to deliver safe services which had led to significant gaps throughout the service.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Send CQC a written report setting out what governance arrangements are in place and any plans to make improvements.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, Disclosure, and Barring Checks and professional development, supervision, and appraisal necessary to enable them to carry out their duties.
- Ensure vulnerable patients are identified and properly supported.
- Embed strengthened risk management approaches to ensure the safety of patients is managed.
- Encourage the uptake in cervical screening and childhood immunisations.
- Review all areas of patient satisfaction survey data and address concerns raised.

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 Health Care

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 Balfour Medical Centre

Balfour Medical Centre is located in the Grays area at :

2 Balfour Road

Grays

Essex

RM17 5NS

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 is situated within the Mid and South Essex Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 5,440. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices within Grays Primary Care Network.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the seventh lowest decile (7 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic makeup of the practice area is 14.4 % of non-white ethnic groups.

The age distribution of the practice population closely mirrors the local and national averages. There are more young people registered at the practice than older or working-age people.

There is a team of 2 GP partners who provide cover for the practice. The practice has a team of 2 nurses who provide nurse-led clinics for long-term conditions. The GPs are supported at the practice by a team of reception/administration staff. The practice manager provides managerial oversight.

The practice is open between 8 am to 6.30 pm Monday to Friday. The practice offers a range of appointment types including book-on-the-day, telephone consultations and advance appointments.

Out-of-hours services are provided by NHS 111.

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
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular: • Staff were not trained to the level appropriate to their role or were out of date in training requirements. There was no evidence of how the provider was to mitigate any potential risk to patients. • There was ineffective documented clinical supervision for non-medical prescribers to ensure competence for safe prescribing. • Not all staff were trained in the process of referrals into secondary care. There were no systems or processes that enabled 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: • The provider had not taken any action to address the areas of lower patient satisfaction as identified in a national patient survey. • There was no evidence of action plans for any area of poor performance, including clinical concerns identified. There was additional evidence of poor governance. In particular: On 31 August 2023, CQC requested from the registered person any plans the registered person had for improving

This section is primarily information for the provider

Requirement notices

the standard of the services provided to service users with a view to ensuring their health and welfare. The registered person has failed to send any plans for improvement to CQC.