

The Clays Practice

Inspection report

Victoria Road
Roche
St Austell
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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 inspection at The Clays Practice on 8 September 2021. Overall, the practice is rated as Requires Improvement.

Set out the ratings for each key question

Safe - Requires Improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led – Requires Improvement

Following our previous inspection on 20 February 2019, the practice was rated Requires Improvement overall and for the provision of safe and well-led services. The practice was rated as Good for the Effective, Caring and Responsive key questions.

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

Why we carried out this inspection

This inspection was a focused inspection to follow up on:

- The Safe, Effective and Well-Led questions
- Areas followed up included the breaches of regulations 12 and 17 of The Health and Social Care Act 2014 identified in previous inspection.

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 and telephone
- 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

Overall summary

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 and Requires Improvement for Safe and Well Led. We have rated Effective and all population groups as Good.

We found that:

- The practice had not consistently provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients had not consistently received effective care and treatment that met their needs.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The way the practice was led and managed did not always promote the delivery of high-quality, person-centre care.

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

- Ensure effective oversight and governance of processes and systems.
- Ensure care and treatment is provided in a safe way for service users.

We also found the following areas for improvement where the provider **should**:

- Review the system for staff to follow when patient registrations cannot be completed due to incorrect or missing information.
- Review and develop arrangements to measure the ongoing competency of dispensary staff.
- Continue to work with external providers of services to improve the service delivered to patients and for staff. For example, the telephony service and removal of clinical waste.

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

Our inspection team

Our inspection team was led by a CQC lead inspector, supported by a second 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 The Clays Practice

The Clays Practice is located in Roche at:

The Clays Practice
Victoria Road
Roche
St. Austell
Cornwall
PL26 8JF

The practice has two branch sites located at:

Bugle Surgery

Roche Road

Bugle

Cornwall

PL26 8PP

St Dennis Surgery

Fore Street

St Dennis

Cornwall

PL26 8AD

Patients can access services at the location and at either branch sites. We did not visit the branch sites as part of this inspection. The main location had a dispensary on site for patients who lived more than a mile away from a dispensing chemist. The dispensary is open during surgery times and we included this facility in our inspection.

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 all sites.

The practice is situated within the Kernow Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a patient population of about 13,215. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as Arbennek Health Primary Care Network (PCN). The PCN includes four providers of GP services.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 98.4% white, 0.5% Asian and 1.1% Other.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of 10 GPs who provide cover at The Clays Practice and the branch sites. The practice has a team of six registered nurses and six health care assistants and a phlebotomist who provides nurse led clinics at the main and the

branch locations. The practice also has one assistant practitioner and one member of staff currently training as an assistant practitioner (*Assistant practitioners* (APs) are higher level support workers who complement the work of registered health professionals). The GPs are supported at the practice by a team of reception/administration staff. The management team are based at the main location and provide managerial oversight across all locations.

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.

Access to appointments is provided from 8.30am to 6pm. The practice website provides information on how to access extended hours appointments. Out of hours services are provided by the out of hours doctor service and 111.

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

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- Policies and procedures had not been reviewed and updated in accordance with the practice requirements.
- The system to ensure staff completed training in line with practice policy was not effective. This included but was not limited to: safeguarding training and sepsis awareness.
- Recruitment procedures were not effective.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The system for monitoring patients on long term or high-risk medicines had not been consistently followed.
- The dispensary was not secured effectively when not in use.
- The practice had not consistently followed procedures to ensure equipment and emergency medicines were safe to use.