

Matching Green Surgery

Inspection report

49 Matching Green
Basildon
SS14 2PB
Tel: 01268533928

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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection at Matching Green Surgery on 15 June 2022. Overall, the practice is rated as Inadequate.

The ratings for each key question are:

Safe - Inadequate

Effective - Requires Improvement

Caring - Good

Responsive - Good

Well-led - Inadequate

We have not inspected this service since its registration as a new provider on 18 December 2020.

Why we carried out this inspection.

This inspection was a comprehensive inspection as part of our inspection programme.

We inspected all Key questions: Are services Safe, Effective, Responsive, Caring and Well-Led?

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.

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

Overall summary

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

We have rated this practice as Inadequate overall

We found that:

- The practice systems and processes to keep people safe were not effective.
- The practice did not have an effective system in place to review children and adults with safeguarding concerns.
- The infection prevention control lead did not have additional training to support them in their role.
- The practice did not have effective risk assessments in place for the lack of emergency medicines. There was not an effective system in place to monitor the prescribing of controlled drugs.
- The system to recall patients who required monitoring or did not attend their appointments was not always effective.
- There was a lack of clinical oversight with the communication of test results with patients.
- Medicines reviews were not always completed.
- Systems for effective medicines management required reviewing.
- The practice did not have an embedded system to review the effectiveness of safety alerts.
- Patients' needs were not always assessed in line with current legislation.
- Asthma care plans and dementia care plans were not always completed in line with best practice.
- Quality improvement was not embedded into the practice.
- There was limited monitoring of the outcomes of care and treatment.
- The practice could not evidence how they assured the competence of staff in advanced clinical practice.
- Although the practice had a vision and strategy, it was not being monitored to ensure effective care was provided to patients.
- Although the practice had some governance systems in place, these were not always effective or embedded in the organisation.

However, we also saw some areas of good practice. We found that:

- There was a positive and open culture at the practice.
- Child immunisations met World Health Organisation (WHO) based targets.
- The practice performed above CCG averages and sometimes England averages in the National GP Patient Survey results for most indicators.
- The practice deployed staff from the Primary Care Network to meet the needs of their patient population.
- Over the last year, the practice recruited additional staff to improve access and meet the needs of their patient population.

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

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

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

- Continue to engage with patients about involvement in the practice's Patient Participation Group.
- Ensure the system to monitor delays in referrals is consistent amongst staff.
- Continue to improve the uptake of breast screening and bowel screening.

Overall summary

- Continue to embed the use of standardised care templates for Asthma care plans.
- Increase awareness of the Freedom to Speak Up Guardian at the practice.

Continue to inform patients and encourage consent of the sharing of information to improve integrated care.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. Special measures will give people who use the service the reassurance that the care they get should improve.

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 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. The team also included a team inspector.

Background to Matching Green Surgery

Matching Green Surgery is located in Basildon.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

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 3600. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called East Basildon Primary Care Network.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (3 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 92.2% White, 3.6% Black, 2% Asian, 2% Mixed and 0.2% other.

There is a team of a lead GP, a salaried GP and a long term locum GP. The practice employs an Advanced Nurse Practitioner and three nurses. The GPs are supported at the practice by a team of reception and administration staff. The practice manager provides managerial oversight.

The practice is open between 8am to 8.30pm on Monday Monday and 8am to 6.30pm Tuesday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by BB Healthcare Solutions, where late evening and weekend appointments are available. Out of hours services are provided by IC24, accessed through the NHS111 service.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.
Maternity and midwifery services	How the regulation was not being met:
Surgical procedures	The provider did not have effective safeguarding systems.
Treatment of disease, disorder or injury	The practice did not stock recommended emergency medicines and although there was a risk assessment to explain the rationale, patients remained at risk.
	The provider did not have an effective system to manage safety alerts and mitigate risks to patients.
	The provider did not have an effective system to monitor and review patients on high risk medicines.
	The provider did not have effective systems to monitor and review patients with long term conditions.
	The provider did not have effective systems in place to ensure patients prescribed repeat medicines had received regular, appropriate and comprehensive structured medicines reviews.
	The practice did not have effective systems to ensure patients with dementia had appropriate care plans.
	The provider did not have effective oversight into the communication of test results.
	The practice did not have an effective system to ensure the competency of staff in advanced clinical practice.

This section is primarily information for the provider

Enforcement actions

The provider did not have an effective system to regularly review governance structures and risk management systems.

The practice did not have an effective quality improvement programme.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.