

# Clayhill Medical Practice

## Inspection report

Vange Health Centre  
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[www.ClayhillMedicalPractice.nhs.uk](http://www.ClayhillMedicalPractice.nhs.uk)

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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

Are services well-led?

# Overall summary

We carried out an announced focused inspection at Clayhill Medical Practice on 2 July 2019. At this inspection we followed up on whether the provider had complied with our warning notice, served following an announced comprehensive inspection at Clayhill Medical Practice on 12 February 2019.

During our inspection on 12 February 2019, we found that the service was not carrying out well-led care. Breaches of regulation were identified. We served a warning notice in respect of good governance at the practice. This was because: they had not established good governance systems in accordance with the fundamental standards of care; they failed to operate an effective system of leadership and governance at the practice; systems for ensuring staff received appropriate and up to date training were ineffective; systems and processes relating to temporary staff were lacking; there was no evidence available of recruitment processes; risk assessments and monitoring checks were either inconsistent, incomplete, or had not been completed at all; the system for the monitoring and security of prescription stationery was ineffective; medicines requiring storage in the refrigerator were not being monitored effectively; the systems for monitoring and maintaining equipment and medicines for use in an emergency, were lacking or non-existent. There was no consistency or coordination in several areas of practice systems and governance including: performance management; patient treatment; handling of patient safety alerts; complaints; significant events investigation, learning and dissemination. The provider was also carrying out the regulated activity of maternity and midwifery without registration.

During our focused inspection on 2 July 2019, we found that improvements had been made and the provider had met most of the requirements of the warning notice. However, there were still breaches of regulation identified and further breaches were identified.

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 found that:

- While the practice had made some improvements since our inspection on 12 February 2019, it had not completely addressed the Warning Notice in relation to significant events learning and dissemination, or the monitoring of medicines requiring storage in the refrigerator.
- There was a period when the refrigerator temperatures exceeded the recommended maximum.
- The practice had applied to add the regulated activity of maternity and midwifery and this was still in progress.
- There was a lack of clinical discussion between both partners and nursing staff.
- There was a system in place to ensure staff received appropriate and up to date training.
- There were systems in place to ensure that temporary staff received adequate induction, support and information to provide safe care and treatment to patients.
- Systems were in place for recruitment, however there was no records of the immunity status of staff, despite this being a requirement in the practice recruitment policy.
- There was a system for the monitoring and security of prescription stationery.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Continue to ensure that the complaints system is consistent throughout the practice.
- Cascade the learning from significant events and complaints to relevant staff in a timely manner.

**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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor who was shadowing the team and a second CQC inspector.

## 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 not currently part of any wider 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 provides NHS services through a General Medical Services (GMS) contract to approximately 6,500 patients. The practice is commissioned by NHS England and is within the Basildon and Brentwood Clinical Commissioning Group (CCG).

The practice has two GP partners, one male and one female. The partners operate personal patient lists. Locum cover is provided by regular locums. There are three part-time female practice nurses. 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. Patients who have previously registered to do so may book appointments online. The provider can carry out home visits for patients whose health condition prevents them attending the surgery.

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.

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.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• There was a lack of an effective system to monitor the temperature of the fridge, used to store medicines.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p><b>In particular we found:</b></p> <ul style="list-style-type: none"><li>• There were no meetings where all or most clinical staff were present.</li><li>• There was no shared clinical review of patients, complaints or significant events.</li><li>• There was a lack of leadership and governance that led to the failure to identify and act on risks and share learning.</li><li>• The practice did not have an effective recruitment process and did not follow its policy regarding recruitment relating to staff immunisation checks when new staff were recruited.</li></ul>

This section is primarily information for the provider

## Requirement notices

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