

Clayhill Medical Practice

Inspection report

Vange Health Centre
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November 2020
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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?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Clayhill Medical Practice on 12 February 2019. The practice was rated as inadequate overall. Specifically, they were rated as inadequate for safe, effective and well-led and requires improvement for caring and responsive. As a result of findings at the February 2019 inspection, we took enforcement action against the provider, issued them with a warning notice for improvement and placed them into special measures.

A focused inspection took place on 2 July 2019 to check whether the practice had made the improvements required in the warning notice. They had met most, however there were still breaches and further breaches were identified. A further comprehensive inspection was completed on 17 September 2019 and although some improvements had been made, they were rated as requires improvement overall. Safe, effective, caring and responsive were rated as requires improvement and responsive as good. However, the population group people with long-term conditions remained inadequate, therefore they remained in special measures.

We carried out an announced comprehensive inspection at Clayhill Medical Practice on 25 November 2020. At this inspection we followed up on breaches of regulations identified at our September 2019 inspection and reviewed whether the practice had made sufficient improvement to take it out of special measures.

We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering how we carried out this inspection. We therefore undertook some of the inspection processes remotely and spent less time on site. We conducted staff interviews between 24 November and 27 November 2020 and carried out a site visit on 25 November 2020.

We had scheduled an inspection earlier in the year to follow up on breaches and determine if the practice could be removed from special measures, however, this was cancelled due to the COVID-19 pandemic.

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.

We rated the practice as **inadequate** for providing safe services because:

- There was a lack of assurance that staff had all the information that they needed to provide safe care and treatment.
- Processes around the monitoring of patients prescribed high risk medicines and repeat medicines did not keep people safe. This included medicine reviews.
- Non-clinical staff were not aware of the warning signs of sepsis.
- We did not have assurance that the risks associated with patients were well managed.

We rated the practice as **requires improvement** for providing effective services because:

- There was a rating of requires improvement in the population groups; people with long-term conditions, working age people and people experiencing poor mental health. This meant that the whole effective key question was rated as requires improvement.
- Data for the population group working age people was below local and national averages. Actions taken to drive improvement had not had a significant impact on data as data remained lower than target.

Overall summary

- There was a lack of assurance that patients' needs were assessed and delivered in line with current guidance.

We rated the practice as **requires improvement** for providing caring services because:

- Patient survey data was lower than average for some indicators for a second year.
- There was a lack of action plan to improve based on the latest data and the practice response to previous data had not had a significant impact on satisfaction levels.

We rated the practice as **requires improvement** for providing well-led services because:

- Systems to manage risk were not effective.

We rated the practice as **good** for providing responsive services because:

- The practice understood and delivered services which met their patients' needs.
- People were able to access care and treatment in a timely way.

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

- 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 monitor patient feedback and review services in response to feedback.
- Improve the identification of carers in order to offer them appropriate support.
- Improve usage of referral templates.
- Continue to monitor and improve immunisation rates.
- Continue to educate non-clinical staff on the red flag symptoms of sepsis.

This service will remain in special measures. Services in special measures will be inspected again within six months. As this is a continued period of extended special measures we are considering our enforcement options. This may lead to cancelling their registration or to varying the terms of their registration. Special measures will give people who use the service the reassurance that the care they get should improve.

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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

Older people	Good 
People with long-term conditions	Requires Improvement 
Families, children and young people	Good 
Working age people (including those recently retired and students)	Requires Improvement 
People whose circumstances may make them vulnerable	Good 
People experiencing poor mental health (including people with dementia)	Requires Improvement 

Our inspection team

Our onsite and remote inspection team was led by a CQC lead inspector. The remote and onsite inspection team included a GP specialist inspector and one team inspector.

Prior to the inspection, we carried out remote interviews with the GPs, nurse, practice manager, reception staff, patient participation group, representatives from care homes and a community matron. During our short inspection visit, we looked at records, staff files and other documents that could not reasonably have been viewed remotely.

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 part of a local primary care 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 three partners, two of whom are GPs. At the time of our inspection only the one partner was providing clinical care and managing the service. Locum cover is provided by regular locums. There are two 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.

Enforcement actions

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
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>The registered person had systems or processes in place that operating 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</p> <ul style="list-style-type: none">• Systems for identifying patients whose blood glucose is suggestive of diabetes, were not effective. Some patients were not receiving appropriate monitoring which placed them at risk of potential harm.• Systems for ensuring that patients received appropriate monitoring of their health whilst taking high risk medicines were not effective in preventing medicines from being issued without the patient receiving the appropriate monitoring.• The system for reviewing patients before prescribing medicines, other than high-risk was not effective.• Systems for ensuring that patients were assessed and treated in line with current guidance where not sufficient. Some patient records did not contain sufficient detail or evidence to demonstrate that the patient had been assessed and treated in line with latest guidance.• Review and improve the higher than average rate of prescribing hypnotic medicines.• Improve the uptake of patients eligible for cancer screening.• Improve the monitoring of care plans for patients suffering with dementia.