

Clayhill Medical Practice

Inspection report

Vange Health Centre
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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?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out a comprehensive inspection at Clayhill Medical Practice on 12 February 2019. The practice was rated inadequate overall. Specifically, they were rated as inadequate for safe, effective and well-led, and requires improvement for caring and responsive. The practice was placed into special measures for a period of six months.

In particular, on 12 February 2019, we found the following areas of concern:

- Good governance systems were not established in accordance with the fundamental standards of care.
- The provider 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.

As a result of our findings at this inspection we took enforcement action against the provider and issued them with a warning notice for improvement.

We carried out a focused inspection at Clayhill Medical Practice on 2 July 2019 to check whether the practice had made the improvements in the warning notice. 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 and further breaches were identified.

We carried out an announced comprehensive inspection at Clayhill Medical Practice on 17 September 2019. This was to follow up on breaches of regulation and to review whether the practice had made sufficient improvement to take it out of special measures.

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 the population group people with long-term conditions. This was because:

- Performance data relating to patients with diabetes was lower than local and national averages.
- Unverified performance data relating to patients with diabetes was lower than the preceding year.

We rated the practice as **requires improvement** for providing **safe, caring** and **well led** services, and for the following population groups within effective: families, children and young people and working age people. This made the practice **requires improvement** for providing **effective** services. This was because:

- There was neither a disclosure and barring scheme (DBS) check or risk assessment completed for two new members of staff, who were working without direct supervision and had access to patients.
- Some GP survey data was below local and national averages and the practice had no plan to address this.
- The practice was unable to show that it monitored the process for obtaining consent to care and treatment.
- Some clinical performance data was below local and national averages.
- Some staff had not received an annual appraisal.

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

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

Overall summary

- Leaders were able to show that they had the capacity and skills to deliver good quality.
- The overall governance arrangements were now more effective.
- The practice now had clear and effective processes for managing risks, issues and performance.
- The practice acted on appropriate and accurate information.
- We saw evidence of systems and processes for learning and improvement.

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.

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

- Continue to improve performance for patients with long term conditions.
- Continue to improve the uptake of cervical screening and childhood immunisations.
- Implement measures to monitor the consent seeking process.

- Review recruitment processes relating to staff working prior to receipt of a satisfactory DBS check.

Due to the rating of inadequate within the population group of people with long term conditions, this practice remains 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

Population group ratings

Older people	Good 
People with long-term conditions	Inadequate 
Families, children and young people	Requires improvement 
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)	Good 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

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 two GP partners, one male and one female. At the time of our inspection only the female partner was providing clinical care. 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable 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:</p> <ul style="list-style-type: none">• GP survey for several areas of patient satisfaction was lower than average for two years running. The practice did not have a clear plan to address this reduced satisfaction. <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none">• Although the practice had submitted application forms to add the regulated activity of maternity and midwifery services, they had been rejected due to incompleteness several months prior to our latest inspection with no new forms submitted.• Not all staff had received an appraisal. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>