

Clayhill Medical Practice

Inspection report

Vange Health Centre
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Basildon
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www.ClayhillMedicalPractice.nhs.uk

Date of inspection visit: 12 February 2019

Date of publication: 15/04/2019

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 summary

During our previous inspection of Clayhill Medical Practice on 13 January 2015, we rated the practice as good.

We carried out an announced comprehensive inspection at Clayhill Medical Practice on 12 February 2019.

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 **inadequate** overall.

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

- The practice did not have clear systems and processes to keep patients safe.
- We did not see evidence of recruitment systems and ongoing checks.
- Systems for infection control and prevention were not effective.
- The practice did not learn and make improvements when things went wrong.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- Staff did not always have the information they needed to deliver safe care and treatment.
- Some of the systems for medicines management required strengthening.

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

- There was no consistency in the care and treatment of patients between the two GP partners.
- The practice was unable to show that all staff had the skills, knowledge, experience and support to carry out their roles.
- Some performance data including screening data was lower than local and national averages. Some childhood immunisations data was lower than target levels.
- Unverified performance data supplied by the practice showed that performance had deteriorated over the last 11 months, with no capacity to significantly improve this before the end of the March 2019.

- Although there was effective coordination with other organisations to ensure patients had access to the appropriate support; there was insufficient evidence to show this was consistent for both GP partners.

These areas affected all population groups so we rated all population groups as **inadequate**.

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

- GP survey data was lower for three indicators relating to patients' experience during consultations.
- Due to a lack of communication between the two GP partners which affected the consistency of approaches to care coordination, there was not sufficient assurance that the service always met patients' needs. GP survey data supported this finding.
- The system for handling complaints was not consistent across the practice, there was limited learning or evidence that learning was shared.
- Patients were positive about their experience of making an appointment.
- Patients felt treated with kindness and respect by staff.

These areas affected all population groups so we rated all population groups as **requires improvement** for providing responsive services.

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

- The lack of communication and coordination between the partners affected all governance arrangements and meant that there was no assurance that all patients received the same standard of care and treatment.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of consistent systems and processes for learning, continuous improvement and innovation.

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.

Overall summary

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

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

- Improve the experience of patients whilst in their consultation.
- Consider how the practice can increase uptake of childhood immunisations and public health screening programmes.

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.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and an assistant inspector who was shadowing the team.

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 and treatment of disease, disorder or injury.

The practice provides NHS services through a General Medical Services (GMS) contract to 6,515 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 operated personal patient lists. 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.

In addition to the extended hours operated by the practice on Wednesday evening, the CCG has commissioned an extended hours service, which operates between 6.30pm and 8pm on weeknights, from 8am to 6pm Saturdays and from 9am to 2pm on Sundays and Public Holidays. The service operates from “Hub” locations across the borough. Patients may book appointments with the service by contacting the practice or the Hubs themselves.

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

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	
Surgical procedures	
Treatment of disease, disorder or injury	