

Kelvedon & Feering Health Centre

Inspection report

46 High Street
Kelvedon
Colchester
CO5 9AG
Tel:

Date of inspection visit: 17 August 2023
Date of publication: 08/09/2023

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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Overall summary

We carried out an announced comprehensive inspection at Kelvedon & Feering Health Centre on 17 August 2023. Overall, the practice is rated as Good.

Safe - Good

Effective – Good

Caring - Good

Responsive – Good

Well-led - Good

Following our previous inspection in August 2022, the practice was rated requires improvement overall and in all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Kelvedon & Feering Health Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We undertook this inspection to follow up on concerns from our previous inspection in August 2022.

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.

In August 2022, we rated the practice Requires Improvement overall.

We previously found that:

- There was a safeguarding policy in place, but not all staff we communicated with were aware of it, or what the process was.
- Vulnerable adults were discussed at regular frailty meetings, but there was no forum to discuss vulnerable children.
- Multi-disciplinary team meetings had not taken place, but there were plans to schedule these.
- Recruitment checks had not always been carried out in accordance with regulations, although an improved system had recently been implemented to make this more effective.
- There were no records of staff vaccination status.
- There was some evidence of learning from significant events, but there was no recorded evidence of the individual staff member's learning.
- There was a system for recording and acting on safety alerts.
- Cervical screening uptake was below the England average.
- We saw limited evidence that the practice had carried out any clinical quality improvement activity.
- There were areas of the National GP survey data where the practice had performed below local and national averages.
- There was no recorded evidence of the individual staff member's learning following a complaint.
- Some staff we communicated with told us that although leaders were always visible, they didn't feel that they were always approachable.
- The Patient Participation Group, (PPG), had not been active at the time of the inspection.
- There was limited evidence of embedded systems and processes for learning, continuous improvement and innovation.

In August 2023, we rated the practice Good overall.

We found that:

- There were effective safeguarding systems in place which staff were aware of.
- Multi-disciplinary team meetings had taken place and vulnerable patients were discussed during these meetings.
- At the time of the inspection, the practice had not reconciled their safeguarding registers with other agencies to ensure they were accurate. Since the inspection, the practice had actioned this to ensure their registers were accurate.
- High risk medicines and Disease-Modifying Antirheumatic Drugs (DMARDs) were monitored and actioned appropriately.
- We found that medicine reviews were carried out in line with national guidance in most cases, however there was 1 case where a non-prescriber had carried out a medicine review which did not meet national standard. Since the inspection, the practice had changed the protocol for clinical supervision to ensure all medicine reviews were completed by trained prescribers.
- There were areas of the practice prescribing data that were below national averages. The practice was monitoring their prescribing with the help of the primary care network and integrated care team with the aim to reduce their prescribing.
- Recruitment checks were in accordance with regulations, these included checks of staff vaccination status.
- There were improved systems to evidence the learning from significant events and complaints. Learning outcomes were discussed with all staff members during team meetings.

Overall summary

- The practice had made improvements to the system for recording and acting on safety alerts, however we found this needed strengthening.
- The practice had improved the uptake of national screening programmes. We found that the uptake of Cervical screening was now in line with the England average.
- The practice had completed a number of quality improvement audits to monitor and develop practice systems.
- National GP survey data showed a small improvement for patient satisfaction in some areas where the practice had performed below local and national averages the previous year. The practice had implemented changes to improve patient satisfaction and were reviewing it continually.
- The practice team supported each other and engaged well with the leadership team. Staff reported that they felt valued, and that the management team were always approachable.
- The practice outlined clear plans for improvement and development within all areas of their roles.
- There was an active Patient Participation Group, (PPG) which worked with the management team to help promote and advertise information to the public.

We saw an area of outstanding practice:

- In November 2022, the practice team had received specific dementia care training from an external provider which covered areas such as identifying signs of dementia, adjustments that patients may need and how to personalise the care for these patients. Since completing the training, the practice had adjusted their surgery to ensure it was suitable for patients living with dementia. For example, they had redesigned posters to introduce colours to make it easier for patients to read, they had reorganised the flow in the waiting area to help patients navigate their way through the practice and they had sectioned areas of the waiting room to make it more dementia friendly. The management team had also contacted their social prescriber to organise a dementia friendly sing-along event. The aim was to provide a closer supportive community and improve the mental health of patients living with Dementia. The event was for patients registered to the practice; however, the practice had also invited patients from local care homes to join. Staff planned to provide supportive advice and signposting to patients and carers during the event.

Whilst we found no breaches of regulations, the provider **should**:

- Improve supervision of non-prescribers.
- Continue to monitor and review antibiotic prescribing.
- Strengthen systems to review and action safety alerts.
- Continue engagement to improve on patient satisfaction.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector. 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.

Background to Kelvedon & Feering Health Centre

Kelvedon & Feering Health Centre is located in Kelvedon at:

46 High Street

Kelvedon

Essex

CO5 9AG

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

The practice is situated within Mid & South Essex Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 7,633. This is part of a contract held with NHS England. The practice is part of a wider network of GP practices in a Primary Network, (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (10 of 10). The higher the decile, the less deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is 98% White and the remaining 2% consists of small numbers of patients from Asian, Black, Mixed and Other ethnicities.

There is a team of three GPs who work full time at the practice. The practice has a nursing team of two nurses and two healthcare assistants who provide nurse led clinics. The GPs are supported at the practice by a team of reception/administration staff. There is a practice manager and operations manager.

The practice is open between 8am to 6.30pm Monday to Friday. On Thursdays the practice offers patients enhanced services from 6.30pm to 8pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Enhanced access and out of hours services are provided by NHS 111.