

Aveley Medical Centre

Inspection report

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South Ockendon
Essex
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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?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive?

Inadequate



Are services well-led?

Good



Overall summary

This is the third inspection of Aveley Medical Centre. At the inspection on 12 December 2018 we rated the practice **inadequate** overall and issued an enforcement notice for a breach of regulation 17, good governance, we issued a warning notice and placed them into special measures.

We carried out an announced focused inspection on 24 April 2019 to review whether the provider had made improvements and was compliant with the warning notice served. The practice was **not rated** at this inspection.

We carried out a further comprehensive inspection of the practice on 31 July 2019 to follow up the breach of regulation and to re-rate the practice. The practice is now rated as **requires improvement** overall.

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
- information from the provider, patients, the public and other organisations.

We rated the practice as **good** for providing safe, effective and well-led services because:

- Staff were confident regarding the safeguarding system and procedures at the practice.
- Staff had received training for 'Read coding', an audit showed this was carried out accurately.
- Processes to monitor and action internal tasks was audited and showed work-flow was consistent, and there was no accumulation of documents or test results.
- Appropriate emergency medicines were held, stored securely and monitored to ensure they were safe for use.
- Training had been provided for non-clinical staff with regards to sepsis, and guidance was visible close to all computers screens.
- Dementia plans and patients care plans had been reviewed and updated recording frailty and vulnerability on their records to support staff members when dealing with these patients.
- The quality of referral letters, and document work flow through the practice, had been audited. This was now part of the on-going monitoring system to ensure an effective process was maintained.
- The cold chain procedure was documented and used effectively to ensure the safety of medicine.

- The practice held a comprehensive schedule of repeat audits to ensure patient outcomes were being monitored effectively and to drive improvement.
- The practice culture was seen to be open and honest between all staff members.
- The practice vision was signposted on an entire team photograph displayed prominently behind the reception desk at the practice.
- Processes for managing risk were well documented and available to all staff members. The monitoring of risks was undertaken regularly, recorded and actions acted on when needed.
- Audits had been carried out to ensure information used was accurate.
- Staff were provided protected time to carry out the roles of responsibility they had been given.
- All staff members were encouraged to be involved in the development of change and improvement at the practice.
- The practice had carried out its own internal survey of patients and staff members to gauge where improvement was needed.

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

Patient satisfaction data published in the national GP patient survey carried out January to March 2019 and published July 2019 was still low.

The number of carers identified was still low.

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

- Patient satisfaction data published in the national GP patient survey carried out January to March 2019 and published July 2019 was still low or very low.
- The number of patients attending for cancer screening was low.

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

The area where the provider must make improvements are:

- Improve patient satisfaction in particular; ease of getting through to the practice on the telephone, the overall experience of making an appointment, satisfaction of appointment times, and types of appointment.

Overall summary

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

- Continue to improve the system to identify patients who are carers.
- Improve the uptake and encourage patients to attend for cancer screening.
- Continue to improve patient satisfaction.

This service will remain in special measures. Services 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 MRCP

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 and a GP specialist adviser.

Background to Aveley Medical Centre

The Aveley Medical Centre is situated in South Ockendon, Essex, on the main high street. The practice is part of Thurrock Clinical Commissioning Group (CCG) area. The practice has a General Medical Services (GMS) contract with the NHS.

- There are approximately 12,300 patients registered at the practice.
- The practice provides services from 22 High street, Aveley, South Ockendon, Essex and from their branch surgery, Darenth Lane, South Ockendon, Essex. We did not visit the branch surgery as part of this inspection.
- The practice is registered to provide the following regulated activities:
 - treatment of disease, disorder or injury
 - diagnostic and screening procedure,
 - surgical procedures
 - family planning
 - maternity and midwifery services.
- The clinical team comprises of a mixture of male and female GPs, there are two GP partners and one salaried GP. The partners undertake various lead roles and responsibilities are shared between them. The

practice has one nurse practitioner, three nurses and one health care assistant. The clinical team are supported by a practice manager and a team of reception and administrative staff.

- The practice is open from Monday to Friday between the hours of 8am and 6.30pm and provides extended clinics on Wednesday and Thursday from 8am and until 8.40pm on Wednesdays.
- For evenings, weekends and bank holidays, out of hours care is provided by IC24, another healthcare provider. This can be accessed by patients dialling 111.
- Patients are able to book evening and weekend appointments at the local 'Thurrock Hub' centre if needed.
- The practice provides services to a slightly higher population of patients aged between 15 and 44 years of age.
- The practices population is in the fourth decile for deprivation, which is on a scale of one to ten. The lower the decile the more deprived an area is compared to the national average.
- Ethnicity based on demographics collected in the 2011 census shows the patient population is predominantly white British with; 1.9% mixed, 1.7% Asian, 7.2% black.

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 Maternity and midwifery 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>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• No effective process to encourage and improve the uptake of patients to attend for cancer screening.• No effective process to improve patient satisfaction in particular; ease of getting through to the practice on the telephone, the overall experience of making an appointment, satisfaction of appointment times, and types of appointment.• The provider did not have an effective system to improve national patient GP satisfaction <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>