

Aveley Medical Centre

Inspection report

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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

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

Aveley Medical Centre was previously inspected in December 2018 and received a rating of inadequate overall. We found the practice was inadequate for providing safe, effective, responsive and well-led services. We found the practice required improvement for providing caring services. As a result, we issued a warning notice for regulation 17, good governance, to ensure the practice made appropriate improvements.

We carried out an announced focused inspection at Aveley Medical Centre on 24 April 2019. The focused inspection was to review whether the provider had made improvements and was compliant with the warning notice. We also looked at the governance arrangements and the leadership of the practice. The practice was not rated at this inspection.

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.

This was an unrated focused inspection.

We previously found that:

- There were not clear responsibilities, roles and systems of accountability to support good governance and management.
- There was a system for receiving patient safety and medicine alerts, safety alerts were acknowledged but the practice failed to carry out searches to ensure patients were not at potential risk.
- There was no clinical oversight to monitor patients being prescribed high risk medicines, the practice had not identified all relevant high-risk medicines that required monitoring.
- Non-clinical staff had not received training to carry out tasks such as exception reporting and Read coding patients notes. As a result, we found exception reporting and Read coding to be unjustified and inaccurate which impacted on patient safety and care.
- We found there was an ineffective system to monitor incoming correspondence and completing system tasks to ensure timely review of patient care.

- The practice did not have all recommended emergency medicines available or a relevant risk assessment. The practice did not have a system for documenting checks on emergency medicines.
- We found that the practice did not have adequate systems and processes in place to ensure the safe management of medicines. For example, there was a system in place to ensure that medicines that required cold storage were stored safely, however this was not always effective.
- The system to ensure blank prescriptions and patient data were secure throughout the practice was not effective.
- There was an ineffective system to ensure lessons learnt from complaints and significant events resulted in improvements.
- The practices audits failed to implement changes and drive improvements.
- Non-clinical staff had not received sepsis training and were unaware of how to identify or deal with these patients.
- There was an ineffective system to monitor risks to patients who had not collected their prescriptions.
- The practice system to ensure safeguarding was managed effectively needed to be improved for example they did not hold accurate registers of patients where concerns had been raised or hold regular safeguarding meetings with external agencies to share concerns.
- The practice was unable to obtain details for dementia patients who had a document care plan on the system.
- We spoke with staff who felt that they did not have protected time to carry out additional responsibilities.
- The process to ensure locum staff had carried out training in accordance with regulations was ineffective.
- The practice failed to ensure staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions). PGDs we review had not been authorised appropriately.
- The practice had not reviewed or monitored patient's satisfaction data, published in July 2018.
- We found the quality of patient referral letters was varied and inconsistent.
- We found there was no evidence that an environmental health and safety risk assessment had been carried out.

Overall summary

- We found minimal evidence that ensured actions were initiated and carried out as a result of clinical and practice meetings.

At this inspection we found that:

- The leadership had changed since the previous inspection. The practice had established clearer responsibilities, roles and systems of accountability to support good governance and management however we found it required strengthening.
- The system to monitor and action safety alerts had been strengthened. The practice tracked, monitored and actioned some historical alerts however they had not implemented a system to ensure historical alerts were regularly reviewed.
- The practice had clear systems in place to monitor patients being prescribed high risk medicines which included clinical oversight.
- We reviewed unverified 2018/19 QOF exception reporting data and found that the practice had reduced their reporting, staff had received training however the newly implemented policy did not outline whether non-clinical staff continued to carry out exception tasks.
- Staff had received Read code training since the previous inspection, but the practice had not reviewed or audited their practice to ensure Read coding was carried out appropriately or accurately.
- There was an effective system to manage correspondence and pathology results.
- The system to monitor internal tasks was ineffective. We found there were 247 open tasks that had not been revisited.
- The practice had implemented a new system to ensure emergency medicine checks were documented however we found the practice did not have all recommended emergency medicines available or a relevant risk assessment. These were different from the previous inspection.
- The system in place to ensure that medicines that required cold storage were stored safely had been improved, the practice had developed a policy specific to their practice and implemented new log sheets. The practice policy clearly outlined staff responsible to monitor fridge temperatures however we found the recording of fridge temperatures was not always consistent.
- The system to ensure blank prescriptions had been strengthened and ensured prescriptions were secure throughout the practice.
- The process to ensure the security of patient data had improved.
- The practice had reviewed lessons learnt from complaints and significant events to ensure they drove improvements. The practice had one significant event since the previous inspection and had implemented changes to drive improvements.
- The practice had begun the data collection process for some clinical audits however they had not analysed or implemented changes to drive improvements.
- Non-clinical staff had received training and were aware of how to identify or deal with patients suspected of sepsis.
- The practice had implemented an effective system to monitor risks to patients who had not collected their prescriptions.
- We found the system to monitor safeguarding concerns was ineffective. The practice held inaccurate risk registers for children, they were unable to identify vulnerable adults as there was no risk register and missed appointments for vulnerable children and adults were not appropriately followed up.
- The practice had planned to carry out care plan reviews for patients with dementia however due to unforeseen staff absences this had been delayed. We found that the practice was able to access four out of 71 dementia care plans.
- Staff we spoke with during the inspection said they were not given protected time to carry out additional responsibilities however we found since the previous inspection the practice had allocated time in their daily calendar to allow staff to have protected time to carry out additional responsibilities.
- The practice had an effective system to ensure recruitment checks for locum staff were consistent and were able to monitor training requirements.
- The practice had improved the system to ensure staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).
- National GP patient survey data, published in July 2018, had been reviewed. The practice had carried out an internal survey and implemented an action plan as a result of their findings.

Overall summary

- The practice had implemented a template to ensure referrals were consistent. We found referrals were appropriate, followed up and of a good quality.
- There was an effective system to monitor health and safety risks to patients.
- Regular clinical and practice meetings had been implemented and actions were documented and reviewed.

In conclusion, although there had been some progress since the last inspection, there were a number of areas where the practice had not fully complied with the warning notice and further improvements were required. We will be monitoring this practice over time and will be carrying out a comprehensive inspection in the near future, to re-rate the practice and to ensure sufficient improvements have been made to keep patients safe.

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

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

Our inspection team

Our inspection team was led by a CQC lead inspector and was supported by 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 12,321 patients registered at the practice.
- The practice provides services from 22 High street, Aveley, South Ockendon, Essex and from their branch surgery on 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 procedures, surgical procedures; family planning and 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 four nurses and one health care assistant. The clinical team are supported by a practice manager and a team of reception and managerial staff.
- The practice is open from Monday to Friday between the hours of 9am and 6.30pm and provides extended clinics on Wednesday until 8.40pm and Saturday between 8am to 12pm.
- On evening, 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>The registered person had systems or processes in place that operated 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, in particular:</p> <ul style="list-style-type: none">• The practice had not ensured that Read coding was carried out accurately.• The system to safeguard vulnerable patients from harm was ineffective.• The system to monitor and action internal tasks was ineffective.• The practice had not considered all appropriate emergency medicines and had not risk assessed the need for them.• The practice did not have access to the majority of their dementia care plans.• Cold chain had not been documented consistently.• The practice did not have an effective system to carry out audits to drive improvements. <p>17 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>