

Aegis Medical Centre

Inspection report

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Basildon
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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive at Aegis Medical Centre on 30 September 2022 as a result of concerns identified during our ongoing monitoring of the practice. Overall, the practice is rated as inadequate.

The ratings for each key question are:

Safe - inadequate

Effective - inadequate

Caring - requires improvement

Responsive - requires improvement

Well-led - inadequate

Following our previous inspection on 21 March 2017 the practice was rated good overall and for all key questions.

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

Why we carried out this inspection

We carried out this inspection in response to risk identified during our direct monitoring activity.

We inspected all key questions safe, effective, caring, responsive and well-led.

How we carried out the inspection/review

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.
- Staff questionnaires.

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.

We found that:

- The practice systems and processes to keep people safe were not effective;
- Safeguarding procedures for children and vulnerable adults and recruitment procedures required strengthening.
- The practice did not have a system to check all staff were up to date with their routine immunisations as per the guidance from the 'Green Book' Immunisation Against Infectious Disease.
- The legionella risk assessment had not been completed in the last 12 months.
- The practice did not have an appropriate fire risk assessment that had been completed in the last 12 months.
- The practice did not have a system to conduct annual infection prevention and control audits.
- The practice did not have effective risk assessments in place for the lack of emergency medicines. There were ineffective systems for the safe management of medicines. We found some patients with long term conditions or on high risk medicines had not received the appropriate monitoring. We found the practice did not effectively act on patient safety alerts.
- We found there was an ineffective system to ensure patients received appropriate medicines reviews. Prescribing data was not being reviewed.
- Some patients did not receive comprehensive face to face assessments where these were required and the results of blood tests were not being reviewed effectively.
- There were ineffective systems to ensure all staff were up to date with their training and received training appropriate to their role.
- Do not attempt Cardiopulmonary Resuscitation (DNACPR) decisions were not in line with relevant legislation.
- The uptake of cervical screening was below the national target. The practice did not have an effective quality assurance improvement programme, including clinical audit.
- Complaints were not always used to improve the overall quality of care the service provided.
- There were many complaints about access to the service.
- GP patient survey data was below average for patient satisfaction, patient consultations and overall experience of the practice. There was no effective action plan to improve.
- There was a lack of oversight into the governance structures and risk management systems.
- The practice did not have a coherent strategy to provide high quality sustainable care.
- The practice did not have effective governance systems and processes to ensure the delivery of safe, effective, caring and responsive care and treatment.

However, we also saw some areas of good practice. We found that:

- The service kept a log of all formal and informal complaints and ensured each patient was responded to.
- Childhood immunisations uptake rates met World Health Organisation (WHO) based targets.
- Staff reported they worked well as a team and felt supported by the leaders of the service.

We found breaches of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider **should**:

- Continue to improve the uptake of cervical cancer screening.

Overall summary

- Continue to optimise the prescribing of antibacterial medicines and hypnotics in line with local and national guidelines.

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 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 Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. 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 Aegis Medical Centre

Aegis Medical Centre is located in Basildon in Essex.

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

The practice is situated within the Mid and South Essex Integrated Care System (ICS) delivers General Medical Services (GMS) to a patient population of about 5100. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called Basildon Central Primary Care Network.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (3 out of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 3% Asian, 91.6% White, 3.3% Black, 1.8% Mixed, and 0.3% Other.

There is a team of two GPs. The practice has a team of 1 nurse and 2 healthcare assistants. The GPs are supported at the practice by a team of reception and administration staff led by a practice manager. And patient service manager.

The practice is open between 8 am to 6.30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by BB Healthcare Solutions, where late evening and weekend appointments are available. Out of hours services are provided by 111.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</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.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not have effective safeguarding or recruitment system.• The provider did not have effective systems in place to ensure staff were up to date with their routine immunisations.• The provider did not have an appropriate fire or legionella risk assessment.• The provider did not have a system to conduct annual infection control audits.• We found blood test results were not managed effectively.• The provider did not have an effective system to manage safety alerts and mitigate risks to patients.• The provider did not have an effective system to ensure all staff had completed training that was appropriate for their role.• The practice did not have effective systems to ensure DNACPR decisions were made in line with relevant legislation.• The provider did not stock recommended emergency medicines and there was no risk assessment to explain the rationale.• The provider did not have an effective system to monitor and review patients on high risk medicines.• The provider did not have an effective system to monitor and review patients with long term conditions.• The provider did not have effective systems in place to ensure patients prescribed repeat medicines had received regular, appropriate and comprehensive structured medicines reviews.

Enforcement actions

- The provider did not have effective systems to ensure patients were able to access care and treatment in a timely way.
- The provider did not have an effective system to drive improvement from complaints or from the national GP patient survey.
- The provider did not have an effective system to regularly review governance structures and risk management systems.
- The provider did not have an effective quality improvement programme.
- The provider did not have a credible strategy to provide high quality sustainable care.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.