

Aveley Medical Centre

Inspection report

22 High Street
South Ockendon
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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 to people's needs?

Requires Improvement



Are services well-led?

Good



Overall summary

We carried out an announced inspection at Aveley Medical Centre on 27 July 2020. Overall, the practice is rated as Requires Improvement.

Safe - Good

Effective – Good

Caring – Requires Improvement

Responsive – Requires Improvement

Well-led - Good

Following our previous inspection on 12 November 2020 the practice was rated inadequate overall. The practice was rated good for effective services, requires improvement for providing safe and well led services, inadequate for caring and responsive services.

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

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on:

A requirement notice served following our last inspection relating to:

- The system to monitor staff training was ineffective.
- There was an ineffective system to monitor patients being prescribed high risk medicines in line with national guidance.
- The system to summarise patients' notes was ineffective.

In addition, to review areas identified at our last inspection where improvements should be made:

- Continue to ensure staff have a DBS check in place or a relevant risk assessment.
- Establish effective systems to monitor staff vaccinations, immunity levels or professional registrations.
- Establish effective systems to monitor and review environmental risks to patients and staff.
- Review the complaints process to ensure patients have appropriate information.
- Improve the clinical audit process to identify where quality improvements can be made.
- Improve patient privacy and confidentiality in the reception area.
- Continue to encourage and improve the uptake of patients to attend for cancer screening.
- Strengthen processes to improve patient satisfaction for caring and responsive services.

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.

Overall summary

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.
- Sending a questionnaire to practice staff to complete.
- Talking to external stakeholders & patients and their representatives.

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

We have rated this practice as Requires Improvement overall and Requires Improvement for all population groups.

We found that:

- The practice had acted on all issues identified at the last inspection.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- The practice had a comprehensive programme of quality improvement.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Feedback from patients about their experience of care and ability to access care and treatment remained below local and national averages.
- Uptake of childhood immunisations and cervical screening was below the national average in some areas.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

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

- Continue to strengthen processes to improve patient satisfaction for caring and responsive services.
- Continue to take action to improve uptake of childhood immunisations and cervical screening.

I am taking this service out of special measures. This recognises the significant improvement made to the quality of care provided by this service.

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

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

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 Aveley Medical Centre

The Aveley Medical Centre is located in South Ockendon, Essex on the main high street. The practice provides services from 22 High street, Aveley, South Ockendon, Essex and from their branch surgery on Darenth Lane, South Ockendon, Essex. Patients can access services at either surgery. We did not visit the branch surgery as part of this inspection.

The practice is part of Thurrock Clinical Commissioning Group (CCG) area. The practice has a General Medical Services (GMS) contract with NHS England. There are approximately 12,488 patients registered at the practice. The practice is registered with CQC 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, four salaried GPs and four long term sessional GPs. The partners undertake various lead roles and responsibilities are shared between them. The practice has one advanced nurse practitioner, four practice nurses and two health care assistants. The clinical team are supported by a practice manager, assistant 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 from 8am and until 8.40pm. Additional appointments are available Saturday between the hours of 8.30am and 1.30pm. For evenings, weekends and bank holidays, out of hours care is provided by IC24, another healthcare provider. This can be accessed by patients dialing 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 practice's 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.