

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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Requires improvement 
Are services responsive?	Inadequate 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Aveley Medical Centre on 12 December 2018 as part of our inspection programme. The practice was previously rated Good in May 2015.

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 inadequate overall.

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

- The practice did not have clear systems and processes to keep patients safe.
- 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 process to ensure locum staff had carried out training in accordance with regulations was ineffective.
- The practice failed to act on all risks identified during environmental risk assessments.
- The system for monitoring health and safety risks to patients and staff was ineffective. We found there was no evidence that a health and safety risk assessment had been carried out.
- There was a system to monitor patients being prescribed high risk medicines however we found there was no clinical oversight to this task, 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 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 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.
- Clinicians knew how to identify and manage patients with severe infections such as sepsis. However, non-clinical staff had not received training and were unaware of how to identify or deal with patients suspected of sepsis.
- There was an ineffective system to follow up on urgent referrals to ensure patients had received appropriate timely assessment. We found the quality of patient referral letters was varied and was not consistent.
- 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.
- Learning and analysis of safety incidents did not consider all aspects of care, there was no systems in place to ensure changes had been implemented following a significant event to ensure similar scenarios did not reoccur.
- There was a system for receiving patient safety and medicine alerts however we found it to be ineffective for mitigating the risks to patients. Safety alerts were acknowledged but the practice failed to carry out searches to ensure patients were not at potential risk.
- There was an ineffective system to monitor risks to patients who had not collected their prescriptions.
- The system to ensure blank prescriptions were secure throughout the practice was not effective.
- The process to ensure the security of patient data was ineffective. We found staff did not ensure the protection of secure data.

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

- Although performance data was in line or above local and national averages, the practice had above national average rates of exception reporting. There was an

Overall summary

inadequate system to ensure patients were being exception reported accurately. We found multiple examples of where exception reporting had been unjustified.

- The practice had an ineffective system to Read code patients notes. We found non-clinical staff carrying out this responsibility had not received appropriate training to ensure they understood the importance of accurately read coding patients notes.
- The practice had carried out clinical audits to review medicines. We found the audits failed to implement changes and drive improvements.
- The practice was unable to obtain details for dementia patients who had a document care plan on the system.

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

- National GP patient survey data, published in July 2018, showed below national and local averages for patient satisfaction regarding access to services. The practice had not reviewed the data or monitor patient's satisfaction levels as a result.
- The practice reviewed complaints and highlighted lessons learnt however we found lessons learnt did not always encourage change or improvements to reduce the likelihood of similar complaints from reoccurring.
- The practice website did not encourage an open and accessible service. The website highlights patients are only allowed to discuss one concern during one consultation however the website does not state whether patients are able to book another appointment to discuss additional concerns.

We rated the practice as **inadequate** for providing well-led services because:

- The overall governance arrangements were ineffective, as a result we identified concerns that put patients at potential risk.
- We found the practice culture did not effectively support high quality sustainable care. The tension between leaders did not encourage patient centred care.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a vision, that vision was not supported by a credible strategy.
- The practice did not have clear and effective processes for managing risks, issues and performance.

- The practice did not always act on appropriate and accurate information.
- We spoke with staff who felt that they did not have protected time to carry out additional responsibilities.
- We found there was an ineffective system to monitor incoming correspondence and completing system tasks to ensure timely review of patient care.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

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

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The CQC comment cards the practice received were positive regarding the care and treatment patients had received however there were two mixed reviews regarding access to the service.
- There was an ineffective system to monitor patient's satisfaction levels. The practice had not carried out a review of national GP patient survey data published in July 2018.
- There was an ineffective system to ensure lessons learnt from complaints resulted in improvements.
- The practice had identified a low number of patients who were carers.

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.

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

- Develop systems and processes to identify carers to ensure they receive appropriate support.
- Consider training needs for non-clinical members with regards to sepsis.
- Strengthen processes to document dementia care plans.
- Improve quality and documentation of referral letters.

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

Overall summary

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.

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.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

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 Care Quality Commission (CQC) lead inspector and included 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 three 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.

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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: • The overall governance arrangements were ineffective, as a result concerns were identified that put patients at potential risk. • There was an ineffective system to monitor risks to patients. Safety alerts were not being effectively acted upon; • There was a lack of effective systems to ensure the monitoring of training for locum staff; • There were ineffective systems to safeguard vulnerable patients; • There were ineffective quality improvement processes; • There was ineffective system to ensure patients received appropriate health reviews. • Learning from significant events and complaints did not drive improvements; • There was an ineffective system to monitor and review incoming correspondence and tasks; • There was an ineffective system to ensure staff had the appropriate authorisations in place to administer medicines; • There was no health and safety risk assessment; • Actions identified on environmental risk assessments had not been completed;

This section is primarily information for the provider

Enforcement actions

- There was no system to ensure uncollected prescriptions were monitored;
- There was no system to monitor patients' satisfaction;
- There was an ineffective system to ensure the security of prescriptions and patient data;
- There were insufficient medicines to deal with medical emergencies. Emergency medicines did not have appropriate checks documented;
- Staff did not adhere to cold chain.

17 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014