

# 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?

Requires Improvement



Are services effective?

Good



Are services caring?

Inadequate



Are services responsive to people's needs?

Inadequate



Are services well-led?

Requires Improvement



# Overall summary

Aveley Medical Centre was rated inadequate overall after a comprehensive inspection in December 2018. They were issued with a warning notice to improve. We then carried out a focused inspection in April 2019, to check whether they had made the necessary improvements and had complied with the warning notice. We found that they had not fully complied with the warning notice, so we issued further enforcement action.

The practice then received a comprehensive inspection on 21 October 2019 where they were rated requires improvement overall. The practice was rated good for providing safe, effective and well-led services, requires improvement for caring and inadequate for responsive services. As a result, a requirement notice was issued for regulation 17 to ensure the practice made the necessary changes to establish good governance. The practice remained in special measures following their last inspection.

We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering how we carried out this inspection. We therefore undertook some of the inspection processes remotely and spent less time on site. We carried out an announced comprehensive inspection over three days, 3 November 2020, 11 November 2020 and 12 November 2020.

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.

## Previously we found:

- National GP patient satisfaction data, published July 2019, showed patient satisfaction was still low for aspects relating to care and access to care.
- The number of carers the practice had identified was low.
- The number of patients attending for cancer screening was low.

## At this inspection we rated this practice as inadequate overall.

We rated the practice as **good** for providing effective services:

- The practice demonstrated effective management for patients with long term conditions such as diabetes.
- The practice was able to demonstrate that it obtained consent to care and treatment in line with legislation and guidance.
- However improvements were required in relation to quality improvement through clinical audit.

We rated the population group 'working age people' as requires improvement for providing effective services:

- The practice was below the national target for the percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period. This was a trend over time.

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

- There were inconsistencies in the process of summarising patient records.
- There was an ineffective system to monitor patients being prescribed some high-risk medicines.
- We found one staff member did not have a Disclosure and Barring services check (DBS check) in place or a relevant risk assessment. Following the inspection, the practice obtained a copy of their previous DBS check.

# Overall summary

- The practice did not have oversight of staff vaccinations, immunity levels or professional registrations.
- The practice had not fully reviewed all environmental risk assessments to ensure staff and patients were kept safe from harm.

We rated the practice as **inadequate** for providing caring services:

- National GP patient survey data, published July 2020, remained lower than local and national averages. The practice had monitored their survey data published in July 2019 however were unaware of the recent survey data, published in July 2020.

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

- National GP patient survey data, published July 2020, remained lower than local and national averages.
- Complaints information was not available for patients.

This data also affected all the population groups in this key question, so they are also all rated as inadequate.

We rated the practice as **requires improvement** for providing well-led services:

- The practice did not have effective processes to review and monitor all areas of risk.

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

- 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

This service will remain in special measures. Services in special measures will be inspected again within six months. As this is a continued period of extended special measures we are considering our enforcement options. This may lead to cancelling their registration or to varying the terms of their 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 Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector, two other inspectors and a GP specialist advisor.

## 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 12,400 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 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 two 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 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 from 8am and until 8.40pm.
- 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 were not being met. The provider must send CQC a report that says what action they are 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><b>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</b></p> <p><b>In particular we found:</b></p> <ul style="list-style-type: none"><li>• The system to monitor staff training was ineffective.</li><li>• There was an ineffective system to monitor patients being prescribed high risk medicines in line with national guidance.</li><li>• The system to summarise patients' notes was ineffective.</li></ul> <p><b>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>