

# Aegis Medical Centre

## Inspection report

568 Whitmore Way  
Basildon  
SS14 2ER  
Tel: 01268532795

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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?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced comprehensive inspection and warning notice follow up inspection at Aegis Medical Centre on 25 July 2023. Overall, the practice is rated as Requires Improvement.

Safe - requires improvement

Effective - requires improvement

Caring - requires improvement

Responsive – requires improvement

Well-led - requires improvement

Following our previous inspection on 30 September 2022, the practice was rated inadequate overall. We rated safe, effective and well-led as inadequate and caring and responsive as requires improvement.

The practice was served a warning notice and placed in special measures.

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](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up on the warning notice served following the previous inspection ( the breach of regulation 17) , the rating of inadequate overall, the inadequate ratings for the key questions safe, effective and well-led and the requires improvement ratings for the key questions caring and responsive.

## How we carried out the inspection

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 and in person.
- 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 short site visit.

## 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.

At the previous inspection we found:

- 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 this.
- 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.

At this inspection we found:

- Most of the concerns from the previous inspection had been adequately addressed and there were effective systems to ensure: Staff immunisations and training were up to date, health and safety risk assessments were completed, infection prevention control audits were in place, and appropriate emergency medicines were stocked at the practice.
- The practice engaged with external stakeholders where additional support was required.
- The practice worked towards an action plan to improve the quality of the service although there were still some gaps.
- There was a positive working culture at the practice.

However, we also found some of the systems and processes to keep people safe were not effective.

- We found there were ineffective systems to ensure patients received adequate medicine reviews.
- There were ineffective medicine management systems and processes which ensured patients with acute Asthma were appropriately assessed or followed up.

# Overall summary

- Patients had not received effective medicines reviews following safety alerts.
- There were systems to discuss patients who were on end of life care and those who had a Do not attempt Cardiopulmonary Resuscitation (DNACPR) in place, however we found this required strengthening as the clinical records did not always reflect the discussions had.
- We were not assured the practice conducted all appropriate checks prior to recruiting locum staff.
- There was a lack of evidence to suggest all risk had been mitigated following the fire risk assessment.
- Policies did not always reflect the systems at the practice and were not always updated, we were not assured all staff had access to the same and most up to date policies.
- Leaders did not always demonstrate effective oversight of risk.
- There was a lack of oversight of tasks on the clinical system.
- Although the practice had some governance systems in place, these were not robust.

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.
- Continue to optimise the prescribing of antibacterial medicines in line with local and national guidelines.
- Continue to improve patient satisfaction scores in the National GP Patient Survey.
- Continue to clearly document pregnancy prevention plans for patients on teratogenic medicines.
- Develop a process to highlight the overuse of reliever inhalers in patients with Asthma.
- Continue to embed an effective complaints management system.

I am taking this service out of special measures. This recognises the improvements that have been 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.**

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Health Care

## Our inspection team

Our inspection team was led by a lead CQC inspector who undertook a site visit and spoke with staff using video conferencing facilities. The team included a GP specialist advisor and a second CQC inspector 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, 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 5000. 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 GP partners. The practice has a team of 2 nurses and 2 healthcare assistants. The GPs are supported at the practice by a team of reception and administration staff led by a practice service manager and practice manager. When the GP partners are away, the practice recruits locum GP's to provide additional support and cover for the clinical sessions.

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.

## 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	<b>How the regulation was not being met:</b>  There were no systems or processes that enabled 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
Treatment of disease, disorder or injury	<ul style="list-style-type: none"><li>• There was an ineffective system to ensure all patients received comprehensive medication reviews.</li><li>• There was an ineffective system to ensure that all patients with long term conditions were appropriately assessed and followed up.</li><li>• Not all risk had been mitigated following the fire risk assessment.</li><li>• Locum recruitment checks were not fully completed.</li><li>• All policies were not specific to the the practice or updated.</li><li>• Clinical records were not always updated following multidisciplinary meetings to reflect discussions and actions taken.</li><li>• There was a lack of oversight of tasks on the clinical system which meant we were not assured these were handled effectively.</li><li>• Patients had not been reviewed effectively following safety alerts.</li><li>• There was a lack of robust governance frameworks and processes to ensure effective oversight of risk.</li></ul> This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.