

Eastern Avenue Medical Centre

Inspection report

167 Eastern Avenue
Ilford
Essex
IG4 5AW
Tel: 0208 550 4532

Date of inspection visit: 09/11/2018
Date of publication: 26/11/2018

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.

Overall summary

We previously carried out an announced comprehensive inspection of Eastern Avenue Medical Centre on 26 June 2018 and found that the practice was in breach of Regulation 12: 'Safe care and treatment' of the Health and Social Care Act 2008. In line with the Care Quality Commission's (CQC) enforcement processes, we issued a warning notice which required Eastern Avenue Medical Centre to comply with the Regulations by 11 August 2018.

The full report of the 26 June 2018 inspection can be found by selecting the 'all reports' link for Eastern Avenue Medical Centre on our website at www.cqc.org.uk.

We carried out this announced focused inspection on 9 November 2018 to check whether the practice had addressed the issues in the warning notice and now met the legal requirements. This report covers our findings in relation to those requirements and will not change the current ratings held by the practice.

At the inspection on 9 November 2018 we found that the requirements of the warning notice had been met, except for one area relating to the administration of medicines.

Our key findings were as follows:

- Risk assessments had been completed and effective safety systems were in place in relation to fire, health and safety, legionella and infection control.

- The practice had purchased a defibrillator, although the checks of the equipment had not been documented.
- Patient Specific Directions (PSDs) were in place for the healthcare assistant (HCA), however the GP was signing these as the authorising prescriber after the medicines had been administered to patients, rather than before.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients.

You can see full details of the regulations not being met at the end of this report.

We also identified an area of practice where the provider should make improvements:

- Review the system for ensuring checks of the defibrillator are completed on a regular basis and recorded.

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

Please refer to the detailed report and evidence table for further information.

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector, who was accompanied by a second CQC inspector.

Background to Eastern Avenue Medical Centre

Eastern Avenue Medical Centre is based at 167 Eastern Avenue, Ilford, Redbridge IG4 5AW and provides GP services under a Personal Medical Services contract. This is a contract between the GP practice and NHS England to deliver local services.

The practice is registered with the CQC to carry out the regulated activities of: diagnostic and screening procedures; maternity and midwifery services; and treatment of disease, disorder or injury.

The practice is located in a converted semi-detached house that has limited parking available directly in front of the building. There is step-free access from the street to all waiting areas and clinical rooms.

Eastern Avenue Medical Centre is commissioned by Redbridge Clinical Commissioning Group (CCG) and has a practice list of 7191 registered patients. The practice is in the third least deprived group out of 10 on the national deprivation scale.

The practice staff includes one male lead GP, one male salaried GP and one female locum GP collectively working 21 weekly sessions. The nursing team consists of two locum practice nurses and a permanent full-time practice nurse. The clinical team is supported by a full-time practice manager, a healthcare assistant (HCA)/reception manager and a team of administrative/reception staff.

The practice's opening times are from 9am to 6:30pm Monday to Friday, except Thursday when the practice opens from 9am to 1.30pm. Extended hours are offered between 6.30pm to 8pm on Monday, Tuesday, Wednesday and Friday.

The out of hours service is provided by the NHS 111 service and patients can also access appointments with the GP out of hours hub services should they have difficulty obtaining appointments with their own GP practice.

Are services safe?

At our previous inspection on 26 June 2018, we rated the practice as inadequate for providing safe services because: systems to manage risk including fire, health and safety, legionella and infection control were not effective; Patient Specific Directions (PSDs) were not in place for the healthcare assistant (HCA); and the practice did not have a defibrillator and had not risk assessed the necessity of keeping one on the premises.

The practice had made improvements to comply with the Regulations when we undertook the focused inspection on 9 November 2018, although there was still one area in breach of regulations in relation to the administration of medicines.

Safety systems and processes

- There was an effective system to manage infection prevention and control. An infection control audit was carried out by the local infection prevention and control Primary Care lead in July 2018, and all actions identified had been completed in line with the timescales.
- A fire risk assessment had been carried out in July 2018 and all actions identified has been completed. We saw evidence of regular fire alarm tests and fire evacuation drills. The padlocked gate which had been identified at the last inspection as a potential hazard for staff during a fire was unlocked first thing every morning by staff. All staff had completed fire safety training, with specific fire warden training having been completed by the two fire wardens for the practice.
- A health and safety risk assessment had been carried out in July 2018 and all actions identified had been completed.
- A legionella risk assessment had been carried out in July 2018 (legionella is a term for particular bacteria which

can contaminate water systems in buildings). Monthly water testing was identified as an action in the risk assessment and we saw evidence that this was being completed and documented.

Appropriate and safe use of medicines

- There were authorised Patient Specific Directions (PSDs) in place for the healthcare assistant to administer medicines (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). However, these were not being appropriately authorised prior to the administration of medicines. Staff explained that the day before the healthcare assistant is due to administer medicines to patients, the healthcare assistant meets with the lead GP to check the list of patients on the appointment system, with the GP verbally authorising the administration of medicine by the healthcare assistant to patients. Following administration, on the same day, the GP signs the Patient Specific Directions. The lead GP told us that, going forward, they will sign the PSDs as authorised prior to administration.
- The practice had a defibrillator and told us that monthly checks were completed to ensure it was in good working order, however these checks had not been documented. Following the inspection, the practice sent us a spreadsheet they had produced to log the defibrillator checks, which will take place on the same day as the monthly clinical meeting.

Please refer to the evidence table for further information.

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 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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There was unsafe management of medicines. In particular: The lead GP was not signing Patient Specific Directions (PSDs) before medicines were administered to patients by the healthcare assistant.