

Abbey Road Medical Practice

Inspection report


28A Abbey Road
London
E15 3LT
Tel: 02085342515
www.abbeyroadmedicalcentre.co.uk

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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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We decided to undertake an inspection of this service on 18 November 2019 following our annual review of the information available to us. This inspection looked at the following key questions; are services safe, effective, caring, responsive and well-led.

The practice was previously inspected in August 2016 and was rated as good overall. Our judgement of the quality of care at this service is based 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 good overall and good for all population groups.

We found that:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed generally promoted the delivery of high-quality, person-centre care. Some areas of governance and risk management needed reviewing which was underway.

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

- Most systems, practices and processes to keep people safe and safeguarded from abuse were in place, but some had gaps including health and safety and staff checks.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Review and embed arrangements to ensure improved performance for clinical cancer care indicators.
- Review and improve arrangements to ensure formalised clinical oversight for practice nurse prescribers and pharmacists.

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

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Abbey Road Medical Practice

Abbey Road Medical Practice is a GP practice situated within the London Borough of Newham and is in the administrative boundaries of NHS Newham Clinical Commissioning Group (CCG). The practice is located at 28a Abbey Road, Stratford, London, E15 3LT and provides general medical services to approximately 9,800 under a General Medical Services (GMS) contract.

The practice shares the building with a dental practice which operates on the first floor of the building. The nearest stations are Abbey Road and Stratford High Street on the DLR or Stratford International (Underground and South eastern Rail) and there is onsite parking including disabled bay parking. The building is purpose built and provides step free access, and automatic doors with wheelchair and general access to the entrance and reception and waiting areas.

The practice clinical team are two male partner GPs collectively providing 11 sessions, three male salaried GPs providing 18 sessions, three salaried female GPs providing eight sessions, two full time female GP Registrars providing 16 sessions, two female practice nurse prescribers providing eight sessions, two female healthcare assistants (one part-time and one full-time), and one part time practice pharmacist working one full day per week. The non-clinical team are a full time practice manager and a team of administrative and

reception staff working a range of full and part time hours, including care navigators. The practice is a training practice which supports the training of student doctors and nurses.

The opening hours are Monday, Tuesday and Wednesday 8am to 8pm, and Thursday and Friday from 8am to 6.30pm. Appointments are available from 8.30am to 12.30pm and 3pm to 6pm daily. Emergency appointments are available Monday to Friday on a first come first served basis between 8.30am and 9.30am by telephone or walk in. Extended hours appointments are available Monday to Wednesday evenings 6.30pm to 8pm. Saturday appointments are available at a nearby “buddy” practice. Out-of-hours services are communicated by calling the Newham GP Cooperative out of hours service on a dedicated telephone line when the practice is closed.

Calls to the surgery number are signposted to the out of hours service or by calling NHS Direct on 111. Information is provided on the practice telephone line and on the practice notice board.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, family planning, surgical procedures and maternity and midwifery services. The

practice provides a range of general medical services including chronic disease management and NHS health checks. The practice also provides health promotion

services including, cervical screening, childhood immunisations, contraception including IUD (coil) fitting and family planning and is a LARC Hub service to local practices.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Control of Substances Hazardous to Health (COSHH).• Fire safety.• Premises safety including boiler and fixed wiring.
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>There were no effective systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Arrangements to ensure effective systems for staff checks and oversight of staff training.• Arrangements to ensure effective systems for identifying and managing risks including health and safety.• Arrangements to allow the provider to assure itself it has sufficiently comprehensive, effective and sustainable systems and processes.