

Eastern Avenue Medical Centre

Inspection report

737a Cranbrook Road
Ilford
Essex
IG2 6RJ

Tel: 020 8500 4532

www.easternavenuemedicalcentre.co.uk

Date of inspection visit: 12 and 26 February 2020

Date of publication: 20/04/2020

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?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Eastern Avenue Medical Centre 27 February 2019 as part of our inspection programme. At this inspection, we rated the provider as requires improvement for the key questions of safe, effective and well-led, which lead to an overall rating of requires improvement.

At this time breaches of regulatory requirements under regulations 12 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 were identified and requirement notices issued to the provider. The reports for all the previous inspections for Eastern Avenue Medical Centre can be found by selecting the 'all reports' link for Eastern Avenue Medical Centre on our website at

This inspection was an announced full comprehensive inspection undertaken on 12 & 26 February 2020.

We based our judgement of the quality of care at this service is 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 **requires improvement** for effective, caring and responsive services because:

- Staff were not consistent in supporting local and national priorities such as tackling obesity or smoking cessation
- Limited quality improvement activity had been undertaken
- No internal patient satisfaction surveys had been conducted by the practice
- There was no evidence that low quality outcomes framework (QOF) scores in some clinical areas led to practice plans for improvement
- The practice did not have a clear fail-safe system for childhood vaccinations and cervical screening
- The practice could offer continuity of care and flexibility on when care could be accessed
- Evening appointments were available with the practice nurse twice a week

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

- Not all systems for medicines management were monitored correctly
- Staff did not always have the appropriate authorisation to allow the administration of medicines
- There were gaps in systems to monitor assess and manage risks
- Overall governance arrangements were not effective
- There was limited evidence of systems for continuous improvement and learning
- There was no evidence of clinical oversight and supervision

These areas affected all population groups, so we rated all population groups overall as **requires improvement**.

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

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

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 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.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

**Chief Inspector of Primary Medical Services and
Integrated Care**

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor, a practice manager specialist advisor and a second CQC inspector.

Background to Eastern Avenue Medical Centre

Eastern Avenue Medical Centre is based at 737a Cranbrook Road, Ilford, Essex, IG2 6RJ 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 in a shared two-storey portacabin that has parking available behind the building. There is step-free access from the street to the waiting areas and two 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 three GP partners (two male, one female – currently on maternity leave) and one locum GP collectively working 18 weekly sessions. The nursing team consists of one practice nurse who provides four sessions weekly. The practice also employs a clinical pharmacist who works two sessions per week. The clinical team is supported by a reception manager and a team of administrative/reception staff.

The practice's opening times are from 8am to 6:30pm Monday to 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.

This section is primarily information for the provider

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had systems or process in place that failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users, including no evidence of staff immunity, no record of fire marshals at the practice and no records of internal infection control risk assessments. Additionally, responsibility for who actioned safety alerts received was not clear, the practice nurse had administered medicines using incorrectly signed and authorised patient specific directions (PGDs) and prescriptions and vaccines were not held securely at the practice.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or process in place that did not enable the registered person to provide effective clinical oversight of clinical staff working at the practice and provide effective plans to cover a potential long-term vacant key personnel role, as well as short-term cover for staff on leave. There was limited evidence that policies and procedures were updated in a systematic way and reflected current practice. There was no evidence of all staff meetings and that staff views were sought when changes to the running of the practice were to be introduced. There were no arrangements for identifying, managing and mitigating potential or known risks to the practice or using information to improve performance at the practice. Quality improvement and clinical audits were not routinely conducted.</p>