

Eastern Avenue Medical Centre

Inspection report

167 Eastern Avenue
Ilford
IG4 5AW
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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?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection of Eastern Medical Centre on 9 and 10 November 2020. To review the improvements made following the practice's last inspection on 20 February 2020 where we rated the practice inadequate overall and placed the practice in special measures.

In light of the Covid-19 pandemic, CQC has looked at ways to fulfil our regulatory obligations, respond to risk and reduce the burden placed on practices by minimising the time spent on site in the service, during the pandemic, when compared to a traditional inspection. Therefore the inspection on the 9 and 10 November 2020, we based our judgement of the quality of care at this service on a combination of:

- What we found when we carried out a remote review of patient records on 9 November 2020 by a GP specialist adviser.
- A visit to the location on the 10 November 2020.
- Telephone/video conferencing interviews with the practice manager and the partner GPs.
- Staff questionnaires.
- Information requested from the provider, patients, the public and other organisations.
- Information from our ongoing monitoring of data about services.

At this inspection, we have rated the practice as **requires improvement** overall and as requires improvement for providing safe, effective, responsive and well-led services and good for providing a caring service. We have rated all of the population groups as requires improvement.

This was because: -

We have rated providing an safe service as requires improvement because we found that the practice had responded to the issues raised at the previous inspection regarding safeguarding, medicines management, recruitment, risks to patients, and the management of significant events and safety alerts, and had started to make some improvements in all areas. However, further work still was required to fully implement, embed and then review these systems.

We have rated providing an effective service as requires improvement because although we found the practice had made some improvements, such as in relation to training and systems to ensure patients had received appropriate care and treatment, these had not had time to embed and demonstrate results. In addition, further improvements were required to ensure that all patients' care and treatment was reviewed and updated regularly.

We have rated providing an responsive service as requires improvement because although we could evidence improvements in the practice's understanding of the needs of the different patient population groups, the accessible information standards, complaints handling and the response to the patient survey, the practice's planned actions in response to the patient survey had yet to be implemented.

We have rated providing an well-led service as requires improvement we found the provider had made improvements by reviewing or initiating new policies and systems. However, some of the policies or systems needed to be embedded to further ensure the quality of the service going forward and ensure any changes were sustained.

We have rated providing an caring service as requires good because they have completed an in-house satisfaction survey and have recently commenced an action plan to improve patients' experience.

The areas where the provider must make improvements are:

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

Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvements are:

- Ensure staff have the recommended vaccinations by Public Health England.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

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, a GP specialist advisor who reviewed the evidence remotely and a second inspector that visited the location.

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 approximately 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, and one female and one locum GP collectively working 22 weekly sessions. The nursing team consists of temporary practice nurse who provides three sessions weekly. The practice also employs a clinical pharmacist who works two sessions per week. The clinical team is supported by a practice and a reception manager and a team of administrative/reception staff.

The practice's opening times are from Monday, Tuesday and Friday 8am to 7:30pm and Wednesday and Thursday 8am to 7pm. Due to the pandemic, all appointments were telephone consultations with the GP. Patients could pre-book these appointments or call on the day. Any patient requiring a face to face appointment would only be offered this once the GP had telephone triaged the patient and if a video consultation would not suffice.

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. the appointment systems had changed due to the pandemic.

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 Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable 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">• The recently reviewed or implemented policies, procedures, systems, and governance structures required further improvement, review or time to embed to ensure the quality and safety of the services provided.• Examples were, the management of significant events, assurances clinical staff are fully trained for their role, ensuring patients access to the service, recording and improving engagement with staff.
Regulated activity	Regulation
Treatment of disease, disorder or injury Maternity and midwifery services Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was unsafe management of medicines. In particular:</p> <ul style="list-style-type: none">• The monitoring and review of patients repeat medicines.• The practice did not have a system to ensure the recalculation of Rivaroxaban when the patients circumstances changed.• The lack of a safety net when the patients failed to attend repeated appointments to enable the review of their medicines. <p>Assessments of the risks to the health and safety of patients receiving care or treatment were not always being carried out. In particular:</p>

This section is primarily information for the provider

Requirement notices

- The follow up of abnormal blood test results.
- The follow up of patients whose blood results identified a diagnosis of diabetes.
- Ensuring the uptake of cervical screening and childhood immunisations.