

# King Edwards Medical Centre

## Inspection report

1 King Edwards Road  
Barking  
IG11 7TB  
Tel: 02085942988  
[www.kingedwardsmedicalgroup.com](http://www.kingedwardsmedicalgroup.com)

Date of inspection visit: 15 to 29 November 2022  
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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?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Requires Improvement	
Are services well-led?		Good	

# Overall summary

We carried out an announced comprehensive inspection at King Edwards Medical Centre between 15 and 29 November 2022. Overall, the practice is rated as good.

Safe - good.

Effective – good.

Caring – good.

Responsive - requires improvement.

Well-led – good.

Following our previous inspection on 22 May 2017, the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for King Edwards 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 comprehensive inspection in line with our inspection priorities.

## How we carried out the inspection/review

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.
- 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.
- Information from the provider, patients, the public and other organisations.

We found that:

# Overall summary

- The practice had responded to the negative findings of the GP survey and patient's complaints over the previous 12 months regarding long waiting times on the telephone and lack of appointments. However, at the time of this inspection the responses had only recently been implemented or were waiting commencement. We were therefore unable to establish if changes had made or would improve patient satisfaction in these areas.
- The leadership were responsive and immediately responded to the findings during the inspection to improve outcomes for patients.
- The practice had systems, practices and processes to keep people safe and safeguarded from abuse, which included close links with the local schools.
- There were adequate systems to assess, monitor and manage risks to patient safety.
- Patients received effective care and treatment that met their needs. The practice considered the needs of the practice population group.
- The practice had implemented a diabetes diet program in June 2020. One hundred and twenty patients had taken part to improve their diet and for weight management over two years. The program considered patients cultural needs, signposted patients for advice and invited family members to attend alongside the patient and allows access to a health wellbeing coach. Patients had improved outcomes, for example, three patients were able to stop all medications completely.
- The practice was the COVID vaccination centre and primary care network lead for the area. It had carried out the vaccination programs for people who were homeless, people who lived in residential care, and for refugees who were staying in local hotels.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We found a breach of regulation. The provider **must**:

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

The provider **should**:

- Review and improve failsafe systems for and the uptake of cervical screening.
- Take steps to have evidence available of the training of locum and pharmacy working in the practice.
- Continue to formalise the supervision of clinical staff.
- Continue to ensure the effectiveness of the system to manage safety alerts.
- Continue to improve the system of annual review of patients with long-term health conditions.
- Continue to improve the effectiveness of the monitoring of high-risk medicines.

**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 Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to King Edwards Medical Centre

King Edwards Medical Centre is located at:

1 King Edwards Road

Barking

Essex

IG11 7TB

The practice has a branch surgery at:

Thames View Medical Centre

Bastable Avenue

Barking

Essex

IG11 OLG

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury. These are delivered from both sites.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the North East Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 19,429. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, the North West Primary Care Network

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two 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 20% Asian, 46% White, 27% Black, 5% Mixed, and 2% Other.

There is a team of ten permanent and regular locum GPs, two nurse practitioners and two practice nurses who provide cover at both practices. They are supported at the practice by a team of reception/administration staff. The general manager and deputy practice manager are based at the main location to provide managerial oversight.

The practices are open from 8am to 6.30pm Monday to Friday, except for King Edwards Medical centre which is open from 8am to 1.30pm on a Thursday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

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 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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <p>The practice had responded to the negative findings of the GP survey and complaints over the previous 12 months, regarding long waiting time on the telephone and lack of appointments. However, at the time of this inspection improvements had only recently been implemented or were waiting commencement. We were therefore unable to establish fully if these had made improvements.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>