

Abbey Medical Centre

Inspection report

1 Harpour Road
Barking
IG11 8RJ
Tel: 02080908106

Date of inspection visit: 4 to 14 October 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 focused inspection at between the 4, 7 and 14 October 2022 at Abbey Medical Centre. Overall, the practice is rated as good.

Safe -good.

Effective – good.

Caring – good.

Responsive - requires improvement

Well-led -. good

At our previous inspection on 10 December 2018, 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 Abbey Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities. The inspection included a review of safe, effective, caring, responsive and well-led.

How we carried out the inspection

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 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 medication and prescription errors, long waiting times on the telephone, lack of appointments, and staff attitude. 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.
- Staff were aware of the clinical staff's scope of practice but did not have a reference tool to provide a consistent approach.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients' needs were assessed, and care and treatment were delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- The practice involved the public, staff and external partners to sustain high quality and sustainable care.

The practice always obtained consent to care and treatment in line with legislation and guidance.

There were evidence of systems and processes for learning, continuous improvement and innovation.

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**:

- Improve the oversight of role specific training.
- Clarify and formalise arrangements to ensure clarity for staff when allocating appointments to the most appropriate clinician.
- Improve the scope of practice records for advanced nurse practitioners.

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 and included a GP specialist adviser and a second inspector. The inspection team spoke with staff using video conferencing facilities and undertook a site visit. The GP specialist also completed clinical searches and records reviews.

Background to Abbey Medical Centre

Abbey Medical Centre is located in the London Borough of Barking and Dagenham in East London and is located at:

1 Harpour Road

Barking

Essex

IG11 8RJ

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning and treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the North East London (Integrated Care System (ICS) and to a patient population of about 7,396. The Practice delivers a (Personal Medical Services (PMS) contract. This is part of a contract held with NHS England.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three out 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 40% Asian, 34% White, 18% Black, 4% Mixed, and 3% Other.

The practice had a team of GPs, trainee GP respirators, advanced nurse practitioners. The clinicians are supported at the practice by the practice manager and assistant practice manager and a team of reception and administration staff.

The practice is open between 8am to 8pm Monday and Wednesday and 9am to 6.30pm on a Monday, Tuesday and Friday. 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that 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> <ul style="list-style-type: none">• The practice had responded to the negative findings of the GP survey and complaints over the previous 12 months, in regard to medication and prescription errors, long waiting time on the telephone, lack of appointments and staff attitude. However, at the time of this inspection the responses had only recently been implemented or were waiting commencement. We were therefore unable to establish fully if these had made improvements.