

Dr. D. Colvin & Dr. O. B. Isinkaye

Inspection report

The Surgery
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Date of inspection visit: 23 September 2019
Date of publication: 05/11/2019

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 effective?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We carried out an inspection of Dr. D. Colvin & Dr. O. B. Isinkaye known as Abridge Surgery on 23 September 2019 due to the length of time since the last inspection. We previously inspected this practice on 21 April 2015. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions:

- Are services at this location effective?
- Are services at this location well-led?

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

We have rated this practice as requires improvement overall and requires improvement for all population groups.

We have rated this practice as **requires improvement** for providing effective services because:

- Not all staff had received required training or an appraisal of their performance.
- Cervical screening uptake was below national targets.
- Changes in clinical guidance was not being cascaded to relevant staff.
- Patients who were pre-diabetic were not being managed effectively.

We have rated this practice as **requires improvement** for providing well-led services because:

- Leaders did not always have a clear picture of performance.
- Systems of review and audit had not been effectively implemented.
- The system for managing patient safety and medicine alerts was not effective.
- The system for managing reviews of patients on high risk medicines was not effective

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

- 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:

- Record when change to clinical guidance is discussed at clinical meetings and evidence that this is routinely considered.
- Review the list of pre-diabetic patients to ensure that this accurately reflects the current position.

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	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 inspector and included a GP specialist advisor.

Background to Dr. D. Colvin & Dr. O. B. Isinkaye

Abridge Surgery is located in the village of Abridge, Essex. The practice boundary includes Abridge, Stapleford Abbots, Lambourne End and Stapleford Tawney. The practice provides services to approximately 3950 patients living in the area.

The practice is a partnership between two male GPs. They employ three regular locum GPs, all female, to cover GPs leave and Friday surgeries. The practice has two part-time practice nurses.

Data from Public Health England shows that the local area is not deprived, being on the fourth least deprived decile. The ethnicity of the practice population is 94% white, with a minority of patients being of mixed race, Asian, black or other race.

The practice previously received a focused inspection in April 2015, when Safe was re-rated as Good. Prior to this, the practice received a comprehensive inspection on 21 October 2014, where the practice was rated as Good overall.

The inspection undertaken on 23 September 2019 was carried out due to the length of time since the practice was previously inspected.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes had not been established and operated effectively to assess, monitor and mitigate risks relating to health, safety and welfare of patients because there were not effective systems to identify:</p> <ul style="list-style-type: none">• patients who may be subject to patient safety alerts;• patients prescribed high-risk medicines who may require additional monitoring;• staff who required training or appraisal;• current performance including low cervical screening data. <p>Regulation 17 (1) (2)</p>