

Barking Medical Group Practice

Inspection report

130 Upney Lane
Barking
IG11 9LT
Tel: 02084774314
www.barkingmedicalgroup.co.uk

Date of inspection visit: Clinical record review 11
March 2022, site visit 9 March 2022, remote
interviews 7 & 8 March 2022
Date of publication: 12/04/2022

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?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Barking Medical Group Practice. A remote clinical records review was undertaken on 11 March 2022, a site visit was completed on 9 March 2022 and interviews with staff were held remotely on 7 & 8 March 2022. Overall, the practice is rated as Requires Improvement.

Safe – Inadequate

Effective - Requires Improvement

Caring – Requires Improvement

Responsive - Requires Improvement

Well-led - Requires Improvement

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Barking Medical Group Practice on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection as part of our risk based approach to reviewing and inspecting services.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which aimed to enable us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing.
- Requesting staff feedback using surveys.
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider.
- 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 and
- information from the provider, patients, the public and other organisations.

Overall summary

We have rated this practice as Requires Improvement overall.

We found:

- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse as staff had not received appropriate level of training and criminal background and other recruitment checks were not completed at the time of appointment for all staff.
- Immunisation status was not checked for all staff in respect of common communicable diseases.
- Risks associated with fire, legionella and substances hazardous to health had not been adequately assessed or mitigated.
- Electronic and clinical equipment had not been calibrated or appropriately checked to ensure it was safe to use since 2020.
- Appropriate training including basic life support training had not been completed by all staff in line with current guidelines and appraisals for staff lacked detail.
- The provider had expired medicines in their supply of emergency medicines and some of the recommended medicines were not present and their absence had not been risk assessed. Some patients taking one class of medicines were not being regularly reviewed and we did not have confidence the practice was taking timely action in response to medicines safety alerts.
- Reviews of clinical records indicated that systems to identify those at risk of developing long term conditions and preventing the over prescribing of inhalers were not effective.
- The practice had not met targets for cervical screening and childhood immunisation, though the practice outlined action taken to increase uptake after the pandemic.
- Some patient feedback about care and treatment and access was negative or below average; particularly in respect of access to appointments and the practice telephone system. However, the practice had taken steps to try and improve access.
- Governance systems and processes needed to improve particularly in respect of areas related to risk management and patient safety.

However, we also found that:

- The practice demonstrated a commitment to learning and improvement through its training of medical students and quality improvement activities.
- Complaints were acted upon and feedback had been sought from patients and used to make improvements.
- The practice was aware of challenges to delivering a good quality service and had plans in place to address health inequalities and conditions that were more prominent among their population. Action had been taken where concerns had been raised and staff had been proactive in supporting their most vulnerable patients during the pandemic.
- Staff reported feeling well supported.

We found breaches of regulations. The provider must:

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

The provider **should**:

- Continue to work to improve the uptake of screening and immunisations.

Overall summary

- Take action on the basis of survey feedback generated to improve satisfaction with care and treatment provided by clinical and non-clinical staff and undertake more patient engagement.
- Review systems related to the reporting and management of significant events with a view to making improvements.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and a second CQC inspector who 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 Barking Medical Group Practice

Barking Medical Group Practice is located in Barking London:

130 Upney Lane

Barking

Essex

IG11 9LT

The provider also has a branch location:

Orchard Surgery

Gascoigne

Barking

Essex

IG11 7RS

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

The practice is situated within the NHS North East London CCG and delivers Personal Medical Services (PMS) to a patient population of about 11,500 patients. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices who work collaboratively.

Information published by Public Health England report deprivation within the practice population group as four out of 10. The lower the number the higher rate of deprivation.

The practice has a lower proportion of patients with most long-term health conditions compared to other practice's nationally with the exception of diabetes which is higher.

The practice has an ethnically diverse population with 16% of the population being black, 41% white, 35% Asian and the rest of the practice population being from other ethnic backgrounds.

There is a team of five GPs, a locum advanced nurse practitioner, two clinical pharmacists and two GP registrars. Together they provided 40 clinical sessions. The practice has a team of two nurses and two healthcare assistants as well support from staff employed by the GP network including two care co-ordinators. The clinical staff at the practice are supported by a team of reception/administration staff and a newly appointed practice manager.

Extended access is provided locally by GP hub, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes related to: <ul style="list-style-type: none">• Safeguarding• Recruitment and training• Risk management• The management of medicines including safety alerts• Patient access Did not operate effectively. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.