

East Croydon Medical Centre

Inspection report

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Croydon
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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?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at East Croydon Medical Centre on 06 November 2019 to follow up on the breaches of regulations identified in the last inspection (September 2018).

At the last inspection in September 2018 we rated the practice as requires improvement overall with requires improvement in effective and well-led because:

- The provider had not considered some incidents as significant events.
- There was no system in place to monitor the implementation of medicines and safety alerts.
- Some of the staff had not received training relevant to their role.
- Some of the staff has not received appraisals on a regular basis.
- The outcomes for patients with long-term conditions including asthma and mental health were below average and clinical exception reporting for patients with long-term conditions were significantly above average.
- The provider failed to undertake health checks for patients with learning disability to improve outcomes for these patients.
- Some performance data was below the local and national averages and national targets.

At this inspection, we found that the provider had addressed most of these areas; however, we identified some new issues.

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 the all population groups.

We found that:

- The systems and processes in place to keep patients safe required improvement. For example, the provider

did not have a robust system in place for the management of recruitment checks and medicines. Staff had not completed safeguarding training relevant to their role.

- The provider did not have an effective system to ensure exception reporting for people with long-term conditions were appropriate. The uptake for cervical screening and childhood immunisations were below average.
- Staff dealt with patients with kindness and respect and patients we spoke to indicated that they were involved in decisions about their care.
- The practice organised and delivered services to meet patients' needs. However, some of the patients we spoke to indicated it was difficult to get appointments. Some of the national GP patient survey indicators were below average.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care; however, governance systems in place required improvement.

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

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

(Please see the specific details on action required at the end of this report).

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

- Review procedures in place for appropriate coding of medicines reviews.
- Consider ways to improve uptake for childhood immunisations and cervical screening.
- Review procedures to improve organisation of recruitment and training records to enable monitoring.
- Review service procedures to improve low scoring areas in the national GP patient survey to improve patient satisfaction.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

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 lead inspector. The team included a second CQC inspector and a GP specialist advisor.

Background to East Croydon Medical Centre

East Croydon Medical Centre provides primary medical services from 59 Addiscombe Road, Croydon CR0 6SD to approximately 20,200 patients and is one of 48 practices in Croydon Clinical Commissioning Group (CCG). The practice website can be accessed through

The provider has branch practice (Edridge Road Community Health Centre) which operates in Impact House 2 Edridge Road, Croydon CR0 1FE and provides primary medical services to approximately 6500 patients. The branch practice website can be accessed through

The practice took over around 2500 patients from a local GP practice which ceased to operate in December 2017 and took over another GP practice in April 2019 with approximately 5,800 patients.

The practice hosts the GP Hub Central Croydon, which is one of the three GP hubs in Croydon operated by another provider; the hubs provide GP led, pre-booked and walk in service for patients with minor injuries.

The practice is a training practice for trainee GPs and medical students.

The clinical team at the practice is made up of four GP Partners (three male and one female), 12 salaried GPs (10 female and two male), seven female practice nurses and

two female healthcare assistants. The non-clinical team at the practice is made up of a practice manager, practice support manager, operations manager and 25 administrative and reception staff members.

East Croydon Medical Centre: The practice population is in the fifth less deprived decile in England. The practice population has a lower than the CCG and national average representation of income deprived children and older people. The practice population of children is below the CCG and national averages and the practice population of working age people is above the CCG average and national averages. The practice population of older people is below the CCG and national averages.

Edridge Road Community Health Centre: The practice population is in the third most deprived decile in England. The practice population has a higher than the CCG and national average representation of income deprived children and older people. The practice population of children is above the CCG and national averages and the practice population of working age people is significantly above the CCG average and national averages. The practice population of older people is significantly below the CCG and national averages.

The practice is registered as an organisation with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that care and treatment is provided in a safe way.</p> <p>The provider did not ensure staff complete safeguarding training relevant to their role.</p> <p>The provider did not ensure recruitment checks were carried out in accordance with regulations.</p> <p>The provider did not ensure all the recommendations from the infection prevention and control were addressed.</p> <p>The provider did not ensure there was a clear system in place to monitor patients on high-risk medicines.</p> <p>The provider did not ensure refrigerator temperatures that stored vaccines were regularly recorded.</p>
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>The provider had not ensured that effective systems and processes are in place to ensure good governance in accordance to fundamental standards of care.</p> <p>The provider did not ensure staff undertook the training appropriate to their role.</p> <p>The provider did not ensure exceptions for patients with long-term conditions are appropriately reported.</p> <p>The provider did not have a clear system in place for identification of significant events. They did not always record the review of actions undertaken.</p> <p>There was no evidence of improvements made in response to low GP patient survey results.</p>