

# New Cross Health Centre

## Inspection report

Suite 3 Waldron Health Centre  
Amersham Vale  
London  
SE14 6LD  
Tel: 02030492370

Date of inspection visit: 06 December 2023  
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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?

Good



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 comprehensive inspection at New Cross Health Centre on 6 December 2023. Overall, the practice is rated as requires improvement.

Safe - good

Effective – requires improvement

Caring – requires improvement

Responsive - requires improvement

Well-led – requires improvement

Following our previous inspection on 13 December 2016 the practice was rated good overall and for providing safe, effective, responsive, and well-led services. The practice was rated requires improvement for providing caring services.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for New Cross Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

# Overall summary

We found that:

- Cervical screening and child immunisations uptake were below the national target. However, there were robust recall systems and performance against these targets was continually reviewed and monitored.
- The practice performance for the patient experience indicators in the national GP survey was below the local and national average since 2019 and this had further declined in 2023 (except in one out of four indicators).
- Patients' needs were assessed, and care and treatment were mostly delivered in line with current legislation, standards and evidence-based guidance. Still, there was room for improvement.
- The provider had a programme of clinical and non-clinical audits to improve patient care. That said, it was unclear how the information was shared with clinical staff.
- The practice's performance for the access indicators in the national GP survey was below the local and national average. However, the practice's patient survey results showed improved patient experience.
- Staff had received appropriate training and there were effective health and safety risk assessments.
- Staff spoke positively about leaders and felt supported.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

Although the practice leaders showed us evidence of improvement plans following the concerns raised, ratings are based on evidence at the time of inspection.

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

- Ensure that care and treatment is provided in a safe way.

Whilst we found no breaches of regulations, the provider **should**:

- Continue with efforts to improve uptake for cervical cancer screening and child immunisations.
- Take action to inform relevant staff of the clinical audits that have been carried out at the practice.

**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 Health Care

## 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 and a CQC Regulatory Co-ordinator who spoke with staff on-site.

## Background to New Cross Health Centre

New Cross Health Centre is located in New Cross, south east London at:

Suite 3

Waldron Health Centre

Amersham Vale

London

SE14 6LD

New Cross Health Centre is a medium sized service based in Lewisham. It is part of the Hurley Group. The practice list size is approximately 10,210 patients. The practice population is very diverse 44.8% white, 7.9% mixed, 10.3% Asian, 31.2% black, 5.7% other non-white ethnic groups. The practice population is in the third most deprived decile in England.

The service operates from one site. The surgery is a purpose-built property over one floor, on the first floor. The building is fully accessible for patients with mobility issues; the service has automated doors with step free access. There are facilities for wheelchair users including a lift,

accessible toilets and a hearing loop. Other facilities include baby changing facilities. There are lowered reception desks to enable wheelchair users to speak with staff at the reception. The service has seven consulting rooms, and a large patient waiting/reception area.

The service clinical team is made up of two GP partners, an advanced nurse practitioner, practice nurse and nursing associate. The non-clinical team consists of a practice manager, supervisor, senior receptionist and ten administrative and reception staff members.

The service operates under a Primary Medical Services (PMS) contract. Appointments are available from 8.10am to 6.20pm Mondays to Fridays; the service offers 16 GP sessions per week. When the service is closed, patients can call NHS 111 in an emergency or a local out of hour's service.

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

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The safety alert system was not operating effectively. We found that four patients were informed of the risks of their medication on the same day, and two of those patients had not taken the drug for several months.
Maternity and midwifery services	We found one patient prescribed a high-risk drug had not received the required monitoring.
Treatment of disease, disorder or injury	The provider did not have a consistent approach to medication reviews. We found that eight patients had not had their medication reviewed within the required timeframe.
Surgical procedures	This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.