

Edridge Road Community Health Centre

Inspection report

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Date of inspection visit: Site visit 23 November 2022,
Records review 1 December 2022, Interviews 30
November – 23 December 2022
Date of publication: 08/02/2023

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?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Edridge Road Community Health Centre, with a site visit 23 November 2022, records review 1 December 2022 and interviews 30 November – 23 December 2022. Overall, the practice is rated as good.

Safe - requires improvement

Effective - good

Caring - good

Responsive - good

Well-led - good

Following our previous inspection in 2021, the practice was rated requires improvement overall and for providing safe services and being well-led but was rated as good for the other key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Edridge Road Community Health Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up breaches of regulation from a previous inspection.

We inspected all of the key questions.

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 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.

We found that:

Overall summary

- The provider had recently strengthened the operational management of the practice with new staff to support safety systems and processes. There were still weaknesses in some areas, but there were action plans in place to address these and we saw clear evidence of progress.
- Patients received effective care and treatment that met their needs.
- There was positive feedback from patients about how staff treated people. There was also some mixed and negative feedback, including from the national GP patient survey.

The practice had an action plan in place to improve patient satisfaction.

- At the time of the inspection it was challenging for the practice to deliver care in way that suited all patients because there were two GP services operating from Edridge Road Community Health Centre so there was limited space for face-to-face GP appointments. There was mixed feedback from patients about access. There was positive feedback, but also negative feedback, including from the national GP patient survey. The practice had an action plan in place to improve patient access and we saw evidence of actions taken to date and of active monitoring.
- There was a new management team. Some systems were quite newly-implemented or were being implemented during the inspection, and some weaknesses that had been identified were still being addressed, but action plans were in place and risks were being formally monitored.

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

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

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

- Continue with work to increase the number of patients identified as having caring responsibilities so that they can be offered support.
- Continue with work to improve uptake of childhood immunisations and cervical screening, and of learning disability annual reviews.

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 who spoke with staff using video conferencing facilities and undertook a site visit, with a second CQC inspector. 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 Edridge Road Community Health Centre

Edridge Road Community Health Centre is located in Croydon, South London. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is situated within the South West London Integrated Care System in Croydon and delivers Personal Medical Services (PMS) to a patient population of about 5232 patients. This is part of a contract held with NHS England.

The partnership that runs this practice also runs another practice, currently based within the same building. These practices are in a primary care network with a third, separate, practice.

Information published by Public Health England reports deprivation within the practice population group as 3 out of 10. The lower the number the higher rate of deprivation. Compared to the average practice in England the practice has more young people and working age people as patients and fewer older people. The practice has a lower proportion of patients with long-term health conditions compared an average practice in England. The practice has an ethnically diverse population with 20% of the population being black, 50% white, 18% Asian and the rest of the practice population being from other ethnic backgrounds.

Many of the staff work for both of the practices the partnership run. Together, the two practices have over 26,000 patients. Some staff are employed by the primary care network. There are three GP partners. The management team is the practice manager, the lead pharmacist, the lead nurse, an operations manager, an HR manager, a finance manager and a patient services manager. Across the two practices there is a team of 11 GPs (male and female). The practice also has two physician associates and a team of GPs who carry out remote consultations, employed through an agency. The nursing team for the two practices comprises six nurses and three health care assistants. There are four clinical pharmacists and two pharmacy technicians, supported by a prescription clerk. Patients were supported to access services by a team of 31 receptionists, administrators, care coordinators and social prescribers.

Extended access is provided locally by one of three GP hubs, 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 Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Systems to identify vulnerable patients on record were inconsistent• Recruitment check evidence was incomplete• Staff immunity records were incomplete• Evidence of actions to manage risks associated with the practice premises were incomplete. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>