

South Norwood Hill Medical Centre

Inspection report

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Date of inspection visit: Remote interviews 14 March
2022 and site visit 16 March 2022
Date of publication: 10/05/2022

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

Inadequate



Are services safe?

Requires Improvement



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection at South Norwood Hill Medical Centre.

Interviews were held remotely with staff on 14 March 2022 and a site visit was completed on 16 March 2022. Overall, the practice is rated as Inadequate.

Safe – Requires Improvement

Effective – Inadequate

Caring – Good

Responsive - Good

Well-led - Inadequate

The full reports for previous inspections can be found by selecting the 'all reports' link for South Norwood Hill Medical Centre 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 and to follow up concerns identified at our previous inspection completed on 15 July 2021. Our previous inspection was a focused inspection that looked at the safe, effective and well-led questions. At that inspection we rated the provider as requires improvement overall and in each question as:

- Safeguarding systems were not comprehensive
- The practice did not have all emergency medicines and defibrillator pads for children.
- There were gaps in recruitment records.
- Systems to manage medicines did not ensure appropriate monitoring or risk mitigation including in relation to infection control and fire safety.
- There was no quality improvement activity that resulted in improved care for patients.
- The practice had not met targets for childhood immunisation and cervical screening.
- Governance systems did not operate effectively; particularly in respect of risk management.
- The patient participation group was not active.

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.

Overall summary

- Requesting staff feedback using surveys.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit where we undertook clinical searches on the practice's patient records system and discussed our findings with the provider..

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 have rated this practice as Inadequate overall.

Our key findings were

- Some improvements had been made including in respect of safeguarding systems and processes, the monitoring of some high risk medicines and audits being completed that demonstrated quality improvement.
- Gaps in recruitment checks and one staff had not complete basic life support training.
- One significant event raised in a clinical meeting was not dealt with under the practice's significant event process.
- The practice's legionella risk assessment required action in a number of areas and there was not documented evidence that these actions had been completed.
- Childhood immunisations and cervical screening were still below target although the practice outlined actions undertaken to improve uptake.
- Reviews of patient records indicated that: medicines safety alerts were not actioned in a timely manner and patients on certain medicines that required regular monitoring were not having this completed.
- The systems for identifying and following up patients who had undiagnosed health conditions; specifically, chronic kidney disease and diabetes were not effective.
- Feedback from patients raised telephone access and access generally as a concern.
- Governance processes and systems related to risk management did not operate effectively.

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.
- Continue to work to address patient feedback related to access to appointments and interactions with reception staff.
- Improve the system to effectively identify, record and act upon significant events and complaints inline with the provider's policy and procedure

Overall summary

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

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 and a second CQC inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who attended the site visit, completed clinical searches and records reviews and discussed the findings with staff at the service.

Background to South Norwood Hill Medical Centre

South Norwood Hill Medical Centre provides primary medical services in 103 South Norwood Hill, London SE25 6BY to approximately 7000 registered patients and is one of the 49 practices in Croydon Local Area Team and part of the South West London Clinical Commissioning Group (CCG).

The clinical team at the surgery is made up of a full-time male lead GP partner, a full-time female managing partner, one full-time female salaried GP, one part-time male salaried GP providing 25 GP sessions. The practice also employs a female practice nurse and a female healthcare assistant.

The non-clinical practice team consists of a reception manager and administrative or reception staff members.

The practice population is in the fourth more deprived decile in England. The practice population of children is below the local and national averages and the practice population of working age people is above the local average and significantly above the national average. The practice population of older people is similar to the local and significantly below the national average.

The practice is registered as a partnership 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.