

Mitchley Avenue Surgery

Inspection report

116 Mitchley Avenue
South Croydon
CR2 9HH
Tel: 02086576565

Date of inspection visit: 27 May 2021
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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?

Inadequate



Are services effective?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced focused inspection at Mitchley Avenue Surgery on 27 May 2021 and a remote clinical review on 26 May 2021 to follow up on breaches of regulations. Overall, the practice was rated as requires improvement.

The practice was previously inspected on 11 September 2019. Following that inspection, the practice was rated as requires improvement overall (requires improvement in safe and well-led) for issues in relation to recruitment checks; safety systems and records; risk assessments for patients; medicines management; management of significant events; staff training and appraisals and governance arrangements.

The full reports for previous inspections can be found by selecting the 'all reports' link for Mitchley Avenue Surgery on our website at www.cqc.org.uk

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 enabled 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
- 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.

We rated the practice as **Inadequate** for providing safe services.

At this inspection, we found the provider had made some improvements in providing safe services. In particular, the provider had made improvements to their systems and process in relation to maintenance of equipment and checks, learning from significant events and complaints and maintenance of recruitment records for staff. However, we found new issues in relation to safeguarding, infection prevention and control and medicines management.

We rated the practice as **good** for providing effective services.

At this inspection, we found the provider had assessed patients' needs and that care and treatment was delivered in line with current legislation. However, the quality outcomes for patients with diabetes were below average.

Overall summary

We rated the practice as **requires improvement** for providing well-led services.

We found the provider had made improvements in providing well-led services in relation to good governance and had implemented systems and process in response to the findings of our previous inspection. However, governance arrangements in place still required improvement especially in relation to identifying, managing and mitigating risks.

We have rated this practice as requires improvement overall and requires improvement for population group people with long-term conditions.

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

- Ensure that care and treatment is provided in a safe way for patients.
- Establish effective systems and processes to ensure good governance in accordance with 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:

- Improve practice process for training of staff on identifying deteriorating or acutely unwell patients.
- Improve outcomes for patients with diabetes.

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

Population group ratings

Older people	Good	
People with long-term conditions	Requires Improvement	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

Background to Mitchley Avenue Surgery

Mitchley Avenue Surgery provides primary medical services in 116 Mitchley Avenue, South Croydon, Surrey CR2 9HH to approximately 4,200 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 one part-time male GP partner and two part-time salaried GPs (one male and one female) and a female practice nurse. The non-clinical practice team consists of a practice manager and six administrative or reception staff members.

The practice population is in the least deprived decile in England. The practice population of children is below the local average and in line with the national average and the practice population of older people is above the local and national averages.

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.

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	<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 for patients.</p> <p>The provider did not ensure they had clear systems, practices and processes in place to keep people safe and safeguarded from abuse.</p> <p>The provider did not ensure appropriate standards of cleanliness and hygiene were met.</p> <p>The provider had not ensured health and safety risk assessments had been reviewed and actions completed.</p> <p>The provider did not ensure they had appropriate systems in place for the safe management of medicines.</p> <p>The provider did not ensure they consistently acted on medicines and safety alerts.</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 risks in relation to safeguarding and medicines management and had not been identified by the provider's own governance systems.</p> <p>The provider did not ensure they could demonstrate improved outcomes for patients.</p>