

Shirley Medical Centre

Inspection report

370 Wickham Road
Shirley
Croydon
CR0 8BH
Tel: 02087772066

Date of inspection visit: 15 September 2021
Date of publication: 06/10/2021

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 well-led?

Good



Overall summary

We carried out an announced focused inspection at Shirley Medical Centre on 15 September 2021 and a remote clinical review on 14 September 2021 to follow up on breaches of regulations. Overall, the practice was rated as good.

The practice was previously inspected on 25 September 2020. Following the last inspection, requirement notices were issued in relation to summarising of patient notes, medicines management, medicines and safety alerts, coding of test results and coding of patients with long-term conditions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Shirley Medical centre 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 **Requires Improvement** 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 summarising of patient notes and coding of test results of patients. However, we found new issues in relation to safeguarding, safety systems and records and medicines management.

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

At this inspection we found the provider had made some improvements in providing effective services. However, outcomes for patients with long-term conditions were significantly below average, the provider had not demonstrated improved patient outcomes through quality improvement activities or clinical audits and uptake for childhood immunisations were below target.

Overall summary

We rated the practice as **Good** 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, the governance arrangements in place still required improvement especially in relation to identifying, managing and mitigating risks.

We have rated this practice as Good overall, requires improvement in safe 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.

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

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

- Improve recording of DNACPR decisions.
- Improve uptake for childhood immunisations and outcomes for patients with long-term conditions.
- Demonstrate improved outcomes for patients through clinical audits or other quality improvement activities.
- Improve patient engagement through Patient Participation Group meetings.

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 Shirley Medical Centre

Shirley Medical Centre provides primary medical services in 370 Wickham Road, Shirley, Croydon CR0 8BH to approximately 7600 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 two full-time male lead GP partners, one part-time female salaried GP and one part-time female long-term locum GP, a female practice nurse and a female healthcare assistant. The non-clinical practice team consists of two team leaders and 11 administrative or reception staff members.

The practice population is in the third least deprived decile in England. The practice population of children and working age people is below the local and national averages 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The provider had not ensured that care and treatment is provided in a safe way for patients. In particular:
Maternity and midwifery services	The provider did not ensure a fire risk assessment had been completed and actions following the fire service takeover visit and health and safety risk assessment had been completed.
Surgical procedures	The provider did not ensure test results were dealt with in a timely manner.
Treatment of disease, disorder or injury	The provider did not ensure they had appropriate systems in place for the safe management of medicines.
	The provider did not ensure they monitored the prescribing of controlled drugs.