

East Croydon Medical Centre

Quality Report

59 Addiscombe Road
Croydon, Surrey
CR0 6SD
Tel: 020 3657 4170
Website: www.eastcroydonmc.co.uk

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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 service

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of East Croydon Medical Centre on 8 June 2016. The overall rating for the practice was Good. However breaches of legal requirements were found relating to the Well Led domain. The provider failed to maintain systems and processes to assess, monitor and improve the quality and safety of the services provided. After the comprehensive inspection, the practice submitted an action plan, outlining what they would do to meet the legal requirements in relation to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The full comprehensive report can be found by selecting the 'all reports' link for East Croydon Medical Centre on our website at www.cqc.org.uk.

This inspection was a focused desk-based review carried out on 19 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 8 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Following the focussed inspection, we found the practice to be good for providing well led services.

Our key findings were as follows:

- The practice had effective governance arrangements in place; they had policies and procedures that met the requirements to manage risk. We saw evidence of new and updated policies regarding infection control, safeguarding children and adults, significant events, chaperone policy and a smartcard policy. We saw a comprehensive policy index spread sheet detailing all practice policies. We also saw a range of detailed practice minutes with action points and learning outcomes.
- The practice had an effective infection control policy in place. We saw evidence of monthly meeting minutes where infection control was discussed. We also saw a checklist the practice used on a daily/monthly basis to ensure infection control was addressed regularly.
- Since the initial inspection the practice had reviewed their accessibility to patients including those with mobility problems and those with young children. We saw, minutes confirming planning permission had been granted for a first floor extension which would incorporate a lift and a pram park. We saw architect plans for a lift extension which was commencing in April 2017. We saw photographs of a lowered reception counter, and new hand rails on the fire exit/disabled ramp.

Summary of findings

We also reviewed the areas we identified where the provider should make improvement:

- The practice confirmed they discussed their exception reporting rate; however, had no formal minutes.

Importantly, the provider should:

Ensure minutes are kept of discussions in relation to the level of exception reporting, which was higher than the national average.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services well-led?

The practice is rated as good for providing well led services.

The provider had systems and processes to assess, monitor and improve the quality and safety of the services provided.

Good



East Croydon Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a lead Care Quality Commission inspector.

Background to East Croydon Medical Centre

East Croydon Medical Centre is a large practice based in Croydon. The practice held a Personal Medical Services contract. The practice list size is approximately 14,019. The practice population is diverse, with a high number of patients from Asia, Turkey and Spain. Life expectancy for males in the practice is 80 years and for females 82 years. Both of these are in line with Croydon Clinical Commissioning Group (CCG) and national averages for life expectancy. The practice has a higher than average number of female patients aged between 0-4 and 25-39 years. The practice has a higher than average number of male patients aged 0-4 and 25-44 years. The practice has lower than average numbers of both male and female patients aged 10-24 years old.

The practice is set out over three levels. Facilities include 15 consultation and treatment rooms, two patient waiting areas, a patient self-help information area, patient toilets, a staff room, three staff offices, staff kitchen and a training room. The consultation rooms are on the ground and first floor. Patients with mobility problems are always accommodated on the ground floor. The premises are wheelchair accessible and there are facilities for wheelchair users including a disabled toilet. There is a hearing loop for patients with hearing impairments.

The practice is located in close proximity to East Croydon mainline station and also has good access links via a local tram.

The staff team comprises three male GP partners and one female partner. Two of the male partners worked eight sessions a week, one male partner worked six sessions a week and the female partner worked five sessions a week. There were four salaried GPs (two male and two female). Three of the salaried GP worked eight sessions per week (one female and two males). The other salaried partner worked six sessions a week (female). The practice was a training practice and had three registrars who worked eight sessions per week. Other staff included five practice nurses (all female), a health care assistant (female), eight receptionists, six administration staff, a secretary, a patient services manager (female) and practice manager (male).

The practice is open between 8.00am to 6.30pm Monday to Friday. They offer extended hours from 6.30pm to 8.00pm three Tuesdays in every month and 9.00am to 12.00pm one Saturday a month. Appointments are available to patients from 8.20am to 12.20pm in the mornings and from 4.00pm to 5.50pm in the afternoons, Monday to Fridays. Appointments are also available during the extended hours from 7.00pm to 7.40pm. When the practice is closed patients are directed (through a recorded message on the practice answer machine) to contact the local out of hour's service. Information relating to out of hour's services is also available on the practice website. This includes details of the local walk in service, pharmacy services and mental health services.

Why we carried out this inspection

We undertook a comprehensive inspection of East Croydon Medical Centre on 8 June 2016 under Section 60 of the

Detailed findings

Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and requires improvement in well led. The full comprehensive report following the inspection on 8 June 2016 can be found by selecting the 'all reports' link for East Croydon Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of East Croydon Medical Centre on 19 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of East Croydon Medical Centre on 19 April 2017. This involved reviewing evidence that:

- The practice had reviewed policies and procedures relating to Chaperone, Safeguarding, Significant event and Infection control.
- A comprehensive policy index spread sheet.
- Monthly meeting minutes detailing infection control discussions.
- Appraisal schedule detailing when staff had their appraisal.
- Architectural plans for a lift extension.
- Photographs of a lowered reception desk, and new hand rails on the fire exit/disabled ramp.
- Daily/monthly/quarterly checklist detailing infection control processes were being followed.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 8 June 2016, we rated the practice as requires improvement for providing well led services as they failed to maintain systems or processes to assess, monitor and improve the quality and safety of the services provided in the carrying out the regulated activity. For example; We found that the practice was not following procedures regarding infection control including sharps bins and the schedule for curtain cleaning and replacement. Some policies were not available to staff in written format such as the safeguarding and significant events policy. The chaperone policy did not state who the person chaperoning was or that they should stand on the inside of the curtain. Practice specific policies were not always implemented and were not available to all staff.

These arrangements had significantly improved when we undertook a follow up inspection on 19 April 2017. The practice is now rated as good for being well-led.

Governance arrangements

During the follow-up inspection the practice provided us with reviewed policies and procedures relating to chaperone, safeguarding, significant events and Infection control. We also saw a comprehensive policy index spreadsheet. Monthly meeting minutes detailing infection control discussions and an appraisal schedule detailing when staff had their appraisal.