

Crawley Road Medical Centre

Inspection report

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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	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Inadequate	
Are services caring?	Inadequate	
Are services responsive to people's needs?	Inadequate	
Are services well-led?	Inadequate	

Overall summary

We carried out an announced inspection at Crawley Road Medical Centre on 30 June 2022. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective - Inadequate

Caring – Inadequate

Responsive – Inadequate

Well-led – Inadequate

Following our previous inspection on 24 November 2016, the practice was rated requires improvement for safe and well-led services which resulted in an overall rating of requires improvement. A follow up inspection of the safe and well led key questions took place on 12 July 2017 where the practice was rated good overall.

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

Why we carried out this inspection

We carried out this inspection on 30 June 2022 in response to concerns raised directly with CQC. This related to safety systems and processes and governance of the practice. In response to these concerns, we carried out an announced site visit inspection on 30 June 2022, in conjunction with a remote clinical records review.

This report covers our findings in relation to both the review and inspection.

How we carried out the inspection/review

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 site visit

Our findings

Overall summary

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

We found that:

- The practice did not have adequate systems, practices and processes to keep people safe and safeguarded from abuse.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- Patients' needs were not assessed and care and treatment was not delivered in line with current legislation.
- The practice did not have a comprehensive programme of quality improvement activity.
- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- Staff did not always work effectively together and with other organisations to deliver effective care and treatment.
- Staff did not always treat patients with kindness, respect and compassion. Feedback from patients was negative about the way staff treated people.
- Services did not always meet patients' needs.
- People were not able to access care and treatment in a timely way.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The overall governance arrangements were inadequate.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

On 8 July 2022, Crawley Road Medical Centre was issued with an urgent notice to suspend their registration as a service provider in respect of regulated activities. This notice was served under Section 31 of the Health and Social Care Act 2008. This notice of urgent suspension of their registration was given because we believe that a person will or may be exposed to the risk of harm if we do not take this action. The provider is not to carry out any regulated activities at the location for a period of three months. We will inspect the practice again in three months to consider whether sufficient improvements have been made.

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. The team included a GP specialist advisor and a practice nurse specialist adviser. The GP specialist adviser spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Crawley Road Medical Centre

Crawley Road Medical Centre is located in Leyton, East London. It is part of the Waltham Forest Clinical Commissioning Group. Crawley Road Medical Practice holds a General Medical Service (GMS) contract with NHS England. The practice is a teaching practice. It is located within a residential area with good transport links.

We were unable to establish the correct list size due to different numbers provided by the practice that ranged between 9,700 and 11,232.

Information published by the UK Health Security Agency shows that deprivation within the practice population group is in the second lowest decile (four of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 42% White, 21% Black, 27% Asian, 5% Mixed, and 5% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females. There is a large population of working age adults registered with the practice.

The practice offers six consultation rooms and services provided by the practice include child health care, ante and post-natal care, immunisations sexual health and contraception advice and management of long-term conditions. The practice is registered with the Care Quality Commission to carry on the regulated activities of family planning, treatment of disease, disorder or injury and diagnostic and screening procedures.

The clinical team included two GP partners (one male and one female), five salaried GPs, one Advanced Care Practitioner (ACP), two primary care pharmacists, two practice nurses and one healthcare assistant. The non-clinical team included one full-time practice manager, two secretaries, one summariser/coder, two care coordinators and three reception staff. The practice is part of a wider network of GP practices called Fed Net.

The practice is open between 8.30am to 6.30pm Monday to Friday, with the exception of Thursday when the practice was closed from 12.30pm. The practice advises patients that it offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by an external hub, where late evening and weekend appointments are available.