

South Norwood Hill Medical Centre

Inspection report

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London
SE25 6BY
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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?

Requires Improvement



Are services effective?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced focused inspection at South Norwood Hill Medical Centre on 15 July 2021 and a remote clinical review on 13 July 2021 to follow up on breaches of regulations. Overall, the practice was rated as requires improvement.

The practice was previously inspected on 11 March 2020. Following the last inspection, the practice was rated as requires improvement overall (requires improvement in safe and effective) for issues in relation to recruitment records, medicines management; uptake for childhood immunisations and cervical screening; medicines reviews for patients with long-term conditions and learning disability health checks.

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

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 staff vaccination records. However, we found new issues in relation to safeguarding, recruitment records, safety systems and records and medicines management.

We rated the practice as **Requires Improvement** for providing effective services.

Overall summary

At this inspection we found the provider had made some improvements in providing effective services. In particular, carrying out medicines' reviews for patients. 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 and cervical screening were below target.

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, the 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, requires improvement in safe, effective and well-led and inadequate for population group people with long-term conditions and requires improvement for population groups families, children and young people and working age people.

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 discussion and learning from significant events.
- Improve recording of DNACPR decisions.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

| | | |
|---|----------------------|---|
| Older people | Good |  |
| People with long-term conditions | Inadequate |  |
| Families, children and young people | Requires Improvement |  |
| Working age people (including those recently retired and students) | Requires Improvement |  |
| 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 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 one part-time female managing partner, one full-time female salaried GP, one part-time male salaried GP, a female practice nurse and a female healthcare assistant. The non-clinical practice team consists of a reception manager and 13 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.

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. In particular:</p> <p>The provider did not ensure safeguarding policies did not contain all the relevant information for staff.</p> <p>The provider did not ensure recruitment records for staff were appropriately maintained.</p> <p>The provider did not ensure they recorded the details of fire drills for learning.</p> <p>The provider did not ensure a premises and health and safety risk assessment was undertaken.</p> <p>The provider did not ensure the flooring in the minor surgery room met infection prevention and control standards.</p> <p>The provider did not consider formal training for all staff on identifying patients who were deteriorating or acutely unwell.</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 were in place to ensure good governance in accordance to fundamental standards of care. In particular:</p> |

This section is primarily information for the provider

Requirement notices

The outcomes for patients with long-term conditions were significantly below average.

The provider did not ensure they always identified patients with commonly undiagnosed conditions. For example, diabetes.

The provider did not have effective systems in place to improve uptake of childhood immunisations and cervical screening.

The provider did not ensure they could demonstrate improved outcomes for patients through clinical audits or other quality improvement activities.

The provider did not ensure staff had access to a freedom to speak up guardian.

The provider did not ensure they had an active Patient Participation Group to improve patient engagement.