

# East Croydon Medical Centre

## Inspection report

59 Addiscombe Road  
Croydon  
CR0 6SD  
Tel: 02036574170  
[www.eastcroydonmc.co.uk](http://www.eastcroydonmc.co.uk)

Date of inspection visit: Clinical record review 12 October 2021, site visit 11 October 2021, staff interviews 27, 29 September and 13 October 2021  
Date of publication: 07/12/2021

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		Requires Improvement	
Are services safe?		Requires Improvement	
Are services effective?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Requires Improvement	

# Overall summary

We carried out an announced inspection at East Croydon Medical Centre. A remote clinical records review was undertaken on 12 October 2021, a short site visit was completed on 11 October 2021 and interviews with staff were held remotely on 27, 29 September and 13 October 2021. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective - Requires Improvement

Caring – Good

Responsive - Good

Well-led - Requires Improvement

Following our previous comprehensive rated inspection on 6 November 2019, the practice was rated Requires Improvement overall; requires improvement for safe, effective and responsive and well led and good for caring.

The full reports for previous inspections can be found by selecting the 'all reports' link for East Croydon Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on concerns identified at our last inspection. Specifically:

- There was not a robust system in place for the management of recruitment checks and medicines.
- Staff had not completed safeguarding training relevant to their role.
- The provider did not have an effective system to ensure exception reporting for people with long-term conditions were appropriate.
- The uptake for cervical screening and childhood immunisations were below average.
- Some of the patients we spoke to indicated it was difficult to get appointments.
- Some of the national GP patient survey indicators were below average.
- Governance systems required improvement.

## 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.
- Requesting staff feedback using surveys.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.

# Overall summary

- 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 have rated this practice as Requires Improvement overall and Requires Improvement for the following population groups; working age people, families children and young people and vulnerable people.**

We found:

- The vaccine cold chain had not been monitored in accordance with the practice's policy.
- Staff vaccination records were not completed in line with the practice's own policy.
- Expired equipment was found with the practice's emergency equipment.
- The practice was not undertaking the required monitoring for patients prescribed one medicine that required regular review. However we found that there were robust systems in place to ensure monitoring was completed for high risk medicines.
- Systems for medication management created a risk that patients on multiple medicines would not have reviews/ monitoring undertaken for each of the medicines they were prescribed.
- One staff member was not able to outline the guidelines in respect of obtaining consent and assessing the capacity of minors.
- Some risks identified with infection control had not been acted upon; though we found that the practice was trying to engage with the building manager to try and get these issues addressed.
- Complaint responses did not contain information about organisations that patients could escalate complaints to.
- There had been little engagement with patients in respect of below average national patient survey scores related to care and treatment and access; though the practice had made some efforts to improve patient satisfaction in these areas.
- Reviews for patients with learning disabilities did not contain sufficient detail to make them meaningful.
- There was not an effective system in place to identify patients who were prescribed a large number of asthma inhalers and take steps provide these patients with appropriate support.
- Rates of cervical screening were below target. However, this service was suspended during the early part of the pandemic and the practice had hired additional nursing staff and could refer patients to the local access hub where this service was available. Additionally, the practice told us they had an annual turnover of approximately 30% of their patients which impacted on the practice's ability to meet this and other targets.
- Some staff reported that members of the leadership team were not approachable.

However, we also found that:

- The practice had worked with the primary care network to provide both the first round of covid 19 vaccinations and booster jabs. The practice had reached out and offered support to those they had identified as having caring responsibilities.

# Overall summary

- There was an extensive programme of quality improvement activity.
- There was a system to manage significant events.

We found breaches of regulations. The provider **must**:

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

The provider **should**:

- Take action to improve approachability of leadership.
- Have staff refamiliarise themselves with requirements around capacity and consent.
- Review the patient list size with a view to increasing the number of patients identified as having caring responsibilities.
- Seek feedback from a broad range of practice patients.
- Include information about organisations the practice can escalate concerns to if their unhappy with the practice's complaint responses.
- Continue to engage with building managers to address issues related to infection control and legionella.
- Continue with work to improve uptake of childhood immunisations and cervical screening.

**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

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

## 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 who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to East Croydon Medical Centre

East Croydon Medical Centre is usually located in Croydon South London:

59 Addiscombe Road

Croydon

Surrey

CR0 6SD

However, due to renovation work the service is currently being delivered from another location:

East Croydon Medical Centre

Impact House

2 Edridge Road

Croydon

London

CR0 1FE

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the South West London Clinical Commissioning Group, in Croydon (CCG) and delivers Personal Medical Services (PMS) to a patient population of about 21,000 patients. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices including another practice operated by this provider and a third practice.

Information published by Public Health England report deprivation within the practice population group as six out of 10. The lower the number the higher rate of deprivation.

The practice has a lower proportion of patients with long-term health conditions compared to other practice's nationally.

The practice has an ethnically diverse population with 12% of the population being black, 54% white, 26% Asian and the rest of the practice population being from other ethnic backgrounds.

There is a team of five full time GPs; three male and two female. The practice has a team of two nurses, two pharmacists and two pharmacists from the local primary care network. The practice also employs a healthcare assistant, a paramedic and a physicians associate. The GPs are supported at the practice by a team of reception/administration staff and a practice and operations manager.

Extended access is provided locally by one of three GP hubs, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• Reviews for patients with learning disabilities did not contain sufficient detail to make them meaningful.</li><li>• There was not an effective system in place to identify patients who were prescribed a large number of asthma inhalers and take steps to appropriately support those patients.</li><li>• Systems for medication management created a risk that patients on multiple medicines would not have reviews/monitoring undertaken for each medicines they were prescribed.</li></ul> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

## Enforcement actions

### 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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• The vaccine cold chain had not been monitored in accordance with the practice's policy.</li><li>• Expired equipment was found with the practice's emergency equipment.</li><li>• The practice was not undertaking the required monitoring for patients prescribed one medicine that required regular review.</li><li>• Staff vaccination records were not completed in line with the practice's own policy.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>