

# Crawley Road Medical Centre

## Inspection report

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Date of inspection visit: 03 and 09 May 2023  
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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 caring?	Requires Improvement	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

# Overall summary

We carried out an announced comprehensive at Crawley Road Medical Centre on 3 and 9 May 2023. Overall, the practice is rated as requires improvement.

Safe - Requires improvement

Effective - Requires improvement

Caring - Requires improvement

Responsive - Requires improvement

Well-led - Requires improvement

Following our previous inspection on 30 June 2022, the practice was rated inadequate overall and for all key questions.

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](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection on 3 and 9 May to follow up breaches of regulation from our previous inspection in line with our inspection priorities.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A 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 found that:

# Overall summary

- The practice had established systems and processes that kept patients safe and protected them from avoidable harm.
- Patients received care and treatment that met their needs, however the delivery of care was not consistent.
- The practice had implemented a programme of clinical and quality improvement audits.
- Not all staff had the skills and knowledge to carry out their role effectively. This meant that current clinical guidance was not being adhered to.
- Services delivered at the practice had improved to meet patient needs, but there were still gaps in the delivery of services to meet needs.
- The practice did not have a system in place to manage and mitigate risk relating to the practice.
- A system and process to learn and improve from incidents that occurred at the practice required further embedding.
- Supervision of staff undertaking clinical duties was now taking place.
- Our clinical searches showed that asthma reviews were not always occurring annually.
- Patients access care and treatment in a timely way needed improving.
- The practice did not have a patient participation group (PPG).

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

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

Based on our overall findings in which we recognise the impact of improvements in governance, in delivery of care for patients at the practice, and the likely sustainability of these improvements due to changes in personnel and in the approach to the delivery of patient care, the practice is now rated requires improvement overall.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

**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 Health Care

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

Our site team included a practice nurse special advisor and two additional inspectors.

## 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. It is located within a residential area with good transport links.

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), three primary care pharmacists and one practice nurse and one healthcare assistant. The non-clinical team included one full-time practice manager, two secretaries, four summarisers, 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 8am 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.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered provider did not do all that was practicable to ensure that systems in place allowed safe care to be provided:-</p> <ul style="list-style-type: none"><li>• The provider did not ensure the monitoring of Severe Combined Immune Deficiency (SCID) for newborn babies was conducted prior to first Rotavirus vaccine being administered.</li><li>• The provider did not ensure the timely management of patients prescribed two or more courses of rescue steroids during a 12-month period.</li><li>• Staff were not able to identify when patient symptoms indicated a potential medical emergency.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered provider did not do all that was practicable to ensure that systems in place allowed good governance to be provided:-</p> <ul style="list-style-type: none"><li>• The provider did not ensure good record keeping in relation to staff files.</li><li>• The provider did not have adequate systems in place to address patient concern relating to gaining access to the practice by telephone.</li></ul>

This section is primarily information for the provider

## Requirement notices

- The provider had not established governance in relation to managing known and potential risk at the practice.
- There was no internal patient survey conducted following the 2022 National GP Patient Survey results or an established patient participation group at the practice.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.