

Mitchley Avenue Surgery

Inspection report

116 Mitchley Avenue
South Croydon
CR2 9HH
Tel: 020 8657 6565
No website for the practice.

Date of inspection visit: 11 Sep 2019
Date of publication: 12/11/2019

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?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Mitchley Avenue Surgery on 11 September 2019 following a change in registration of the provider.

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 good for all population groups.

We found that:

- The systems and processes in place to keep patients safe required improvement. For example: the practice did not have a robust system in place to manage significant events; had not considered the risks of not having medicines to deal with a range of emergencies they may see at the practice; had not considered all the risks to patients and did not have systems to ensure all health and safety checks were completed.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The system to manage complaints required improvement.
- The practice was involved in quality improvement activities; however, they did not demonstrate improved outcomes for patients.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

However, the practice had not established a Patient Participation Group to ensure there is a system to advise the practice on the patient perspective and providing insight into the responsiveness and quality of services.

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.

(Please see the specific details on action required at the end of this report).

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

- Review procedures in place to demonstrate improved outcomes for patients.
- Consider equality and diversity training for staff.
- Review procedures in place to appropriately code medicine reviews in the patient management system.
- Consider ways to improve uptake for cervical screening and learning disability health checks.
- Make complaints information readily available for patients.
- Review reception and administrative staffing levels in response to staff feedback.

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

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
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 second CQC inspector and a GP specialist advisor.

Background to Mitchley Avenue Surgery

Mitchley Avenue Surgery provides primary medical services in 116 Mitchley Avenue, South Croydon, Surrey CR2 9HH to approximately 4000 patients and is one of 48 practices in Croydon Clinical Commissioning Group (CCG). The practice has no website. The following is the link to the practice's NHS choices website

The clinical team at the surgery is made up of a full-time male GP partner and a part-time male salaried GP, and a part-time female practice nurse. The other GP partner provided management support to the practice and worked as a locum when required. The non-clinical practice team consists of a practice manager and five administrative or reception staff members.

The practice population is in the least deprived decile in England. The practice population of children is below the CCG (Clinical Commissioning Group) average and in line with the national average and the practice population of older people is above the CCG and national averages.

The provider was registered as an individual till August 2019 and registered as a partnership in September 2019 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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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.</p> <p>The provider did not ensure staff complete safeguarding training relevant to their role.</p> <p>The provider did not ensure they had appropriate systems in place for safe management of medicines.</p> <p>The provider did not ensure they risk assessed the need for emergency medicines and medical equipment.</p> <p>The provider did not have a system in place to monitor the use of paper prescriptions.</p> <p>The provider did not have a formal system in place for managing significant events.</p> <p>The provider did not ensure recruitment records for staff were appropriately maintained.</p> <p>The provider did not ensure portable appliance testing is undertaken.</p> <p>The provider did not ensure fire equipment is appropriately maintained, fire drills are undertaken and fire marshals are in place.</p> <p>The provider did not have a system in place to record the weekly checks for oxygen and defibrillator.</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 are in place to ensure good governance in accordance to fundamental standards of care.</p>

This section is primarily information for the provider

Requirement notices

The provider did not ensure risks in relation to emergency equipment, emergency medicines, prescription handling, missing staff training, missing staff recruitment checks, safety systems including maintenance of equipment had not been identified by the provider's own governance systems.

The provider did not ensure they could demonstrate improved outcomes for patients.

The provider did not ensure that a Patient Participation Group is established.

The provider did not ensure appraisals for staff are undertaken on a regular basis.

The provider did not ensure regular staff meetings are undertaken to share learning from significant events and complaints.