

Mitcham Family Practice

Inspection report

55 Mortimer Road

Mitcham

Surrey

CR4 3HS

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<https://www.mitchamfamilypractice.nhs.uk/your-surgery/>

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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?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Mitcham Family Practice on 21 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was good overall and requires improvement for providing a well-led service.

This inspection was an unannounced comprehensive inspection, following concerns raised with CQC, which we undertook on 5 June 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This report covers our findings in relation to those requirements.

The practice was rated as good for the safe key question, requires improvement for the effective, caring, and responsive key questions and inadequate for the well-led key question. This led to an overall rating of requires improvement. Breaches of legal requirements were found, and a requirement notices was issued in relation to patient safety and governance.

The reports of all the previous inspections can be found by selecting the 'all reports' link for Mitcham Family Practice on our website at .

We have rated this practice as requires improvement overall and requires improvement for all population groups due to significant issues affecting all these groups.

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 and the public.

We rated the practice as **inadequate** for providing well-led services because:

- There was insufficient assurance that the practice had adequate governance arrangements in place to sustain required improvements this was demonstrated by the fact there had been repeated breaches of regulation since the provider was first inspected in 2015.
- The practice had not established effective systems to monitor the quality of services provided and to mitigate risks to patients.

We rated the practice as **requires improvement** for providing effective services because:

- Cervical screening rates were below the CCG and national average.
- There was limited quality improvement activity other than that directed from the CCG.
- Lack of consideration for the potential treatment needs of mental health patients.
- Patients' treatment was put at risk due to lack of adherence to best practice guidance for diagnosing conditions.

We rated the practice as **requires improvement** for providing a caring service because:

- Data from the GP Patient survey showed that the practice was not in-line with local and national averages in indicators relating to patients' experience of the practice.
- The practice had identified less than 1% of their patients as being a carer.

We rated the practice as **good** for providing safe services because:

- All necessary recruitment checks including references had not been undertaken for staff.
- Staff who carried out chaperoning had received training and were aware of their responsibilities.
- There was evidence of lessons learned and improvements made when things went wrong.

We rated the practice as **good** for providing a responsive service because:

- Data from the national GP patient survey showed patients rated the practice in line with the CCG and nationally for all aspects of making an appointment at the practice.
- Complaints were managed appropriately and in a timely manner.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review processes in place for the identification of carers within the practice.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
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	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a CQC Lead Inspector accompanied by a GP Specialist Advisor.

Background to Mitcham Family Practice

Mitcham Family Practice provides primary medical services in Merton to approximately 3600 patients and is one of 24 practices in Merton Clinical Commissioning Group (CCG). The practice population is in the fifth least deprived decile in England.

The practice population has a lower than CCG average representation of income deprived children and older people. The practice population of children, older people and those of working age are in line with local and national averages. The practice area is comprised of predominantly white and White British at 45%, 26% Asian or Asian British and 21% Black African, Caribbean and Black British patients.

The practice operates from purpose-built premises in Mitcham. All patient facilities are on the ground floor and are wheelchair accessible. The practice has four doctor consultation rooms, one nurse consultation room and one treatment room which is used by a part-time counsellor. The practice team at the surgery is made up of two male GP partners (one full-time/one part-time), one part-time locum female GP completing two sessions per week on a Saturday and a part time female practice nurse. The practice team also consists of a practice manager, and four part time administrative and reception

staff members. The practice operates under a Personal Medical Services (PMS) contract and is signed up to several local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8am to 7pm Monday to Thursday, 8am to 6:30pm on Friday and 10am to 12pm on Saturday. Appointments are available between 9am and 11am every morning and 4.30pm and 6pm every afternoon. Extended hours surgeries are offered from 10am to 12.30pm on Saturday. The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am and directs patients to the out-of-hours provider for Merton CCG.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, maternity and midwifery services and treatment of disease, disorder or injury. The provider and location were previously registered with the Care Quality Commission as Graham Road Surgery.

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 Maternity and midwifery 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 person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>There was limited collaboration between partners on events that affected the practice, such as significant events and complaints.</p> <p>Clinical meetings, to improve efficiency and outcomes, had not occurred between the partners within the last 12 months.</p> <p>The practice was below the CCG and national average for the QOF clinical performance indicators: cervical screening and antibiotic prescribing.</p> <p>The 2018 GP Patient survey showed that the practice was below the CCG and national averages for the percentage of patients that felt involved in decisions about their care and treatment.</p> <p>This was in breach of regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>