

Mitcham Family Practice

Inspection report

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Mitcham
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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?

Requires improvement



Overall summary

We carried out this announced comprehensive inspection on 27 February 2020 following a previous comprehensive inspection on 5 June 2019, the practice had received a requirement notice due to a breach of regulation 17. At this inspection we found that action had been taken since our previous inspection. However, these steps had not completely addressed all the governance concerns previously noted. At this inspection, breaches of legal requirements were found, and a requirement notice was issued for breach of regulation 17 due to concerns with the governance of the practice.

We first inspected the practice on 4 November 2015, the practice was rated requires improvement overall and was issued requirement notices for breaches of regulations 12 and 17 due to not doing all that was reasonably practicable to mitigate risks to health and safety of service users as they did not have adequate systems in place for responding to emergencies, including mandatory training, equipment and required emergency medicines. We also found they did not have adequate systems and processes to improve the quality and safety of services. Governance systems to ensure that the outcomes of incidents, complaints and audits were acted on and monitored to drive improvements in the quality of the service were not effective.

An announced focused inspection was carried out on 21 June 2016 to follow up on the concerns raised at the November 2015 inspection. The practice was found to have made some improvements and was rated good overall and requires improvement for providing well-led services. The practice was not issued a requirement notice for a breach of regulation.

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 for the effective, caring and well-led key questions. The safe and responsive key questions were rated as good. The population group: families, children and young people was rated inadequate; and working age was

rated requires improvement. The population groups: older people, people with long-term conditions, people whose circumstances may make them vulnerable and people experiencing poor mental health were all rated good.

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

- The practice was below the CCG and national average for three of the five cancer indicators. The action taken to improve performance was not yet having sufficient impact.
- The practice had not met the minimum 90% uptake rate for the four child immunisation indicators.
- The practice was not assured that all GPs had completed their mandatory training. For example, basic life support, the Mental Capacity Act 2005 and information governance. role.

We rated the practice **requires improvement** for providing caring services 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 not taken action to investigate or address their performance.

We rated the practice **requires improvement** for providing well-led services because:

- The leadership culture did not always support the delivery of high-quality inclusive care.
- Risk issues were not always identified and dealt with promptly.
- Some staff did not feel their concerns relating to clinical staff would be addressed.

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

- Comprehensive risk assessments had been carried out for people who use services and risk management plans developed in line with national guidance.
- Staff who carried out chaperoning had received training and were aware of their responsibilities.
- The practice stocked all the required emergency medicines.

Overall summary

We rated the practice **good** for providing responsive services 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.
- Facilities and premises are appropriate for the services being delivered.

There were areas where the provider **must** make improvements:

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

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

- Put a plan in place to improve GP lateness and patient access to services.
- Implement an effective staff immunisation programme in line with current guidance.

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	Inadequate 
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 included a lead CQC inspector, a second CQC inspector and a GP specialist advisor.

Background to Mitcham Family Practice

Mitcham Family Practice provides primary medical services in Merton to approximately 3750 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 (both full-time), one part-time regular locum female GP completing two sessions, a new male salaried GP for two sessions per week, and a part time female practice nurse for three sessions per week.

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 Family planning services 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 practice had not met the minimum 90% uptake rate for the four child immunisation indicators and were below the minimum 80% uptake rate for three of the four indicators.</p> <p>The practice was below the CCG and national average for three of the five cancer indicators and had not demonstrated a sufficient strategy to address uptake.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>