

Bishopsford Road Medical Centre

Inspection report

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Date of inspection visit: Records review 6 June 2022,
Visit 9 June 2022
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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

Good 

Are services safe? Good 

Are services effective? Good 

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 visit to at Bishopsford Road Medical Centre on 9 June 2022. A records review was carried out on 6 June 2022. Overall, the practice is rated as Good.

Safe - Good

Effective - Good

Caring - Good

Responsive - Good

Well-led - Requires improvement

Following our previous inspection on 9 November 2017, the practice was rated Good overall and for all key questions. The full reports for previous inspections can be found by selecting the 'all reports' link for Bishopsford Road Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This was a comprehensive inspection, which reviewed all of the key questions.

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:

- Using a questionnaire to obtain staff feedback as well as conducting staff interviews.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- 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.
- Information from the provider, patients, the public and other organisations.

We have rated this practice as Good overall.

Overall summary

We have rated Well-led as Requires improvement, as governance of arrangements for managing risks were not consistently effective and some aspects of below average patient satisfaction had not been effectively assessed or monitored.

We found that:

- The practice provided clinical care in a way that kept patients safe and protected them from avoidable harm.
- Most safety risks were well-managed, but governance processes had not identified that some risks had not been effectively identified, assessed, and mitigated.
- Patients received effective care and treatment that met their needs.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. The practice had recently increased the amount of face-to-face appointments with doctors, in response to feedback. Phone access was not actively monitored, although there was some indication that patients found this difficult.
- The partners began leading the practice in April 2021. Most of the staff in post at the time of the inspection were appointed after October 2021. This means that national survey results were not useful evidence.
- There was limited information about that was available at the time of the inspection was mixed. The partners were aware of the concerns that had been raised and had taken some actions to improve. The most recent feedback was positive about the way staff treated people.

We found one breach of regulations. The provider **must**:

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

Please refer to the requirement notice section at the end of this report for more details.

In addition, the provider **should**:

- Take further steps to assess and improve patient perception of healthcare professionals.
- Continue to monitor and take action on areas of below average/below target performance in hypnotics prescribing, childhood immunisation 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

Our inspection team

Our inspection team was led by a CQC lead inspector who undertook a site visit, with a second inspector. 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 Bishopsford Road Medical Centre

Bishopsford Road Medical Centre is part of Sutton CCG and serves approximately 4649 patients.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Meningitis provision, Childhood Vaccination and Immunisation Scheme, Extended Hours Access, Facilitating Timely Diagnosis and Support for People with Dementia, Influenza and Pneumococcal Immunisations, Learning Disabilities, Rotavirus and Shingles Immunisation and Unplanned Admissions.

The practice is part of an organised group of GP practices in Sutton CCG that aim to work together to improve primary care delivery for patients in the local area.

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

Information published by Public Health England shows that deprivation within the practice population group is in the fourth 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 15% Asian, 71% White, 8% Black, 4% Mixed, and 1% Other.

Compared to the national average, there are slightly more young people registered at the practice, and slightly fewer older people. There are more male patients registered at the practice compared to females.

The prevalence of chronic medical conditions (including depression) is in line with or higher than local and national averages.

There is a team of 6 GPs (two of whom are long-term locums). The nursing team comprises: an Advanced Nurse Practitioner, a Practice Nurse and a Health Care Support Worker. There is also a Clinical Pharmacist who is able to prescribe medicines. The practice is supported by a managing partner, a practice manager and a team of reception/administration staff.

The practice is open between 8 am and 6.30 pm Monday to Friday. Appointments are available during these times. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Patients also have access to evening and weekend appointments at two other local surgeries. Practice staff can book appointments for patients on weekdays between 6.30pm and 8pm. On weekends appointments are available between 8am and 8pm, and patients can book these directly (by phone).

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 Treatment of disease, disorder or injury Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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: infection risks, risks related to prescription stationery and related to the competences required to undertake parts of learning disability annual review. Phone access was not being actively monitored, and there had not been an assessment of whether actions to try to improve the patient experience of booking an appointment had caused phone access to deteriorate.