

# The Mitcham Medical Centre

## Quality Report

81 Haslemere Avenue

Mitcham CR4 3PR

Tel: 0208 648 3234

Website: [www.mitchammedicalcentre.nhs.uk](http://www.mitchammedicalcentre.nhs.uk)

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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 service

Good



Are services safe?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the practice on 17 December 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of regulation 17(1) Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this desk-based focussed inspection on 31 August 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements and also where additional improvements

have been made following the initial inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Mitcham Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Overall the practice is rated as Good. Specifically, following the focussed inspection we found the practice to be good for providing safe services.

### Our key findings across all the areas we inspected were as follows:

Risks to patients were assessed and well-managed, including those related to recruitment checks and fire safety.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The practice is rated as good for providing safe services as improvements had been made.

- Risks to patients were assessed and well-managed, including those related to recruitment checks and fire safety.
- Lessons learned from incidents and complaints were shared with all relevant staff.
- All staff had received annual basic life support training.

**Good**



# The Mitcham Medical Centre

## Detailed findings

### Why we carried out this inspection

We undertook a desk-based focussed inspection of The Mitcham Medical Centre on 31 August 2016. This is because the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008. From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically a breach of regulation 17(1) Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified.

During the comprehensive inspection carried out on 17 December 2015 we found that the practice did not have adequate arrangements in place for recruitment checks and fire safety. The practice had not ensured up to date basic life support training for staff and the risks relating to the control of substances hazardous to health (COSHH) fire and Legionella were not assured (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

We also found that the recording of significant events was not robust and that lessons from significant events and complaints were not always shared with non-clinical staff. Complaints were not always acknowledged and responded to in line with contractual requirements and a clear record of the correspondence kept. We found that the practice had not undertaken health checks for many patients with a learning disability.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 17 December 2015 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe. We inspected the practice against all six of the population groups: older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe would affect the rating for all the population groups we inspected against.

# Are services safe?

## Our findings

During the comprehensive inspection carried out on 17 December 2015 we found that the practice did not have adequate arrangements in place for recruitment checks and fire safety. The practice had not ensured up to date basic life support training for staff and the risks relating to the control of substances hazardous to health (COSHH) fire and Legionella were not assured (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We also found that the recording of significant events was not robust and that lessons from significant events and complaints were not always shared with non-clinical staff.

### Safe track record and learning

The practice had a detailed significant event recording form and the recording of significant events were in line with guidelines. We saw that learning from significant events were shared with all relevant staff. We saw evidence that complaints and incidents were acknowledged and responded to in line with contractual requirements and a clear record of correspondence kept.

### Monitoring risks to patients

The practice had recently performed a fire risk assessment and had a system in place for annual fire safety checks.

The practice had assurances of risks associated with the control of substances hazardous to health (COSHH) and these were in line with guidelines. They had a COSHH policy in place and had recently completed a COSHH risk assessment which had identified actions; they had action plans in place and were working through the actions required.

The practice had completed a legionella risk assessment in January 2016 which had a number of recommendations; the practice had action plans in place to implement and monitor these recommendations and were working through the actions required.

### Arrangements to deal with emergencies and major incidents

All clinical and non-clinical staff had received annual basic life support training.