

Dr Scott & Partners (Cheam GP Centre)

Inspection report

Cheam GP Centre
322 Malden Road, North Cheam
Sutton
Surrey
SM3 8EP
Tel: 020 8644 0224
www.cheamgpcentre.co.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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Cheam GP Centre on 17 July 2019 as part of our inspection programme.

We decided to undertake an inspection of this service following the merger of the three practices in the Cheam GP Centre.

This location has previously been inspected under the three separate providers.

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 requires improvement for all population groups.

We found that:

- The systems and processes in place to keep patients safe required improvement.
- The practice did not have appropriate systems in place for the safe management of medicines.
- Significant events and complaints were not widely discussed to ensure learning is shared with all members of staff.
- Recruitment records for permanent and temporary staff were not appropriately maintained.
- Some of the staff had not completed training appropriate to their role. Following the inspection, the provider informed us they had booked training for these staff.
- The practice organised and delivered services to meet patients' needs; however, it required improvement. Patients reported they could not always access care and treatment in a timely way.

- In the 2019 National GP patient survey the provider had scored below average when compared to the local Clinical Commissioning Group and national average for questions related to telephone access and appointments.
- The practice routinely reviewed the effectiveness and appropriateness of the care provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- There was a focus on learning and improvement.

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 service procedures to improve low scoring areas in the national GP patient survey to improve patient satisfaction.
- Review reception and administrative staffing levels in response to staff feedback.
- Consider ways to identify carers to ensure their needs are known and can be met.
- Review service procedures to improve organisation of policies to enable easy access for staff.

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	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.
The team included a GP specialist advisor.

Background to Dr Scott & Partners

Cheam GP Centre provides primary medical services in 322 Malden Road, North Cheam, Surrey SM3 8EP to approximately 14,500 patients and is one of 21 practices in Sutton Clinical Commissioning Group (CCG). The practice could be accessed by the following link <http://www.cheamgpcentre.co.uk/>

In April 2019 the three providers in the Cheam GP Centre merged into one provider; however, they operate as three different teams.

The clinical team at the surgery is made up of six part-time GP partners (four male and three female), one female salaried GP, and two long-term locum GPs, one female practice nurse, two long-term locum female practice nurses and a female healthcare assistant. The non-clinical practice team consists of a practice manager and 11 administrative or reception staff members. A new practice manager joined the service in April 2019.

The practice is a teaching practice for medical students and GP trainees.

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

The practice is registered as a partnership 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 they had appropriate systems in place for the safe management of medicines.</p> <p>The provided did not ensure all incidents and significant events are recorded.</p> <p>The provider did not ensure significant events and complaints were widely discussed to ensure learning is shared with all members of staff.</p> <p>The provider did not ensure recruitment records for permanent and temporary staff were appropriately maintained.</p> <p>The provider did not always ensure that repeat prescriptions for patients taking high risk medicines were appropriately issued.</p> <p>The provider did not ensure they risk assessed the need for emergency medicines.</p> <p>The provider did not have a system in place to monitor the implementation of medicines and safety alerts.</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> <p>The provider had not ensured that staff completed training appropriate to their role.</p>

This section is primarily information for the provider

Requirement notices

The provider did not ensure that clinical templates are always used when performing reviews for patients with long-term conditions.

The provider had no system in place to monitor unplanned admissions.