

Bishopsford Road Medical Centre

Quality Report

191 Bishopsford Road Morden Sutton SM4 6BH

Tel: 020 8648 3187 Date of inspection visit: 9 November 2017

Website: www.bishopsfordroadmedicalcentre.nhs.ukDate of publication: 02/02/2018

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

Contents

Summary of this inspection	Page
Overall summary	2
The five questions we ask and what we found	4
Detailed findings from this inspection	
Our inspection team	5
Background to Bishopsford Road Medical Centre	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bishopsford Road Medical Centre on 4 April 2017. The overall rating for the practice was good, but with a rating of requires improvement for safety. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Bishopsford Road Medical Centre on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 9 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 4 April 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

• Risks to patients were assessed and well managed. The practice had improved arrangements for assessing and managing the risk of legionella and fire safety.

In response to recommendations we made in the report, the practice had also:

- Implemented a system of procedures for an administrator to follow to improve the uptake of childhood immunisations, by for example, sending invitations, adding alerts to the records of children who have missed immunisations. There was no recent published data on childhood immunisations to confirm if the actions taken had improved performance to in line with average.
- Improved the arrangements to identification of patients with caring responsibilities to be able to provide appropriate support and signposting.
 Fifty-eight patients (just over 1% of the practice list) were now on the practice carer's register (compared to 11 patients at the time of the last inspection).
- Added information about the availability of a translation service to the waiting room.
- Implemented a systematic approach to encourage patients to attend for breast screening and to following up patients who did not attend. There was no recent published data on breast screening to confirm if the actions taken had improved performance to in line with average.
- Improved the system to monitor training to ensure that staff had the training necessary to do their job.
- Reviewed a number of policies to ensure that they remained accurate, for example, with correct staff details.

Summary of findings

 Ensured that all patients received a copy of the complaints leaflet if they indicated to reception that they wished to complain, and with the initial acknowledgement letter. This leaflet included details of other agencies patients could contact if they were unhappy with the practice's response. These details were also on the practice website.

The provider should:

- Continue to monitor and take action to improve the uptake of childhood immunisations and breast screening.
- Include with all final responses to complaints, information about agencies patients can contact if dissatisfied with the practice response.
- Monitor actions taken to manage risks to patients to ensure they are implemented consistently.

Professor Steve Field CBE FRCP FFPH FRCGPChief 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.

• Risks to patients were assessed and well managed. The practice had improved arrangements for assessing and managing the risk of legionella and fire safety.

Good





Bishopsford Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector.

Background to Bishopsford Road Medical Centre

Bishopsford Road Medical Centre is part of Sutton CCG and serves approximately 4500 patients. The practice is registered with the CQC for the following regulated activities: Diagnostic And Screening Procedures, Treatment Of Disease, and Disorder Or Injury and Maternity And Midwifery Services.

The practice population is located in an area with higher numbers of people with long term conditions (60% compared with 53% nationally) and higher levels of unemployment (14% compared with 4% nationally).

The practice is run by two partners, one male and one female and a salaried female GP. There is one female practice nurse and a female healthcare assistant. The practice GPs worked the equivalent of 2.5 whole time equivalent GPs, the practice nurse work 28 hours per week and the healthcare assistant worked full time.

The practice is open between 8 am and 6.30 pm Monday to Friday. Appointments are available during these times.

Extended hours appointments are offered between 6.30pm and 8.30 pm alternate Tuesdays and Wednesdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for patients that needed them.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

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 Sutton GP federation which is 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.

Why we carried out this inspection

We undertook a comprehensive inspection of Bishopsford Road Medical Centre on 4 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was

Detailed findings

good, but with a rating of requires improvement for safety. The previous report can be found by selecting the 'all reports' link for Bishopsford Road Medical Centre on our website at www.cgc.org.uk.

We undertook a follow up desk-based focused inspection of Bishopsford Road Medical Centre on 9 November 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of Bishopsford Road Medical Centre on 9 November 2017. This involved reviewing evidence that:

- Relevant staff had now completed their required safeguarding children training.
- An ongoing clinical audit plan had been implemented.
- Policies and procedures had been updated.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.



Are services safe?

Our findings

At our previous inspection on 4 April 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of assessment and management of fire risks and legionella needed improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 9 November 2017. The practice is now rated as good for providing safe services.

Monitoring risks to patients

When we inspected in April 2017, we found that there was no up to date fire risk assessment, no planned fire drills, no regular checks of the fire alarm system and the fire policy and protocol contained some out of date information.

A Legionella risk assessment had recently been carried out but no action had yet been carried out to address the areas of risk identified.

For this inspection, we saw evidence that a fire risk assessment had taken place and that action had been taken to address the issues raised, for example improving emergency signage and lighting. A planned fire drill had recently been completed, and the record made included a review of the evacuation and some suggested improvements to procedures, which were being implemented. The fire alarm system had been serviced and the staff carried out weekly tests. The fire safety protocol had been updated.

Remedial work had been undertaken to address the risks raised in the earlier legionella risk assessment. We saw evidence that (following recommendations in the risk assessment) the practice were carrying out checks of water temperatures and other risk reduction tasks, although not necessarily weekly as the practice check list states.