

Mitcham Family Practice

Quality Report

55 Mortimer Road
Mitcham
Surrey
CR4 3HS

Tel: 020 8648 2432

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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



Are services well-led?

Requires improvement



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 4 November 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 breaches of regulation 12(1)(2)(a)(b)(c)(f) Safe care and treatment and regulation 17(1)(2)(a) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this announced focussed inspection on 21 June 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 Mitcham Family Practice on our website at 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 but they remained as requires improvement for well-led services. As the practice was now found to be providing good services for safety, this affected the ratings for the population groups we inspect against. Therefore, it was also good for providing services for older people; people with long-term conditions; families, children and young

people; working age people (including those recently retired and students) and people experiencing poor mental health (including people with dementia). The practice was previously rated as requires improvement for effective, caring, responsive and well-led services for people whose circumstances make them vulnerable. Although the practice is rated as good for safety, the rating for this population group remains as requires improvement.

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

- Risks to patients were assessed and well-managed, including those related to responding to emergencies.
- Systems had been established so that outcomes of complaints and audits were acted and monitored to drive improvements in quality of the service.

However there were areas of practice where the provider should make improvements:

- Continue to develop the practice's system to ensure adequate learning and development of the service from significant events.
- Review the practice's defibrillator risk assessment to ensure a full review of risks and control measures are included.
- Continue to carry out clinical audits and develop a clinical audit plan for the practice.
- Ensure issues with the partnership are resolved so they have the capacity to deliver all the improvements identified.

Summary of findings

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 responding to emergencies.

Good



Are services well-led?

The practice is rated as requires improvement for providing well-led services.

Some improvements had had been made, however there were on-going partnership issues which may affect the smooth running of the practice.

Requires improvement



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was now found to be providing good services for safe, however they were remain requires improvement for effective, caring, responsive and well-led services.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Mitcham Family Practice

Detailed findings

Why we carried out this inspection

We undertook an announced focussed inspection of Mitcham Family Practice on 21 June 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, breaches of Regulation 12(1)(2)(a)(b)(d)(f) Safe care and treatment and Regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified.

During the comprehensive inspection carried out on 4 November 2015, we found that the practice

did not have adequate systems in place to respond to medical emergencies as they had no defibrillator or risk assessment in place, they did not have a full range of recommended emergency medicines and not all staff had received training in basic life support. We found that

governance systems were not robust; there was limited evidence of following up actions from significant events, complaints and audits to ensure improvements in the quality of the service were made.

We also found the practice did not have effective governance systems in relation to a clinical audit plan. Poor communication and a dysfunctional relationship between the partners limited the effectiveness of governance meetings.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 4 November 2015 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and well-led. 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 and well-led would affect the rating for the population groups we inspected against.

Are services safe?

Our findings

Safe track record and learning

During the comprehensive inspection we found that the incident reporting forms did not contain a system for recording lessons learnt and actions taken as a result, however actions to be taken were discussed and recorded in meeting minutes. During the focussed inspection we found that incident reporting forms had not be adapted to ensure that lessons learnt and actions following incidents had been documented, however there was evidence that actions had been discussed in clinical meetings and recorded in meeting minutes.

Arrangements to deal with emergencies and major incidents

During the comprehensive inspection we found that the practice did not have adequate systems in place to respond to medical emergencies as they had no defibrillator or risk assessment in place, they did not have a full range of recommended emergency medicines and not all staff had received training in basic life support.

During the focussed inspection, the practice provided evidence that all staff had received updated basic life support training in the previous six months. The practice had undertaken a risk assessment in December 2015 to support their decision making process not to purchase a defibrillator. This had been repeated in line with their policy every six months and we were shown the most recent risk assessment from June 2016. Although the risk assessment had been undertaken, it did not include a full review of risks and control measures, for example, it did not include the ambulance service response time and location of the nearest defibrillator in the event of an emergency.

Emergency medicines management procedures were in place. The practice now stocked a full range of medicines that may be required in an emergency. These were noted to be in date and the practice had also implemented a more robust monthly log of emergency medicines since the comprehensive inspection.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

Governance systems relating to monitoring and improving the quality and effectiveness of the service from significant incidents, complaints and clinical audits were not fully robust during the comprehensive inspection. The incident reporting forms did not contain a system for clearly recording lessons learnt and actions taken. It was also not clear if actions from complaints were followed up and completed. The practice did not have a clinical audit plan in place to monitor quality and make improvements. We also found that governance meetings were not routinely held and where governance discussions had taken place, these meetings were not used effectively to improve the quality of the service.

During the focussed inspection, we found that there had been some improvements in governance arrangements:

- The partners had evidence of a meeting that had taken place after the comprehensive inspection where an action plan was set to improve communication and improve working relationships between the partners so that governance and partnership meetings could be more effective. Action points included the monthly discussion of complaints and significant events in practice meetings, and monthly discussion of performance including the Quality and Outcomes Framework (QOF).
- We saw evidence from a five sets of meeting minutes that the system for learning and developing from complaints was effective. Complaints were regularly discussed during monthly practice meetings, with clear action points that were followed up and shared with relevant staff. Staff were able to re-call examples of improvements that had been made following complaints. We saw a response letter to a patient that included actions taken by the practice following their complaint.
- The practice had written a clinical governance policy outlining the involvement of the practice in clinical audit and detailing that clinical audits would be discussed in monthly clinical meetings.
- There was evidence that clinical audits had been discussed since the comprehensive inspection. Two audits discussed were those that had been viewed as part of the comprehensive inspection, but the

implications and findings had since been shared with the clinical team. The practice had also undertaken a re-audit since the comprehensive inspection, which looked at cancer referrals and the discussions points were shared with the clinical team. We were shown minutes of meetings where these audits were discussed.

- There was evidence that a QOF meeting had occurred with the clinical team since the comprehensive inspection, reviewing performance of the practice.

However some governance arrangements were not operating effectively:

- Although audits had been discussed, the practice did not yet have in place a planned programme of continuous clinical audit to monitor quality and to make improvements.
- Lessons learnt and actions taken from significant events were not clearly recorded. The significant incident recording form had not been amended since the comprehensive inspection, although there was some evidence that a significant event and resulting actions had been discussed in a practice meeting in February 2016.
- Although the action plan to improve communication between the partnership had been developed, governance discussions were not routinely held between the partners. There was minimal evidence of decision making in relation to strategy, performance, recruitment, risk and quality improvement. We were told that often governance discussions took place after Clinical Commissioning Group (CCG) meetings in the practice but these discussions were not recorded.

Leadership, openness and transparency

During the comprehensive inspection we found that there was on-going issues with the partnership, which limited the ability of the practice to ensure that there was always effective communication and decision-making to deliver high quality care. Staff were aware of the issues within the partnership, however, staff told us that they felt supported by both the partners and the practice manager, that they were mostly approachable and took time to listen to all members of staff.

During the focussed inspection there was evidence that the partners had attended a meeting where an action plan was set to improve communication and improve working relationships between the partners. Action points included

Are services well-led?

Requires improvement



(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

ensuring attendance at clinical meetings and practice staff meetings by both partners, and agreed code of conduct for meetings and both partners to be involved in decision making in the practice. Staff told us during the focussed inspection that they felt attendance at practice meetings by both partners had improved and communication between

the partners during the meetings had also improved. However, from speaking to the partners there was evidence that while they were having more meetings within the practice to improve communication, the partnership issues remained on-going.