

James O'Riordan Medical Centre

Inspection report

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Sutton
SM3 9HE
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Date of inspection visit: Site visit 6 October 2022,
Clinical review 13 October, Interviews 14 - 21
October 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	
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Are services safe?	Requires Improvement	
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Are services effective?	Good	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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Overall summary

We carried out a comprehensive announced inspection at James O'Riordan Medical Centre in October 2022.

Overall, the practice is rated as good.

Safe - requires improvement

Effective - good

Caring - good

Responsive - good

Well-led - good

Following our previous inspection in October 2015, the practice was rated as good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for James O'Riordan Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to as part of our quality assurance sampling.

The inspection was planned as a focused inspection, which was expanded to comprehensive to look at examples of care in the Responsive key question. We therefore reviewed all of the key questions.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- 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 and
- information from the provider, patients, the public and other organisations.

Overall summary

We found that:

- Most risks were well-managed. We identified one area where the practice had not met the regulatory requirements – in obtaining satisfactory evidence of the conduct of prospective staff in previous employment in health or social care. We are satisfied that tighter processes are now in place, and will be used for future recruitment.
- Patients generally received effective care and treatment that met their needs. The practice were aware that there were backlogs in routine monitoring following a period without sufficient staff, and these were now being addressed.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Feedback about access at this practice was mixed, with some patients reporting difficulties in accessing care and treatment, but National GP Patient Survey results overall were not significantly lower than average. The practice had been short of staff, but had recently recruited new clinical and non-clinical staff members. The practice had other plans to improve access, including plans to monitor that actions taken were effective.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We saw an area of outstanding practice:

- The practice had taken a range of initiatives, over a number of years, to support particular groups within the practice population and the practice population as a whole. These included initiatives to support: patients with ADHD, patients with Chronic Kidney Disease and Diabetes, patients with a learning disability, patients from the LGBTQ+ community, patients who were new mothers, patients who were non binary or gender incongruent, older patients and patients from the Tamil community. These often arose from support given to a particular patient, and were extended – with additional staff time, training and approach to other services - when the provider recognised that there was a wider issue. Learning from the initiatives was shared widely with other practices.

We found one breach of regulations. Please refer to the requirement notice section at the end of this report for more detail. The provider **must**:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

In addition, the provider **should**:

- Implement plans to address back-logs in monitoring and continue to improve uptake of cervical screening and childhood immunisations.
- Implement plans to improve recording of learning, actions, dissemination and monitoring of actions from complaints and significant events.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. 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 James O'Riordan Medical Centre

James O'Riordan Medical Centre provides primary medical services in Sutton to approximately 9540 patients. Deprivation is described using a decile scale (a scale that ranks populations for deprivation ranging from one to ten). The practice population is in the least deprived decile in England.

Compared to an average practice in England, the practice has slightly more young patients and older people registered, and slightly fewer working age people. Most patients are White British (80.4%). The next largest ethnicity is Asian (12.8%), with smaller percentages of patients being Mixed, Black and Other.

The practice operates from a purpose-built premises. All patient facilities are on the ground floor and are wheelchair accessible and the practice has access to four doctors consultation rooms and two nurses consultation rooms. The practice was led by three GP partners, one female and two male. There were two female salaried GPs, two GPs who were employed as long-term locums and a Physician Associate. There was a lead nurse, a Trainee Nurse Associate and a Healthcare Assistant.

The non-clinical staff team was led by a Business & Practice Manager and an Operations Manager, and there were administrators and care navigators (who also carried out traditional reception duties).

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).

The practice is open from 8am to 6.30pm Monday to Friday. Outside of the practice opening hours, pre-bookable appointments are available to all patients at additional locations within the area, through an arrangement with the local GP federation.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, maternity and midwifery services 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 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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular: the practice had not obtained for all members of staff:</p> <ul style="list-style-type: none">• A full employment history, together with a satisfactory written explanation of any gaps in employment• Satisfactory verification, so far as reasonably practicable, of the reason why a prospective employee's employment in relevant positions ended. <p>This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>