Mortimer Surgery

Inspection report

72 Victoria Road
Mortimer Common
Reading
Berkshire
RG7 3SQ
Tel:
www.mortimersurgery.co.uk

Date of inspection visit: 27/11/2018
Date of publication: N/A (DRAFT)

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?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

We carried out an announced comprehensive inspection at Mortimer Surgery on 27 November 2018 as part of our inspection programme. Our inspection team was led by a CQC inspector and included a GP specialist advisor and an inspection manager.

Our judgement of the quality of care at this service is based 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.

This practice as rated as requires improvement overall.

We concluded that:

- Patients were supported, treated with dignity and respect and were involved as partners in their care.
- People's needs were met by the way in which services were organised and delivered.

However, we also found that:

- People were not always adequately protected from avoidable harm and abuse.
- The delivery of high quality care was not always assured by effective governance procedures.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Ensure Disclosure and Barring service checks are carried out in accordance with the practice policy.
- Ensure exception reporting for diabetes and mental health is monitored and work undertaken to improve uptake.

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

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

Population group ratings

Older people	Good
People with long-term conditions	Requires improvement
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Background to Mortimer Surgery

The practice provides medical services to over 11,700 registered patients in Mortimer, Berkshire and is a dispensing practice. The practice serves an older than average practice population and with low deprivation scores. The practice has been extensively extended and modernised to meet patient needs, in the recent years. All consulting and treatment rooms are located on the ground floor.

Care and treatment is delivered by seven GPs, with four male and three female GPs, practice nurses, a dispensary team, health care assistants/phlebotomist. Mortimer Surgery also provides

access or facilities to other medical services, such as physiotherapy, counselling and chiropody.

The practice is involved with the local and clinical commissioning group (CCG); one of the GP partners has an active role in the CCG. The practice has a Primary Medical Services (PMS) contract. The practice is a GP training practice, which looks after GP registrars.

The practice provides services from:

Mortimer Surgery

72 Victoria Road

Mortimer Common

Reading, Berkshire

RG7 3SQ

The out of hours service is provided by Westcall and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained in the practice leaflet, on the patient website and on a recorded message when the practice was closed.

There is a requirement for the practice to have a registered manager responsible for the service. (A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run). The registered manager had left the practice a significant time ago prior to the time of our inspection. The practice had not notified CQC of this or submitted an application for a new registered manager. We discussed this with the practice and hey told us they are taking action to complete the application.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems had not ensured the dispensary was operating safely and effectively. Dispensing errors had been responded to but control measures were limited to mitigate the risks.We found an inconsistent recording system for children with safeguarding concerns as not all had flags on the patient record to highlight the concerns to staff seeing these patients.Governance systems had failed to ensure that non-clinical staff had the appropriate knowledge to undertake chaperoning duties appropriately.Three members of non-clinical staff who undertook chaperoning duties told us they would and have stood outside of the curtain so that they could hear what was being said but not see what was happening and would not know if an examination was appropriate for the procedure being undertaken. This would mean they were not chaperoning appropriately. The system for monitoring staff training and compliance was not effective. We identified a number of gaps where staff were overdue update training or where the practice did not have evidence of training completion. We were told that it was up to the staff to let the practice know when training was due and when they had completed it.