

Denmark Road Surgery

Inspection report

3 Enmore Road
London
SE25 5NT
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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?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Denmark Road Surgery on 23 October 2019 to follow up on the breaches of regulations identified in the last inspection (March 2019).

This service was placed in special measures in October 2018 and remained in special measures following the last inspection in March 2019.

At the last inspection in March 2019 we rated the practice as requires improvement overall and Inadequate in well-led because:

- The risks associated with the practice premises that had not been well managed.
- Some performance data was significantly below the local and national averages and national targets.
- There was not sufficient monitoring to ensure that changes made to telephone access to the practice had improved the patient experience.
- The practice was not responding effectively to patient feedback.
- There was insufficient leadership of some areas of practice governance, particularly related to patient safety.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.

At this inspection, we found that the provider had addressed most of these areas; however, we identified some new issues.

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 the population groups older people, families, children and young people and working age people.

We found that:

- The systems and processes in place to keep patients safe required improvement. For example, the provider did not have a robust system in place for the management of medicines. Staff had not completed safeguarding training relevant to their role.
- Patients received effective care and treatment that met their needs; however, the provider did not have an effective system to ensure regular medicines reviews were undertaken for patients. The uptake for cervical screening and childhood immunisations were below average.
- Staff dealt with patients with kindness and respect and patients we spoke to indicated that they were involved in decisions about their care.
- The practice organised and delivered services to meet patients' needs. However, some of the patients we spoke to indicated it was difficult to get appointments.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care; however, governance systems in place required some 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 antibiotic prescribing.
- Review procedures in place to demonstrate improved outcomes for patients.
- Consider ways to improve uptake for childhood immunisations, bowel cancer screening and cervical screening.

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

I am taking this service out of special measures. This recognises the improvements made to the quality of care provided by the service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated
Care

Population group ratings

| | |
|--|---|
| Older people | Good  |
| 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 | Good  |
| People experiencing poor mental health (including people with dementia) | Good  |

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a GP specialist advisor.

Background to Denmark Road Surgery

Denmark Road Surgery provides primary medical services at 3 Enmore Road, South Norwood, London SE25 5NT to approximately 6,100 patients and is one of the 48 practices in the Croydon Clinical Commissioning Group (CCG). The following is the link to the practice website:

The clinical team at the surgery is made up of two part-time GP partners (one male and one female) and two part-time female salaried GPs, two part-time locum GPs (one male and one female) a full-time female practice nurse and a part-time female healthcare assistant. The non-clinical practice team consists of a practice manager and nine administrative or reception staff members.

The practice population of children is below the CCG (Clinical Commissioning Group) and above the national average and the practice population of older people is below the CCG and significantly below the national average.

The provider was registered with the Care Quality Commission as a partnership 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 staff complete safeguarding training relevant to their role.</p> <p>The provider did not ensure all the recommendations from the infection prevention and control and fire risk assessment were addressed.</p> <p>The provider did not ensure staff followed the correct legal procedure to administer medicines.</p> <p>The provider did not ensure there was a clear system in place to monitor patients on high-risk medicines.</p> <p>The provider did not ensure they risk assessed the need for emergency medicines.</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 did not have a clear system in place for identification of significant events.</p> <p>The provider did not have an effective system in place to ensure reviews were undertaken for patients on four or more medicines and those on repeat medicines.</p> |