

# Eltham Palace Surgery

## Inspection report

30 Passey Place  
Eltham  
London  
SE9 5DQ  
Tel: 02082948150  
www.elthampalacesurgery.nhs.uk

Date of inspection visit: 3 and 4 May 2023  
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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	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Inadequate	
Are services caring?	Requires Improvement	
Are services responsive to people's needs?	Inadequate	
Are services well-led?	Inadequate	

# Overall summary

We carried out an announced comprehensive inspection at Eltham Palace Surgery on 3 and 4 May 2023. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective - Inadequate

Caring - Requires improvement

Responsive - Inadequate

Well-led - Inadequate

Following our previous inspection on 12 July 2017, the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Eltham Palace Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up concerns in response to risk reported to us.

## 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:

- 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.

We found that:

- Patient records did not demonstrate those on high-risk medicines or with long-term conditions had sufficient monitoring to ensure their safety.

# Overall summary

- There was evidence that safety alerts were not being monitored or audited to ensure patient safety.
- Patients were not able to access care and treatment in a timely way.
- Patients were not satisfied with GP appointment systems.
- There were insufficient staff.
- There was a divide between the two GP partners which had created a toxic work environment for staff.
- Not all patients' medical records were kept up to date and accurate.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.
- The overall governance arrangements were inadequate.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice culture did not effectively support high quality sustainable care.
- Many staff had not completed recommended training such as safeguarding, infection control or equality and diversity.
- Some staff did not have disclosure and barring checks completed.
- There was little to no evidence of auditing or quality assurance.
- Although the complaints process was on the website, it was not easily accessible.
- We found hundreds of physical medical records which needed to be summarised and added to clinical records.
- The practice did have an active patient participation group.

We found three breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**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 Health Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff and undertook a site visit. A second inspector supported the team onsite. The team also included a GP specialist advisor who completed clinical searches and records reviews at the location.

## Background to Eltham Palace Surgery

Eltham Palace Surgery is located in Eltham at:

Eltham Community Hospital

30 Passey Place

Eltham

London

Greater London

SE9 5DQ

Eltham Palace Surgery serves approximately 8000 patients. It is based within South East London Integrated Care Board. The practice is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury; surgical procedures; diagnostic and screening procedures, family planning, and maternity and midwifery services.

The practice is part of a wider network of GP practices within Eltham Primary Care Network.

There is a team of 2 GP Partners supported by a team of approximately 5 locum GPs. The practice has a team of 3 nurses. The GPs are supported at the practice by a team of 6 reception/administration staff. There is also a practice manager and assistant practice manager.

The practice is open between 8 am to 6.30/8pm Monday to Friday. The practice offers a range of appointment types including, book on the day, telephone consultations and advance appointments.

Out of hours services are provided by NHS 111.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 4th lowest decile (4 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 6.4% Asian, 80.3% White, 8% Black, 3.6% Mixed, and 1% Other.

This section is primarily information for the provider

# Enforcement actions

## Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none"><li>The practice did not have sufficient systems and procedures to keep people safe;</li><li>The practice was not sufficiently monitoring patients on high risk medicines or recording that monitoring had been completed;</li><li>Some staff had not completed safeguarding training;</li><li>Not all safety alerts were actioned and there was no system in place to review patients potentially affected by the safety alerts.</li></ul>
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none"><li>Leaders did not have the skills or capacity to run this practice;</li><li>There was no plan or agreed strategy in place to improve the practice;</li><li>There was a divisive culture within the staff team at this practice;</li><li>There had been a breakdown in the relationship between the two GP Partners;</li><li>The management team had not completed any audits or reviews of the practice to monitor productivity or consider improvements.</li></ul>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing <ul style="list-style-type: none"><li>There were not enough staff.</li><li>Some staff had not completed mandatory/recommended training.</li><li>Some staff were missing DBS checks.</li></ul>