

Denmark Road Surgery

Inspection report

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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?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Denmark Road Surgery on 5 March 2019.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 15 August 2018, where the practice had been rated as inadequate, with safe, effective, and well-led domains rated as inadequate, and caring and responsive domains rated as requires improvement. At this inspection we found that there remained insufficient leadership of practice management to ensure consistent and effective governance. The practice therefore remains rated as inadequate for being well-led, and remains in special measures.

We first inspected the practice in December 2016 where the safe and well-led domains were rated as good. We did not rate the effective, caring or responsive domains as at that time the provider did not have any external performance data.

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.

We rated the practice as **requires improvement** for providing safe services because:

- The practice had strengthened a number of systems and processes to manage risks to patients.
- However, some of those systems were not operating effectively and so there remained some risks, particularly associated with the practice premises, that had not been well managed.

We rated the practice as **requires improvement** for providing effective services because:

- Staff had received training and support required for their role.
- The practice had implemented action plans to address areas where patients did not receive good care and treatment.

- However, some performance data was still significantly below local and national averages/national targets.

We rated the practice as **good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We rated the practice as **requires improvement** for providing responsive services because:

- There was not sufficient monitoring to ensure that changes made to telephone arrangements had improved the patient experience.
- The practice was not responding effectively to patient feedback.

These areas affected all population groups so we rated all population groups as **requires improvement**.

We rated the practice as **inadequate** for providing well-led services because:

- Although the practice had made improvements since the last inspection, there remained insufficient leadership of some areas of practice governance, particularly related to safety.
- There were a number of systems that had incomplete or inaccurate data or were not operating effectively.
- The practice had improved its clinical performance, but some areas were still below average or below target.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We served warning notices following the last inspection for breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The inadequate rating takes into account the evidence from this inspection and the fact that the provider has not fully rectified the issues following the previous enforcement action.

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

Overall summary

- 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:

- Take action to improve how young patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

This service was placed in special measures in October 2018. Insufficient improvements have been made such that there remains a rating of inadequate for a key question. Therefore, we are taking 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 six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Requires improvement 
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	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Denmark Road Surgery

The practice operates from one site in South Norwood, London, in the Croydon Clinical Commissioning Group (CCG) area. The practice was formed in April 2016 following the closure of a predecessor practice, in the same premises. Two of the GP partners from the predecessor organisation formed a new partnership at Denmark Road Surgery.

There are approximately 6200 patients registered at the practice. Most patients are between 15 and 64 years of age. The practice has slightly more patients aged under 18, and slightly fewer older than 65, than an average practice in England. The unemployment rate amongst the practice's patients is slightly higher than at an average practice in England.

The practice has a personal medical services contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include extended hours access, out of area registration, minor surgery, learning disabilities, childhood vaccination and immunisation, and flu and pneumococcal immunisation.


The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The GP team includes a female GP partner, a male GP partner, two female salaried GPs, one female and one male long term locum. The GPs provide a combined total of 32 fixed sessions per week. The nursing team includes a female practice nurse and a female health care assistant. The clinical team is supported by an acting practice manager and nine reception/administrative staff.


The practice is open from 8.00am to 6.30pm Monday to Friday. It is closed on bank holidays and weekends.

Appointments are available at various times between 8.00am and 6.30pm Monday to Friday. Extended hours are available from 7.30am to 8.00am and from 6.30pm to 8.00pm on Wednesdays. The practice directs patients needing urgent care outside of normal hours to contact a local contracted Out of Hours service.

The practice operates over two floors in a purpose built building which houses one other GP practice. On the ground floor there is a treatment room, a phlebotomy room for blood testing, a minor surgery area, a waiting area and patient toilets (one with wheelchair access)



which are all shared with the other practice; there are six consulting rooms and a reception area. On the first floor, which is accessible by a lift, there is an administrative office which is used by external health professionals such as district nurses, and two administrative rooms.



There is wheelchair access throughout the ground floor, accessible parking and baby changing facilities available.

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 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We served warning notices.