

# Dulwich Medical Centre

## Inspection report

163-169 Crystal Palace Road  
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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

<b>Overall rating for this location</b>	<b>Requires Improvement</b>	
Are services safe?	<b>Requires Improvement</b>	
Are services effective?	<b>Requires Improvement</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Inadequate</b>	

# Overall summary

We carried out an announced comprehensive inspection at Dulwich Medical Centre on 31 July 2019. The overall rating for the practice was Requires Improvement.

After our inspection in July 2019 the provider wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

We carried out an announced focussed inspection at short notice to the provider at Dulwich Medical Centre on 28 August 2020 to confirm that the provider had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in July 2019. The practice was not rated as a result of this inspection. We found that the provider had not made sufficient improvement and issued a Warning Notice.

We carried out an announced focussed review at Dulwich Medical Centre on 14 April 2021 to confirm that the provider had taken action to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in August 2020. The practice was not rated as a result of this review. We found that the provider had made sufficient improvements and met the Warning Notice. However, breaches in regulations remained and a Requirement Notice was issued.

After our inspection in April 2021 the provider wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

The full versions of the reports for the July 2019 and August 2020 inspections as well as the April 2021 review can be found by selecting the 'all reports' link for Dulwich Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## **Why we carried out this inspection:**

We carried out an announced focussed inspection at Dulwich Medical Centre on 21 September 2021 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous review in April 2021. This report covers findings in relation to those requirements.

## **How we carried out the inspection:**

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using the telephone / video conferencing.
- Requesting evidence from the provider.
- A short site visit.

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.

# Overall summary

## Our findings:

### This practice is now rated as **Requires Improvement overall**.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services responsive? – Good

Are services well-led? – Inadequate

We rated the practice as **Requires Improvement** for providing safe services because:

- The practice's computer system did not alert staff of all family and other household members of children that were on the risk register.
- Risks associated with employing staff that had convictions recorded on their Disclosure and Barring Service (DBS) check were not fully considered or mitigated.
- Risk assessments failed to contain sufficient rationale for the lack of hepatitis B vaccination records for one member of clinical staff.
- Appropriate standards of cleanliness and hygiene were not always met.
- Risks to patients, staff and visitors were not always assessed, monitored or managed effectively.
- Staff had the information they needed to deliver safe care and treatment.
- Published results showed that the practice's prescribing indicators were all either in line with or better than local Clinical Commissioning Group (CCG) and England averages.
- Patient Group Directions (PGDs) had not been completed correctly and improvements were required to the management of high-risk medicines prescribing, blank prescription form management and vaccines management.
- There were effective systems for recording and acting on significant events as well as managing safety alerts.

We rated the practice as **Requires Improvement** for providing effective services because:

- Reviews of patients with long-term conditions did not always include all elements necessary in line with current best practice guidance and not all patient reviews that we looked at were followed up where necessary in a timely manner.
- The pandemic had had a detrimental effect on the practice's ability to deliver some care as well as treatment. However, performance relating to child immunisations and cervical screening required improvement.
- Published results showed that the practice's performance for the mental health indicators was either in line with or above local and national averages.
- Not all staff had access to regular appraisals.
- The practice obtained consent to care and treatment in line with legislation and guidance.

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

- The practice organised and delivered services to help meet patients' needs.
- People were able to access care and treatment in a timely way. However, improvements to GP patient survey satisfaction scores were required.

# Overall summary

- Complaints were listened as well as responded to and used to improve the quality of care.

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

- The practice's processes for managing risks, issues and performance were not always effective.
- Some processes to manage current and future performance were not sufficiently effective. Improvements to care and treatment were required for some types of patient reviews as well as subsequent follow-up activities.
- The practice was not able to meet the needs of children requiring childhood vaccinations and women who required cervical screening.
- The practice engaged with the public, staff and external partners and was in the process of reinstating a patient participation group. However, most improvements in response to patient feedback were ongoing.
- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- There were processes and systems to support good governance and management.
- The provider had made improvements to clinical audit activities.

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

- 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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

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

- Revise storage of substances hazardous to health so that they are stored safely and securely when not in use.
- Continue with activities to recruit patients to the Patient Participation Group.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP Specialist Advisor.

## Background to Dulwich Medical Centre

The registered provider is Dulwich Medical Centre which is part of a primary care at scale organisation that delivers general practice services at three registered locations in England.

Dulwich Medical Centre is located at 163-169 Crystal Palace Road, East Dulwich, London, SE22 9EP. The practice is situated within the NHS Southwark Clinical Commissioning Group (CCG) and has a general medical services contract with NHS England for delivering primary care services to the local community.

As part of our inspection we visited Dulwich Medical Centre, 163-169 Crystal Palace Road, East Dulwich, London, SE22 9EP only, where the provider delivers registered activities.

Dulwich Medical Centre has a registered patient population of approximately 8,475 patients. The practice is located in an area with a less than average deprivation score.

There are arrangements with other providers to deliver services to patients outside of the practice's working hours.

The practice staff consists of two salaried GPs (both male), one practice nurse (female), one community psychiatric nurse (female), one healthcare assistant (female), one practice manager / head of primary care, one practice manager, one assistant practice manager, one administration lead and six administrators / receptionists. The practice also employs locum staff (including regular locum GPs) via agencies and practice staff are supported by the primary care at scale organisation DMC Healthcare Limited management staff.

Dulwich Medical Centre is registered with the Care Quality Commission (CQC) to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; treatment of disease, disorder or injury; surgical procedures.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The provider was not ensuring that persons employed by the service provider were receiving such appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none"><li>• The records of one member of staff showed that their last appraisal took place on 8 August 2019. Staff told us that this member of staff had not received an appraisal since then.</li><li>• We asked to see the appraisal records of another member of staff but were not provided with them. We could, therefore, not be sure if this member of staff had received an appraisal.</li></ul> <p>This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The service provider was not providing care and treatment in a safe way for service users. In particular:</p> <p>The service provider was not ensuring that the premises were used in a safe way. In particular:</p> <ul style="list-style-type: none"><li>• Some staff only areas of the practice were easily accessible to patients and visitors.</li></ul> <p>Where equipment was supplied by the service provider, they were not ensuring there were sufficient quantities of these to ensure the safety of the service users and to meet their needs. In particular:</p>

# Requirement notices

- The practice did not have a second set of adult defibrillation pads.

The service provider was not ensuring the proper and safe management of medicines. In particular:

- There was no inventory of blank prescription forms and they were not stored securely in the practice.
- Patient Group Directions (PGDs) were not completed correctly.
- Prescribing of some high-risk medicines was not always in line with best practice guidance.
- The provider was unable to demonstrate that staff took appropriate action when records showed that the temperature of designated medicines refrigerators were recorded as being outside of acceptable limits.

The service provider was not assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that were health care associated. In particular:

- Pull cords used to activate lights in three toilets were not covered in cleanable sleeves and were visibly dirty. This had not been captured by the infection prevention and control (IPC) audit and was not due to be addressed until September 2022.
- One clinical wash-hand basin in the practice had a plug in situ and the tap dispensed water directly into the aperture of the plug hole. This was not in line with Department of Health guidance and had not been captured by the IPC audit.
- We found a mop handle with a wet mop head attached stored head down in a bucket in one of the cleaning equipment storage rooms. This was not in line with current best practice IPC guidance.
- There were two yellow clinical waste bins located in the car park of the practice. Neither were stored securely and one, which contained clinical waste, was not locked.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	
Maternity and midwifery services	A Warning Notice was issued for breaches of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.
Surgical procedures	
Treatment of disease, disorder or injury	