

Denmark Road Surgery

Inspection report

3 Enmore Road
London
SE25 5NT
Tel: 0208 654 8760
www.denmarkroadsurgery.co.uk

Date of inspection visit: 12 Jun 2019
Date of publication: 10/07/2019

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 summary

CQC carried out an announced comprehensive inspection of Denmark Road Surgery on 5 March 2019 to follow up on breaches of regulation identified in August 2018. The practice was rated as requires improvement overall with ratings of requires improvement for providing safe, effective and responsive services, good for providing caring services and inadequate for providing well-led services. As a result of the findings on the day of the inspection the practice was issued with a warning notice for breach of Regulation 17 (Good governance). You can read our findings from our last inspections by selecting the 'all reports' link for Denmark Road Surgery on our website at

This was an announced focused inspection on 12 June 2019. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements as detailed in the warning notices issued on 03 April 2019.

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.

This inspection was an unrated inspection to follow up on warning notices and the rating remains unchanged.

At this inspection we found:

- Significant events were discussed and lessons learnt in a timely manner. The provider was aware of the requirement to make notifications to the Care Quality Commission and had updated their incident policy accordingly.
- The recruitment policy was updated to reflect national guidance. The pre-employment risk assessment was updated to ensure it is fit for purpose. The provider had undertaken the required recruitment checks for staff recruited since the last inspection.
- Staff training matrix had been updated to include the correct level of training required for staff.
- The provider had put a system in place to monitor the expiry dates of vaccines and emergency medicines, which we saw was being followed.

- The provider had reviewed the policies and procedures in place and had removed duplicates. The whistleblowing policy had been updated to reflect national guidance. The staff handbook had been updated to include the procedures in place.
- The infection control policy had been updated to include the lead name and to bring in line with the staff immunisation policy; the infection control lead had completed appropriate training. The provider had undertaken an infection control audit in May 2019 and had completed the recommended actions for their service.
- The business continuity plan had been updated to include the contact details of NHS Property Services.
- All risks were recorded on the risk register which was part of the COSHH and risk management protocol.
- The provider had completed most of the actions following the fire risk assessment carried out on behalf of NHS Property Services in November 2018. The provider had undertaken another fire risk assessment on June 2019 and had completed the recommended actions relevant to their service. The provider informed us they were in regular contact with NHS Property Services and were following up on the actions NHS Property Services had to complete.
- The provider showed us evidence of completion of urgent actions following the Legionella risk assessment carried out on behalf of NHS Property Services in April 2018; they showed evidence of quotes obtained to address medium risk actions.
- The provider had put a system in place to receive, implement and monitor the implementation of medicines and safety alerts.
- The provider had undertaken a revised telephone survey and were using the monitoring functions of the phone system to monitor performance. The provider informed us they regularly discussed and monitored incoming telephone calls including the number of calls answered, unanswered, abandoned or engaged; we saw evidence to support this. The provider informed us they had regular contact with the telephone provider and had recently increased the number of incoming lines to improve telephone access for patients; they informed they still are waiting for support from the telephone provider to perform more analysis of incoming telephone calls.

Overall summary

- The practice had analysed the results of the friends and family test and discussed the results in meetings to make improvements.
- The provider failed to achieve the 90% target for childhood immunisations for 2018-19. The provider had an action plan in place to improve uptake; they recently had designated a member of administrative staff to call and offer appointments to these patients.
- In 2018 the provider had not achieved the 60% target for bowel cancer screening and had only achieved 49%. The provider had an action plan in place to improve uptake; the practice sent additional letters to patients to remind them to undertake this screening. The practice had setup alerts for patients over the age of 60 and when these patients attend for appointments in the practice the clinicians educated and encouraged them to undertake this screening.
- In 2018-19 the provider had undertaken learning disability health checks for 75% (25 patients). Following the last inspection, the provider had undertaken these

checks for four additional patients and had booked one patient for this check a week following the inspection. In the current year the provider had already undertaken health checks for eight patients.

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

- Review practice procedures to ensure all the recommendations from the fire and legionella risk assessments are actioned.
- Continue to improve uptake for bowel cancer screening, childhood immunisations and learning disability health checks.

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

Our inspection team

Our inspection team included a CQC lead 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. The ground floor is accessible for people who use a wheelchair and those with limited mobility, there is designated parking for patients who need to park close to the practice and baby changing facilities available.