

Downham Family Medical Practice

Inspection report

7-9 Moorside Road
Bromley
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Date of inspection visit: 30 June 2022

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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 well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Downham Family Medical Practice on 30 June 2022. Overall, the practice is rated as requires improvement.

Set out the ratings for each key question

Safe – Requires improvement

Effective – Requires improvement

Caring – Not inspected, rating of good carried forward from previous inspection

Responsive – Not inspected, rating of good carried forward from previous inspection

Well-led – Requires improvement

At the last inspection, the caring and responsive key questions were rated Good. These ratings have been amalgamated with the ratings of this inspection.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Downham Family Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We undertook this focused inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. As part of the inspection there was a remote review of clinical records prior to the visit on 29 June 2022. We looked at Safe, Effective and Well Led key questions.

The data and evidence we reviewed in relation to responsive key question as part of our inspection did not suggest we needed to review the rating for Responsive and Caring at this time. The rating for Responsive and Caring remains rated as good.

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 with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Completing clinical searches on the practice’s patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.

Overall summary

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 have rated this practice as Requires Improvement overall.

Safe is rated as requires improvement because:

- The provider did not always have adequate oversight of the risks associated with the areas of the building they occupied. For example, risks relating to the fire safety of the building. The provider did not routinely review historical safety alerts to ensure compliance.
- There were shortfalls in the management of infection prevention and control, specifically actions in response to the Legionella risk assessment.
- There was a process for recording and acting on significant events and staff could describe the process. However, only one event had been reported and investigated in the last 12 months.
- The process for reviewing historical safety alerts was not always effective.

Effective is rated as requires improvement because:

- The practice had implemented systems which supported the oversight of clinical care, for example a call and recall protocol. However, some areas required strengthening to ensure all patients with long-term conditions, received appropriate monitoring for their conditions.
- There was no effective system of documenting staff appraisals.

Well led is rated as requires improvement because:

- The arrangements for managing risk and oversight of governance did not always operate effectively.
- The provider did not keep all the necessary documentation, particularly for recruitment records, appraisals and staff did not routinely report incidents

We found breaches of regulations. 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.

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

- Continue to improve uptake for screening and immunisation programmes.

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

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Downham Family Medical Practice

Downham Family Medical Practice operates from one site in Lewisham South East London. The practice is located at 7-9 Moorside Road, Bromley, Kent BR1 5EP.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the South East London Clinical Commissioning Group (CCG) and delivers (Personal Medical Services (PMS) to a patient population of about 6,810. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices Sevenfields Primary Care Network. The practice is part of a GP Federation One Health Lewisham.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three 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 58.4% White, 24.2% Black, 7.6% Asian and 6.8 Mixed 3% Other.

There is a team of two male GP partners and one female GP Partner, The GPs work a total of 31 sessions per week. There are two salaried practice nurses and a locum nurse (who is a specialist in Diabetes). The clinical team are supported at the practice by a team of reception/administration staff. There is a practice manager to provide managerial oversight.

The practice is open between 8.00am and 6.30pm Monday to Friday. It offers extended hours from 6.30pm to 8.00pm on Thursdays. There are two treatment rooms and six consulting rooms on the ground floor. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the GP Extended Access Hub at Lewisham University Hospital, where late evening and weekend appointments are available. Out of hours services are provided by NHS111.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that care and treatment is provided in a safe way. In particular;</p> <ul style="list-style-type: none">• The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular, management of historical safety alerts and management of emergency medicines.• Patients had not always received appropriate physical health monitoring and follow-up in accordance with current national guidance. <p>This was in breach of Regulation 12(1) 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The overarching governance framework had not ensured that all systems and processes were operating effectively. In particular;</p> <ul style="list-style-type: none">• The provider had not identified the need to have an effective process in place to ensure clinicians were viewing patients' monitoring information prior to prescribing.

This section is primarily information for the provider

Requirement notices

The provider did not ensure there were effective arrangements in place for identifying, managing and mitigating risks. In particular,

- Ensuring that the areas of the premises they occupied were safe for use.
- Ensuring that staff appraisals were appropriately documented.
- Effectively maintain staff recruitment records.
- Ensuring that staff follow the practice policy to keep a record of all significant events.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.