

Denmark Road Surgery

Inspection report

3 Enmore Road
London
SE25 5NT
Tel:

Date of inspection visit: 15 October 2021
Date of publication: 28/10/2021

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

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services well-led?

Good



Overall summary

We carried out an announced focused inspection at Denmark Road Surgery on 14 October 2021 and a remote clinical review on 15 October 2021 to follow up on breaches of regulations. Overall, the practice is rated as Good

Safe – Requires Improvement

Effective -Good

Well-led - Good

Following our previous inspection on 23 October 2019, the practice was rated as Requires Improvement overall (requires improvement in safe, effective and well-led) for issues in relation to safeguarding training, safety systems and records, infection prevention and control, medicines management, management of significant events, uptake for childhood immunisations and cervical screening and quality improvement.

The full reports for previous inspections can be found by selecting the 'all reports' link for Denmark Road Surgery on our website at www.cqc.org.uk

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:

- Conducting staff interviews using video conferencing
- 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 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 rated the practice as **Requires Improvement** for providing safe services.

At this inspection we found the provider had made some improvements in providing safe services. In particular, the provider had made improvements to their systems and process in relation to safeguarding training, infection prevention and control and significant events. However, we found new issues in relation to medicines management.

Overall summary

We rated the practice as **Good** for providing effective services.

At this inspection we found the provider had made some improvements in providing effective services. However, there were some areas of care and treatment for patients with long terms conditions which the provider needed to review and improve; the provider had demonstrated improved patient outcomes through quality improvement activities or clinical audits. Uptake for childhood immunisations were below target.

We rated the practice as **Good** for providing well-led services.

We found the provider had made improvements in providing well-led services in relation to good governance and had implemented systems and process in response to the findings of our previous inspection. However, the governance arrangements in place still required improvement especially in relation to identifying, managing and mitigating risks.

We have rated this practice as Good overall and Requires Improvement in safe.

The provider **must**:

- Ensure that care and treatment is provided in a safe way for patients.

(Please see the specific details on action required at the end of this report).

Whilst we found no breaches of regulations, the provider **should**:

- Record details of the fire drills to improve learning.
- Improve uptake for childhood immunisations and learning disability health checks.
- Improve recording of DNACPR Decisions.

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 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 Denmark Road Surgery

Denmark Road Surgery is located in London at:

Woodside Health Centre

3 Enmore Road

London

SE25 5NT

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

The practice is situated within the South West London Clinical Commissioning Group (CCG) and delivers to a patient population of about 6,100.

The practice is part of a wider network of GP practices is was part of the Croydon GP Super Network Primary Care Network.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four of 10). The lower the decile, the more deprived the practice population is relative to others.

The clinical team at the surgery is made up of one full time male and one part-time female GP partners, three part-time female salaried GPs, a female practice nurse, a female healthcare assistant and a female phlebotomist. The non-clinical practice team consists of a practice manager, a reception team leader and eight administrative or reception staff members.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face appointments are offered.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that care and treatment is provided in a safe way for patients. In particular:</p> <ul style="list-style-type: none">• The provider did not ensure all actions following the premises risk assessment had been completed.• The provider did not ensure they had appropriate systems in place for the safe management of medicines.• The provider did not ensure there was an effective system to manage checks for emergency medicines and equipment.• The provider did not ensure they always identified and coded patients with commonly undiagnosed conditions and monitor them appropriately. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>