

Dulwich Medical Centre

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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced review of Dulwich Medical Centre on 30 March 2021 & 14 April 2021. This was an unrated review to consider whether the provider had taken sufficient action to address the breaches of regulation 17 outlined in the warning notice issued following our previous inspection undertaken on 28 August 2020.

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

Why we carried out this in review

This was a review of information undertaken without completing a site visit inspection to follow up on a warning notice for breach of regulation 17 of the Health and Social Care Act 2008 (2014 regulations). The breach stemmed from concerns identified around the systems and processes related to quality improvement and the management of patients prescribed high risk medicines.

How we carried out the review

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 reviews differently.

This review was carried out remotely. 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 relaying the findings to the provider
- Reviewing patient records to identify issues
- Requesting evidence from the provider

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 found that:

- The practice had undertaken some quality improvement activity in the form of one two cycle audit. The provider also submitted a single cycle audit. The two-cycle audit resulted in some changes to patient care but limited quality improvement.
- There were still some areas where the provider needed to strengthen systems and processes around the management of patients prescribed medicines, including high risk medicines, and the sharing of information between other health services. The provider told us that action had been taken in respect of the issues of concern raised after our review. The provider submitted evidence after our inspection which indicated that action had been taken in response to the concerns raised.

Overall summary

We found that although the provider had taken action to address some of the concerns, they were still in breach of regulation 17. Therefore, the provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with fundamental standards of care; specifically increase the amount of quality improvement activity undertaken including the number of two cycle clinical audits.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant that we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what regulatory action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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	Not inspected	
People with long-term conditions	Not inspected	
Families, children and young people	Not inspected	
Working age people (including those recently retired and students)	Not inspected	
People whose circumstances may make them vulnerable	Not inspected	
People experiencing poor mental health (including people with dementia)	Not inspected	

Our inspection team

Our inspection team was led by a CQC lead inspector reviewed evidence submitted by the provider. The team included a GP specialist advisor who completed clinical searches and records reviews without visiting the location.

Background to Dulwich Medical Centre

Dulwich Medical Centre is part of Southwark Clinical Commissioning Group (CCG) and serves approximately 9,094 patients. The practice operates from purpose-built premises owned by the provider. The service is based over two floors with a total of six consultation rooms, and all ground floor rooms are accessible to those with mobility problems or those in wheelchairs.

The practice population is predominantly working age people aged between 30 and 45, and children aged below 10. They have a lower proportion of elderly people than the national average. The practice is located in an area ranked sixth most deprived decile on the index of multiple deprivation with a lower percentage of unemployment than the national average.

The practice is run by Dulwich Medical Centre, a partnership of one GP and a Group Managing Director who has a finance background. The GP partner does not currently provide clinical sessions in the practice. The practice was addressing a shortage of salaried GPs when we inspected and were no longer fully reliant on locum GPs. A clinical lead GP started employment at the practice in July 2019. The practice has two salaried GP vacancies. The practice also employs two female practice nurses, one community psychiatric nurse, two clinical pharmacists and one healthcare assistant.

The practice is open between 8am and 6.30pm Monday to Friday and appointments are available throughout the day. Extended hours appointments were offered from 6.30pm to 7pm. The practice offers pre-booked and emergency appointments five days per week. Most of the practice appointments were available to book on the day. Patients are directed to contact the local out of hour's provider when the surgery is closed. The practice operates under a Personal Medical Services (PMS) contract and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury; surgical procedures; diagnostic and screening procedures; maternity and midwifery services and family planning.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that effective systems and processes were in place to ensure good governance in accordance to fundamental standards of care.</p> <p>The provider had not established effective systems to mitigate all risks arising from the prescribing of certain medicines.</p> <p>The provider had undertaken limited activity to improve the quality of the service they provided as they had only completed one two cycle audit and a single cycle audit since our last inspection.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>