

The Lordship Lane Surgery

Inspection report

417 Lordship Lane
East Dulwich
London
SE22 8JN
Tel: 02086932912
www.thelordshipplanesurgery.net

Date of inspection visit: 11 February 2020
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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 caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

We carried out an inspection of The Lordship Lane Surgery on 11 February 2020. The inspection of this service was prompted by our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a change to the quality of care provided since the last inspection.

This inspection focused on the following key questions: Safe, Effective and Well Led.

Because of the assurance received from our review of information we carried forward the ratings for the following key questions: Caring and Responsive

At this inspection we identified concerns around the management of medicines and low level risks associated with the premises. The practice had not met targets for childhood immunisations and certain types of screening and had above average exception reporting for patients with some long term conditions. There was also no system in place to monitor the professional registrations of clinical staff, training had not been completed for all staff and the practice had not followed their recruitment policy in respect of one new staff member recruited since our last inspection.

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 and Inadequate for families children and young people, requires improvement for people experience poor mental health and working age people and good for all other population groups.

We rated the practice as **requires improvement** for providing safe services because:

- The systems in place for managing patients prescribed medicines, including one high risk medicine did not ensure that all patients received timely monitoring in line with guidance to ensure that these medicines remained safe to prescribe. We found two patients who

were not receiving appropriate monitoring and the rationale for continuing to prescribe medication in absence of monitoring was not documented in the patient's notes.

- Prescription numbers were not logged upon delivery to the practice although they were stored securely and there were systems to monitor prescriptions when they were distributed to clinical rooms.
- The prescribing of controlled medicines had not been audited to ensure that prescribing was appropriate and safe.
- One member of staff had been recruited since our last inspection and most appropriate recruitment checks had been completed for this staff member. However there was no system in place to periodically monitor the professional registrations of clinical staff.
- The practice had safeguarding systems in place.
- Risks associated with the premises had been assessed however the practice had not taken adequate action to address low level risks associate with legionella bacteria.
- There were systems in place to report significant events and we saw evidence of discussion of events in practice meetings and changes made to prevent similar incident occurring in the future.
- The provider had adequate arrangements in place to respond to emergencies including patients who presented with symptoms of sepsis.

We rated the practice as **requires improvement** for providing effective services because:

- Patients were receiving regular reviews and the treatment provided was in line with current guidelines this was reflected in comparable or above average levels of achievement against most local and national targets. However, performance against targets for childhood immunisations were significantly below the World Health Organisation Targets, performance for cervical screening was below the Public Health England target and the rate of exception reporting for patients with some conditions was above local and national averages.
- There was evidence of quality improvement activity.
- Staff were receiving regular appraisals but some training had not been completed by all staff including equality and diversity, mental capacity act and information governance.
- We saw examples of effective joint working with other organisations.

Overall summary

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

- There were effective governance arrangements in many areas. However some aspects of the systems for the management of medicines were not sufficient and the provider had no system to monitor the professional registrations of clinical staff.
- Information that highlighted risk around the prescribing of one high risk medicine had not been acted upon to fully mitigate the risk identified.
- The practice had not undertaken adequate analysis or made sufficient improvements in respect of targets for childhood immunisations and certain cancer screening. The provider was also unaware of certain above average rates of exception reporting for some long term conditions.
- The provider had adequate systems in place to assess, monitor and address risk in most areas although some low-level risks related to legionella had not been addressed.
- The provider had an active patient participation group who met regularly and felt able to raise concerns and contribute ideas regarding the operation of the service. We saw evidence that the provider considered suggestions.
- There was some evidence of continuous improvement or innovation.

- Staff provided positive feedback about working at the practice which indicated that there was a good working culture.

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:

- Consider having external assessments for risk associated with the practice premises.
- Undertake an audit of controlled medicines prescribing.

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

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

Our inspection team

Our inspection team was led by a CQC lead inspector and supported by a second CQC inspector and a GP specialist advisor.

Background to The Lordship Lane Surgery

The Lordship Lane Surgery is located at 417 Lordship Lane East Dulwich London SE22 8JN.

The practice is registered with the Care Quality Commission to carry on the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services and treatment of disease, disorder or injury.

The Lordship Lane Surgery provides services to approximately 5300 patients in south east London under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). It sits within the Southwark Clinical Commissioning Group (CCG) which has 45 member practices serving a registered patient population of approximately 312,000. The practice is part of Dulwich Primary Care Network which includes four other neighbouring GP practices.

The staff team at the practice consists of two full time male GPs, two female part time GPs working one session a week each, a male practice manager, two-part time female practice nurses, two administrators/receptionists. The service is provided from this location only.

The practice reception is open between 8am and 7.30pm on Mondays and Wednesdays, and between 8am and 6.30pm on Tuesdays, Thursdays and Fridays.

Appointments are available between 9am – 12.30pm and 2.30pm – 7.30pm on Mondays and Wednesdays; and between 9am – 12.30pm and 2.30pm – 6.30pm on Tuesdays and Fridays. On Thursdays appointments are available between 9.30am – 12.30pm, and between 4.30pm – 7.30pm.

The practice has a slightly higher percentage than the national average of people with a long-term health conditions (54% compared to a national average of 53%). It has a higher percentage of unemployed people compared to the national average (13% compared to 4%). The average male and female life expectancy for the CCG area and the practice is in line with the national average for both males and females. Information published by Public Health England, rates the level of deprivation within the practice population group as five, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services 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 established effective systems and processes as:</p> <ul style="list-style-type: none">• Prescriptions were not logged upon arrival at the practice.• The practice did not have a system in place to monitor the professional registrations of clinical staff.• The practice had not taken sufficient action to address low childhood immunisation, cancer screening and high levels of exception reporting.• The practice had not responded to information regarding the prescribing of a high risk medicine highlighted in an audit.• Two references had not been taken for one member of staff in line with the practice's recruitment policy. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Not all staff had completed all required training including information governance, equality and diversity training and mental capacity act training. <p>This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Warning Notice

How the regulation was not being met:

Systems and processes did not operate to ensure that service users remained safe as:

- Two patients prescribed one high risk medicine had not received regular monitoring in line with current legislation and guidance and there was no documented rationale in the patient record to justify continuing to prescribe in absence of monitoring.
- The provider had not taken adequate action to address risks associated with legionella.

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