

DMC Chadwick Road

Inspection report

60 Chadwick Road
Peckham
London
SE15 4PU
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www.chadwickroad.nhs.uk

Date of inspection visit: 22 October 2021
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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 to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at DMC Chadwick Road on 29 September 2016. The overall rating for the practice was Good.

Following an inspection in August 2020 of a different location where services were also delivered by the provider Dulwich Medical Centre, we found breaches of regulation and risk of patient harm. We carried out an inspection at DMC Chadwick Road in December 2020 to assure ourselves the breaches of regulation and risk of patient harm were not being repeated.

At the December 2020 inspection, we found similar concerns, which resulted in breaches of regulations. We took enforcement action, and issued a Requirement Notice for a breach of Regulation 18 (Staffing) and two Warning Notices for a breach of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

We carried out an unannounced focussed follow-up inspection between 30 March 2021 and 15 April 2021 to confirm the practice had met the legal requirements in relation to the breaches of regulations identified in our inspection in December 2020. We found the practice had made some improvement and had met the requirements of the Regulation 17 Warning Notice. However, they had not sufficiently met the requirements of the Regulation 12 Warning Notice.

We carried out a further unannounced focussed inspection on 22 June 2021 to confirm the provider had met the legal requirements in relation to the continued breach of regulation identified in the April 2021 inspection.

We found further improvements had been made and risks to patients, staff and visitors were now effectively assessed, monitored and managed. However, actions required to address risks identified by the infection prevention control audit were ongoing. Given the overall improvements but with the remaining risks relating to infection control, we issued a Requirement Notice for a breach of Regulation 17.

The full history of reports and inspection findings including the comprehensive report from 2016 and the unrated focussed inspections in December 2020, April 2021, June 2021 can be found by selecting the 'all reports' link for DMC Chadwick Road on our website at www.cqc.org.uk.

After our inspection in June 2021 the provider wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

Why we carried out this inspection

We carried out an announced inspection on 22 October 2021 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in June 2021.

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

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- 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
- Discussions with practice staff and three patients

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.

Our findings

This practice is now rated as Requires Improvement overall.

The key questions at this inspection are rated as:

- Are services safe? – Requires Improvement
- Are services effective? – Requires Improvement
- Are services caring? – Good
- Are services responsive? – Good
- Are services well-led? – Requires Improvement

We rated the practice as **Requires Improvement** for providing safe services because:

- The practice's computer system did not alert staff of all family and other household members of children that were on the risk register.
- Safeguarding training was not in accordance with national guidance.
- There was an inconsistent approach to manage medicine alerts.

We rated the practice as **Requires Improvement** for providing effective services because:

- Patients with diabetes were not always coded appropriately or monitored in line with evidence-based guidelines.
- Patients with Chronic Kidney Damage (stages three, four or five) were not monitored in line with evidence-based guidelines.
- Child immunisations performance and uptake was below the national target and required improvement.
- There was limited evidence of quality improvement activity including clinical audits.
- All staff did not have regular appraisals.

We rated the practice as **Good** for providing caring services because:

- Patients we spoke to told us they were treated with compassion, dignity and respect. They described staff as being friendly, caring and helpful.
- Patient feedback collected via the GP patient survey had improved and was no comparable to local and national averages.
- We saw that staff were respectful and polite when dealing with patients and maintained confidentiality.

We rated the practice as **Good** for providing responsive services because:

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- The practice understood the needs of the local population and delivered services to help meet patients' needs.
- People were able to access care and treatment in a timely way and improvements had been made in relation to GP patient survey satisfaction scores.
- Complaints were listened to as well as responded to and used to improve the quality of care.

We rated the practice as **Requires Improvement** for providing well-led services because:

- Although we saw improvements had been made to infection prevention and control processes, prescribing, patient feedback and cancer screening, we found new concerns and new risks which the provider did not have oversight of.
- The provider's processes for managing risks, issues and performance were not always effective. This included risks relating to safeguarding and long-term conditions management, issues related to safeguarding, non-effective clinical audits and a lack of appraisals.
- The practice engaged with the public, staff and external partners and was in the process of reinstating a patient participation group.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue to monitor and increase childhood immunisations performance.
- Further improve patient engagement and communication processes through re-engagement with the patient participation group.

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 Care Quality Commission (CQC) lead inspector. They spoke with staff using video conferencing facilities on 20 and 21 October 2021. The lead inspector undertook a site visit to the practice on 22 October 2021 alongside a GP specialist advisor who completed clinical searches, record reviews and spoke to staff during the visit.

Background to DMC Chadwick Road

The registered provider is Dulwich Medical Centre which is part of a primary care at scale organisation that delivers general practice services at three registered locations in England. DMC Chadwick Road is one of the locations and is a GP practice in Peckham, London with a registered patient population of approximately 6,800 patients.

The practice is situated within the NHS Southwark Clinical Commissioning Group (CCG) and has a general medical services contract with NHS England for delivering primary care services to the local community. (A CCG is responsible for planning and designing local health services in a specific geographic area. They do this by 'commissioning' or buying health and care services).

The practice addresses is: 60 Chadwick Road, Peckham, London SE15 4PU

The practice website is: www.chadwickroad.nhs.uk

The provider is registered with CQC to deliver the following Regulated Activities:

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

The practice clinical team consists of one local clinical lead salaried GP (male), one practice nurse (female), one healthcare assistant (male) and two pharmacists (one female and one male). The practice also employs locum staff via employment agencies. At the time of our October 2021 inspection, there were two additional locum practice nurses working at the practice.

The day-to-day operations are overseen by the practice manager, a lead administrator and six administration, secretarial and reception staff, one of which has just joined the practice as an apprentice. Further management support was provided by DMC Healthcare Limited management staff.

According to national statistics, the practice population is diverse, with a predominantly young working population. There is a lower incidence of patients with a long-standing health condition compared to local and national data and a higher than average number of patients employed (or in full time education).

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 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance A Warning Notice was issued for breaches of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	