

The Lordship Lane Surgery

Inspection report

417 Lordship Lane
East Dulwich
London
SE22 8JN
Tel: 02086932912

Date of inspection visit: 17 May 2023
Date of publication: 20/07/2023

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 at The Lordship Lane Surgery on 17 May 2023. Overall, the practice is rated as requires improvement.

Safe - Requires improvement.

Effective - Requires Improvement.

Caring - Good

Responsive - Good

Well-led - Requires improvement.

Following our previous inspection on 19 April 2021, the practice was rated Requires Improvement overall and Good for the Caring and Responsive key questions:

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

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on the warning notice and requirement notice, which had been issued during our inspection in April 2021. We looked at the Safe, Effective, Caring, Responsive and Well-led key questions and followed up on breaches of regulation 17 (Good governance) and 18 (Staffing).

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A 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 found that:

Overall summary

- The practice had addressed some of the concerns raised at the last inspection, for example, they now had baby changing facilities available to service users.
- They had undertaken risk assessments for emergency medicines considered not to be required.
- We saw the practice had introduced a cleaning schedule detailing which areas of the practice had been cleaned.
- The practice had improved the up take for childhood immunisations.
- Patients were not always monitored effectively.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm in most cases.
- Patients received effective care and treatment that met their needs in most cases.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care in most cases.

The areas where the provider **must** make improvements as they are in breach of regulations 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.

The provider **should**:

- Continue to monitor and improve cervical screening uptake to bring in line with the England average.
- Work on ways to redevelop the practice Patient Participation Group.
- Take action to undertake a patient survey.

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

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. The team included a GP specialist advisor and a second CQC inspector.

Background to The Lordship Lane Surgery

The Lordship Lane Surgery in London at:

417 Lordship Lane

East Dulwich

London

SE22 8JN

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

The practice offers services from a single location.

The practice is situated within the South East London Integrated Care Board (ICB) and delivers Primary Medical Services (PMS) to a patient population of 5310. This is part of a contract held with NHS England.

The practice is part of Dulwich Primary Care Network which includes four other neighbouring GP practices.

Information published by Public Health England report deprivation within the practice population group as 6 on a scale of 1 to 10. Level 1 represents the highest levels of deprivation and level 10 the lowest.

The practice 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 ICB area and the practice is in line with the national average for both males and females. The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

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

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

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

Regulation

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

- Patients were not always monitored appropriately before prescriptions were issued, specifically patients prescribed ACE inhibitors.
- Some patients with long-term conditions, such as asthma, diabetes, thyroid had not received regular reviews.
- Irregular monitoring for weight, and blood pressure checks for some patients prescribed a specific medicine, and some patients with diabetes also hypothyroidism.
- Some patients requiring high dose steroid treatment for severe asthma episodes were not always followed up in line with national guidance.
- Patient records were not always coded appropriately.

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

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The system for managing safety alerts was not effective.
- The process for monitoring patients was not always effective which resulted in irregular monitoring for weight, and blood pressure checks.
- The process for coding patients' records needed to be reviewed.

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