

# 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.

# Overall summary

At our previous inspection of Dulwich Medical Centre on 31 July 2019, we found breaches against Regulation 12 (Safe care and treatment), and Regulation 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the practice as Requires Improvement overall. A comprehensive follow-up inspection scheduled for 20 August 2020 was postponed due to COVID-19. However, following an internal quality assurance review, it was decided that assurance and evidence be sought from the provider remotely, on the action taken to address the Requirement Notices issued after the July 2019 inspection.

Having reviewed the assurance and evidence submitted to us by the provider, we determined that the breaches of Regulations found at the July 2019 inspection had not been adequately addressed. As a result, we undertook a focused inspection on 28 August 2020, at short notice to the provider, to confirm that they had carried out their plan to meet the legal requirements in relation to the breaches in regulations. This report only covers findings in relation to those requirements, and the practice was not rated as a consequence of this inspection. The details of our previous inspections can be found by selecting the 'all reports' link for Dulwich Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

During the inspection of 28 August 2020, we found the provider had made some improvements in providing services. Specifically:

- Action had been taken to address staff shortages and was ongoing. We saw evidence of additional recruitment of clinical and administrative staff. We reviewed a selection of staff rotas and found overall clinical cover was greater than at our previous inspection in July 2019.

- There was a system of recruitment checks for staff that included all information relevant to their employment roles. This included systems to verify and monitor the use of locum agency staff, and to support them in the completion of their duties.
- Staff prescribing practice and prescribing data was being reviewed, managed and monitored.
- Blank prescription forms were stored safely, monitored and recorded throughout the practice. The blank prescription forms were accessed from, then returned to, a secure locked store cupboard.
- Staff worked flexibly across two of the provider's locations to improve service quality.
- The provider had made improvements to the prescribing of high-risk medicines and auditing of patients on high-risk medicines was taking place. For example, the prescribing practice of non-medical prescribing staff and relevant data was reviewed, managed and monitored appropriately by the provider's medicines teams.

We found there were areas where the provider had not made sufficient improvement in providing services. Specifically:

- Processes for managing risks, issues and performance were not always effective. There was limited quality improvement activity to improve the quality and safety of patient care, notably with regards to clinical audits.
- The practice did not always act on appropriate and accurate information. We found that clinical meetings to review patients who were prescribed high-risk medicines did not take place on a regular basis.
- There were issues with monitoring arrangements for patients who were prescribed high-risk medicines.

We issued a Warning Notice in respect of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took this action because of the provider's lack of timely management to address issues previously identified, that could result in patient harm.

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

# Overall summary

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.

**Dr Rosie Benneyworth** MB 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.**

## Our inspection team

Our inspection team consisted of a CQC lead inspector, and a GP specialist advisor.

## Background to Dulwich Medical Centre

Dulwich Medical Centre is part of Southwark Clinical Commissioning Group (CCG) and serves approximately 9094 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

## 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	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance <b>Warning Notice issued.</b>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	