Dulwich Medical Centre

Inspection report

163-169 Crystal Palace Road
East Dulwich
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Date of inspection visit: Remote clinical assessment 20 September 2022 and site visit 22 September 2022
Date of publication: 04/11/2022

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?	Requires Improvement
Are services responsive to people's needs?	Inadequate
Are services well-led?	Requires Improvement

Overall summary

We carried out an announced comprehensive inspection at Dulwich Medical Centre. A remote clinical assessment was conducted on 20 September and a site visit was undertaken on 22 September 2022.

The practice is rated as Requires Improvement overall

Safe – Requires Improvement

Effective – Requires Improvement

Caring – Requires Improvement

Responsive – Inadequate

Well led – Requires Improvement

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 inspection

This inspection was a comprehensive inspection as part of our risk-based approach to reviewing and inspecting services to check if the provider had addressed concerns highlighted following our previous focused inspection and to review the overall quality of care being provided.

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 aimed to enable 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:

- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit where we undertook clinical searches on the practice's patient records system and discussed our findings with 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

Overall summary

- information from the provider, patients, the public and other organisations.

Our previous inspection was a focused unrated inspection looking at the key questions safe, effective, and well led.

Our findings were:

- Not all family members of children at risk or in need had alerts on their record and we found two children in need did not have alerts on their own records.
- Clinical audits lacked evidence of quality improvement.
- The issue previously identified related to risk assessments for staff with prior convictions being reflected in staff job descriptions had not been addressed. However, we were told on this inspection that the person in question's job description was incorrect and therefore the original risk identified was never there.
- The staff member who did not have hepatitis B vaccine was unable to provide evidence of vaccination. However, this staff member did not perform any procedures that carried a risk of infection from blood borne illness which meant that risk of contracting this disease was minimal.
- Performance against targets for childhood immunisations and cervical screening were below local and national averages though the practice outlined action taken to improve uptake.
- We found two dirty light cords in the practice. However, risk from this was mitigated by these being covered with a plastic cover which was cleaned regularly. All other issues related to infection control had been addressed.
- The documentation for patients prescribed high risk medicines had improved with only some minor areas for improvement.

As a result of our findings at our previous inspection we decided to bring forward the planned comprehensive inspection of this location in order to fully assess the provider's compliance with our regulations. At this inspection we found the following issues:

- Clinical audits still lacked evidence of quality improvement.
- The practice did not have recruitment and training documentation for locum staff.
- The process for reporting significant events was unclear and the system for acting on patient safety alerts needed improvement.
- Some areas of infection prevention and control had not been fully considered in the practice's audit.
- Patient feedback related to access and treatment were below local and national averages. The practice outlined actions taken to improve access at the surgery.
- Performance against targets for childhood immunisations and cervical screening were still below local and national averages though the practice outlined action taken to improve uptake.
- Governance and oversight arrangments in areas of risk and quality improvement were not consistently working well.

However we also found that:

- The quality of clinical care provided was of a generally good standard.
- Staff were positive about working at the service.
- Leadership were aware of some of the practice's challneges and were taking action to make improvements.

We found breaches of regulations. The provider must:

- Ensure care and treatment is provided in a safe way to patients.

Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 who conducted a remote clinical review of patient records and discussed the findings with staff at the service.

Background to Dulwich Medical Centre

Dulwich Medical Centre is located at 163-169 Crystal Palace Road, East Dulwich, London, SE22 9EP.

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.

As part of our inspection we visited Dulwich Medical Centre, 163-169 Crystal Palace Road, East Dulwich, London, SE22 9EP only, where the provider delivers registered activities. Dulwich Medical Centre has a registered patient population of approximately 8,475 patients.

The practice is located in an area with a less than average deprivation score. There are arrangements with other providers to deliver services to patients outside of the practice's working hours.

The practice staff consists of one GP partner, three locum GPs (two male one female), one practice nurse (female), one remote advanced nurse practitioner, one community psychiatric nurse (female), one healthcare assistant (female), one practice manager, one assistant practice manager, one administration lead and a team of administrators and receptionists. The practice also has one non-clinical partner. Additional staffing is provided through the local primary care network including physiotherapists, pharmacists, a health and wellbeing coach and a care co-ordinator. The practice can offer patients appointments at the local extended primary care service which provides appointments from 8 am till 8 pm seven days a week.

Dulwich Medical Centre is registered with the Care Quality Commission (CQC) to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; treatment of disease, disorder or injury; surgical procedures.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing Patient feedback, the practice's appointment book, the number of sessions provided and conversations with staff indicated that there were not a sufficient number of clinical staff to meet patient demand.