

Dulwich Medical Centre

Inspection report

163-169 Crystal Palace Road
East Dulwich
London
SE22 9EP
Tel: 0208 693 2727
www.dmccrystalpalaceroad.co.uk/

Date of inspection visit: 31 Jul 2019
Date of publication: 03/10/2019

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?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall.
(Previous rating December 2016 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

We undertook this comprehensive inspection on 31 July 2019, in response to information of concern we received.

At this inspection we found:

- There were gaps in systems to assess, monitor and manage risks to patient safety; particularly in relation to the lack of salaried GPs and the lack of comprehensive induction for locum GPs.
- The practice had systems for the appropriate and safe use of medicines, including medicines optimisation. However, some medicines management arrangements were not operating effectively.
- Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- There was limited monitoring of the outcomes of care and treatment.
- The practice did not have a comprehensive induction programme for locum GPs, and there were gaps in staff supervisions.
- Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

- There was a lack of regular GPs that led to reduced flexibility in the services offered, and a lack of continuity of care.
- Complaints were listened to and responded to.
- Leadership was complex and did not always function as intended.
- The practice's processes for managing risks, issues and performance were not always effective.
- The practice did not always act on appropriate and accurate information.
- There was some evidence of systems and processes for learning, continuous improvement and innovation.

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.

(Please see the specific details on action required at the end of this report).

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

- Carry out a fire drill in line with their fire safety procedures.
- Provide information about the practice performance for patients and visitors.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector who was accompanied by a GP specialist adviser, a second CQC inspector and an administrative officer.

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 two GPs, neither of whom at the time of our inspection were providing clinical sessions in the practice. The practice was severely short of salaried GPs when we inspected and were fully reliant on locum GPs. A new clinical lead GP had started employment at the practice a few weeks before our inspection. The practice

has three salaried GP vacancies. The practice also employs two female practice nurses (one was a locum nurse), 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

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met.</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>The service provider was not:</p> <p>Assessing the risks to the health and safety of service users of receiving the care and treatment and doing all that is reasonably practicable to mitigate any such risks. In particular:</p> <ul style="list-style-type: none">• The practice had not taken enough actions to address the lack of salaried GPs in the service.• The induction of locum GPs was not comprehensively covering all their areas of duty, They were reliant on practice staff to support them in the completion of their duties. <p>Ensuring the proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• There was a lack of monitoring of the clinical decisions, including prescribing practices, of non-medical prescribers.• Blank prescription forms were not removed at the end of the working day for security• Information in the records of patients prescribed high risk medicines were not consistently reflecting the patients' current prescribing and monitoring arrangements. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

Regulated activity	Regulation
--------------------	------------

Requirement notices

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

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met

Systems or processes were not established and were not operating effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person to;

Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). In particular:

- Some processes to manage current and future performance were not yet sufficiently effective.
- There were limited quality improvement activities, particularly clinical audits, in the practice to demonstrate the effectiveness of actions taken by the practice to improve patient care.

Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. In particular:

- The practice was unable to demonstrate they had taken into consideration risks from: risks associated with employing insufficient staff at Dulwich Medical Centre to meet the needs of patients; risks associated with patients being booked in inappropriately for appointments with clinical staff who were not able to meet their needs.

Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. In particular:

- The practice did not carry out searches for patients prescribed high risk medicines to check their periodic monitoring checks had been completed

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