

DMC Chadwick Road

Inspection report

60 Chadwick Road Peckham London SE15 4PU Tel: 02076399622 www.chadwickroad.nhs.uk

Date of inspection visit: 08 April 2021 Date of publication: 04/06/2021

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	Inspected but not rated	
Are services safe?	Inspected but not rated	
Are services well-led?	Inspected but not rated	

Overall summary

We carried out an announced focussed inspection (at short notice to the provider) at DMC Chadwick Road on 4 December 2020. The practice was not rated as a consequence of this inspection. Warning Notices were served in relation to breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 Safe care and treatment and Regulation 17 Good Governance, as well as a Requirement Notice for breaches of regulation 18 Staffing, found at this inspection. The full comprehensive report on the December 2020 inspection can be found by selecting the 'all reports' link for DMC Chadwick Road on our website at www.cqc.org.uk.

Why we carried out this inspection

We carried out an unannounced focussed follow-up inspection on between 30 March 2021 and 15 April 2021 (site visit on 8 April 2021) to confirm that the practice had met the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 4 December 2020. This report covers findings in relation to those requirements. The practice was not rated as a consequence of this inspection.

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:

- Speaking with staff in person and using video conferencing
- · 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 short 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 the practice had made some improvement and had mostly met the requirements of the Regulation 17 (good governance) warning notice, however, they had not sufficiently met the requirements of the Regulation 12 (safe care and treatment) warning notice. In particular:

At this inspection we found:

- The provider had made improvements to systems, practices and processes to help keep people safeguarded from abuse.
- All staff who acted as chaperones were now up to date with training for that role.
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Overall summary

- All staff were now up to date with fire safety training. Staff were up to date with theoretical basic life support training. One practical training session had taken place and another was planned.
- Appropriate standards of cleanliness and hygiene were not met.
- The provider had made some improvements to the way risks to patients, staff and visitors were assessed, monitored or managed. However, some risks had been insufficiently identified or mitigated.
- The provider had made some improvements to staffing levels at DMC Chadwick Road. However, further recruitment of staff to help meet patients' needs was ongoing.
- The arrangements for medicines management did not always help to keep patients safe.
- Local clinical leadership (including on-site clinical supervision) was now clearer that at the time of our inspection in December 2020.
- There were inconsistent processes for managing risks, issues and performance.
- Sufficient improvements had been made by the provider to demonstrate that that had met the majority of the requirements of the Regulation 17 (good governance) Warning Notice and the requirements of the Regulation 18 (staffing) Requirement Notice.
- The provider was unable to demonstrate that they had made sufficient improvements to fully meet the requirements of the Regulation 12 (safe care and treatment) Warning Notice.

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

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

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

- Consider adding alerts to the records of patients prescribed high-risk medicines.
- Continue to recruit staff to vacant posts to help meet the needs of patients.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people 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.

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

Population group ratings	
Older people	Not inspected
People with long-term conditions	Not inspected
Families, children and young people	Not inspected
Working age people (including those recently retired and students)	Not inspected
People whose circumstances may make them vulnerable	Not inspected

Our inspection team

with dementia)

Our inspection team was led by a Care Quality Commission (CQC) lead inspector who undertook a site visit. The team included a second CQC inspector and a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Not inspected

Background to DMC Chadwick Road

People experiencing poor mental health (including people

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 located at 60 Chadwick Road, Peckham, London, SE15 4PU.

The practice has a general medical services contract with NHS England for delivering primary care services to the local community. Primary medical services are available to registered patients via an appointments system. The practice website is www.chadwickroad.nhs.uk.

As part of our inspection we visited DMC Chadwick Road, 60 Chadwick Road, Peckham, London, SE15 4PU only, where the provider delivers registered activities. DMC Chadwick Road has a registered patient population of approximately 6,900 patients.

There are arrangements with other providers to deliver services to patients outside of the practice's working hours.

The practice staff consists of two salaried GPs (one male and one female), one practice manager, one assistant practice manager, one advanced nurse practitioner (female), one community psychiatric nurse (female), one midwife (female), one pharmacist practitioner (female), one healthcare assistant (female), one physicians associate (male), one administration lead, one senior administrator, five practice administrators, one clinical coder and one medical notes summariser. The practice also employs locum staff via an agency and practice staff are supported by the DMC Healthcare Limited management staff.

DMC Chadwick Road is registered with the Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; treatment of disease, disorder or injury.

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.

Regulation Regulated activity Diagnostic and screening procedures treatment Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury particular:

Regulation 12 HSCA (RA) Regulations 2014 Safe care and

The service provider was not ensuring the proper and safe management of medicines. In particular:

• Patient Group Directions were not always completed prior to the administration of medicines.

There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In

- The provider's infection control risk assessment did not identify risks in any detail other than by use of general headings.
- The provider had not carried out an annual infection prevention and control audit.

The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- Checks of emergency medicines and equipment had not been regularly carried out. There was no adult pulse oximeter available.
- Risk assessments had not been carried out when changes to access to emergency medicines and equipment had occurred.

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