

# DMC Chadwick Road

## Inspection report

60 Chadwick Road  
Peckham  
London  
SE15 4PU  
Tel: 02076399622  
[www.chadwickroad.nhs.uk](http://www.chadwickroad.nhs.uk)

Date of inspection visit: 4 December 2020  
Date of publication: 25/01/2021

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.

Following the inspection in August 2020 of another location where services were also delivered by the provider Dulwich Medical Centre, we found breaches of regulation and the risk of patient harm. As a result, we took enforcement action and issued a Section 29 Warning Notice. As the provider, Dulwich Medical Centre, is also delivering regulated activities at DMC Chadwick Road, we carried out this inspection to assure ourselves that the breaches of regulation and risk of patient harm found during the inspection of the other location in August 2020 were not being repeated at this location.

Our judgement of the quality of care at this service is based 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. The on-site inspection activity took place on 4 December 2020 followed by inspection activities carried out remotely thereafter.

At this inspection we found:

- The practice's systems, practices and processes did not always keep people safe.
- Risks to patients, staff and visitors were not always assessed, monitored or managed in an effective manner.
- The practice learned and made improvements when things went wrong.
- Staff had the information they needed to deliver safe care and treatment.
- The arrangements for medicines management did not always help to keep patients safe.
- Local clinical leadership (including on-site clinical supervision) was unclear.
- Governance arrangements were not always effective.
- The practice involved the public, staff and external partners to help sustain high-quality sustainable care.
- Systems and processes for learning and continuous improvement were effective.

The areas where the provider **must** make improvements 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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

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.

**Dr Rosie Benneyworth** BM 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.**

## Population group ratings

<b>Older people</b>	<b>Not inspected</b> 
<b>People with long-term conditions</b>	<b>Not inspected</b> 
<b>Families, children and young people</b>	<b>Not inspected</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Not inspected</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Not inspected</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Not inspected</b> 

## Our inspection team

Our inspection team was led by a CQC Inspector and included a second CQC Inspector and a GP Specialist Advisor.

## Background to DMC Chadwick Road

- The registered provider is Dulwich Medical Centre which is a primary care at scale organisation that delivers general practice services at three registered locations in England.
- There are arrangements with other providers to deliver services to patients outside of the practice's working hours.
- The practice staff consists of three salaried GPs (one male and two female), one practice manager, one practice nurse (female), one community psychiatric nurse (female), one midwife (female), one pharmacist (female), one pharmacist practitioner (female), one healthcare assistant (female), one physicians associate (male), one administration lead, one senior administrator, four practice administrators and one clinical coder. Practice staff are also 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.
- 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](http://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.

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	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular;</p> <ul style="list-style-type: none"><li>• Not all staff were up to date with: chaperone training; fire safety training; basic life support training.</li></ul> <p>This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

## 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.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person to;</b></p> <p><b>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:</b></p> <ul style="list-style-type: none"><li>• The provider was unable to demonstrate they had fully taken into consideration and mitigated risks from: the practice's computer system not alerting staff to all family and other household members of children that were on the risk register; employing insufficient staff; unclear clinical leadership (including clinical supervision) arrangements; all staff not receiving appraisals at appropriate timely intervals.</li><li>• The provider was also unable to demonstrate they had effective systems for the timely routine management of legionella.</li></ul> <p><b>Maintain securely such other records as are necessary to be kept in relation to – (i) persons employed in the carrying on of the regulated activity. In particular:</b></p> <ul style="list-style-type: none"><li>• The role of deputy lead member of staff for safeguarding processes and procedures was not contained in their written job description.</li></ul> <p><b>Maintain securely such other records as are necessary to be kept in relation to – (ii) the management of the regulated activity. In particular:</b></p> <ul style="list-style-type: none"><li>• The provider's safeguarding policy for adults, young persons and children did not contain details of the local</li></ul>

## Enforcement actions

clinical salaried GP or community psychiatric nurse who were the local designated lead members of staff for safeguarding processes and procedures. This policy also contained information that was out of date.

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

### Regulated activity

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

### Regulation

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

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

- Patient Group Directions were not always completed correctly.

**The service provider was not ensuring that there were sufficient quantities of medicines, supplied by the service provider, to ensure the safety of service users and to meet their needs. In particular:**

- The provider did not keep the emergency medicine furosemide for use in an emergency. The assessment of the risk of not keeping this medicine did not effectively mitigate risks to patients.

**The service provider was not assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:**

- 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.

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