

Dulwich Medical Centre

Inspection report

163-169 Crystal Palace Road
East Dulwich
London
SE22 9EP
Tel: 02086932727
www.dmccrystalpalaceroad.co.uk

Date of inspection visit: 26 April 2022
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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.

Ratings

Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced inspection at Dulwich Medical Centre on 26 April 2022

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 focused inspection as part of our risk-based approach to reviewing and inspecting services to check if the provider had complied with a warning notice issued for breaches of regulation 17 (Good Governance) issued at our last inspection on 21 September 2021.

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

Our previous inspection was a focused inspection looking at the key questions safe, effective, responsive and well led. We rated the practice as requires improvement for safe and effective, good for responsive and inadequate for well led. As a result of our findings we issued warning notices for regulation 17 because:

- We found that some patients with asthma, diabetes and COPD were not receiving appropriate care and treatment
- We found that there were issues with the documentation for some patients prescribed high risk medicines and a lack of documented counselling with patients on risks associated with taking one medicine.
- Performance against targets for childhood immunisations and cervical screening were below local and national averages.
- The families of children at risk or subject to safeguarding concerns did not have flags on their medical records
- Criminal background checks highlighted previous convictions for staff and risk assessments did not take account of the responsibilities outlined in the staff member's job description

Overall summary

- One member of clinical staff was not vaccinated against Hepatitis B
- Risks associated with infection control had not been properly assessed or mitigated.
- The practice did not have a spare set of defibrillator pads
- Blank prescriptions were not securely stored, and their use was not being monitored.
- Patient Group Directions had not been filled in correctly.
- There was a lack of documented action following breaches of the practice's vaccine cold chain policy.
- Clinical audits did not demonstrate quality improvement
- The practice had not sought or acted on feedback from patients as they had not responded to reviews on NHS choices.

At this inspection we found the following issues:

- 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 still lacked evidence of quality improvement
- The issue 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 still 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.

However, the following improvements had also been made:

- Patients with long term conditions whose records we reviewed were having appropriate care and treatment.
- The practice had spare defibrillator pads.
- Patient Group Directions we reviewed were all completed correctly.
- Blank prescriptions were stored securely, and their use monitored.
- Breaches of the vaccine cold chain were dealt with in line with the practice's policy.
- The practice had responded to feedback on NHS choices.

We found breaches of regulations. The provider must:

- 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.

The provider **should**:

- Continue to work to improve the uptake of screening and immunisations.
- Review recruitment policies to ensure job descriptions are reflective of risk assessments undertaken for staff who have prior criminal convictions.

Overall summary

- Review policies around staff vaccinations.
- Act to further improve the documentation of care provided to those taking high risk medicines.

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

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor who attended the site visit, completed clinical searches and records reviews and discussed the findings with staff at the service.

Background to Dulwich Medical Centre

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. 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 two salaried GPs (both male), one practice nurse (female), 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 employs locum staff (including regular locum GPs) via agencies and practice staff are supported by the primary care at scale organisation DMC Healthcare Limited management staff.

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.