

# Poole Road Medical Centre

## Quality Report

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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 service

Good



Are services safe?

Good



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

### Detailed findings from this inspection

Background to Poole Road Medical Centre	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	6

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a focused inspection of Poole Road Medical Centre on 9 June 2016 to assess whether the practice had made the improvements in providing care and services that were safe. The practice was able to demonstrate that they were meeting the standards for safe care and is now rated as good for providing safe care. The overall rating for the practice is remains good.

We had previously carried out an announced comprehensive inspection at Poole Road Medical Centre on 6 May 2015 when we rated the practice as good overall. The practice was rated as good for being effective, caring, responsive and well-led and requires improvement for providing safe care. This was because blank prescriptions were not safely tracked by the practice. There were also gaps in the employment checks necessary for staff and background checks for staff performing chaperone duties. We also found that Patient

Groups Directions (PGDs), used for nurses administering vaccines, were not appropriately signed. Following our last inspection we asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

This report should be read in conjunction with the full inspection report.

Our key findings across the areas we inspected on 9 June 2016 were as follows:

- Systems and processes to monitor the use of blank prescriptions were effectively operated.
- Recruitment checks on staff had been appropriately conducted, including those staff performing chaperone duties.
- Systems and processes to ensure the safe use and administration of vaccines were effectively operated.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The practice is rated as good for providing safe services.

- Systems and processes to monitor the use of blank prescriptions were effectively operated.
- Recruitment checks on staff had been appropriately conducted, including those staff performing chaperone duties.
- Systems and processes to ensure the safe use and administration of vaccines were effectively operated.

**Good**



# Poole Road Medical Centre

## Detailed findings

### Background to Poole Road Medical Centre

Poole Road Medical Centre is situated in Poole Road, Bournemouth. The practice has an NHS general medical services contract to provide health services to approximately 8400 patients.

The Practice offers walk-in appointments every weekday morning between 8.15am and 10.20am. These are for both routine and emergency needs. Afternoon and telephone appointments are available with all the GPs and these can be booked in advance. The practice also holds early

morning surgeries on Tuesdays between 7.30am and 8am and on one Saturday a month between 8.30am and 12.30pm. The practice has opted out of providing out-of-hours services to its patients and refers them to Dorset and Somerset Urgent Care Services via the 111 service.

The mix of patient's gender (male/female) is almost half and half. The practice has a considerably higher number of patients aged between 25 and 34 years old and patients over 75 years old when compared to the England average. The practice has a high number of patients who have a

long term condition and are in receipt of disability related benefits when compared to the England average and is situated in an area of high deprivation.

The practice has four GP partners and two salaried GPs. In total there are three male and three female GPs, equivalent to almost five full-time GPs. The practice also has three practice nurses and two health care assistants, who provide a range of nursing and treatment services to patients. GPs and nursing staff are supported by a team of administration staff. The practice administration team

consists of receptionists, secretaries, a reception supervisor and the practice management team. Poole Road Medical Centre is also a training practice for doctors training to be GPs and medical students.

We carried out our inspection at the practice's only location situated at:

Poole Road Health Centre

Poole Road

Bournemouth

BH2 5QR

We previously inspected Poole Road Medical Centre on 6 May 2015. Following this inspection, the practice was given an overall rating of good. A copy of the report detailing our findings can be found at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we carried out this inspection

We carried out an announced inspection at Poole Road Medical Centre on 6 May 2015 when we rated the practice as good overall. Specifically, the practice was rated as good for providing responsive services and being caring, effective and well-led and requires improvement for providing safe care.

As a result of the inspection in May 2015, the provider was found to be in breach of regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that blank prescriptions were not safely tracked by the practice. There were also gaps in the employment checks necessary for staff and background checks for staff performing chaperone duties. We also found that patient group directions, used by nurses administering vaccines, were not appropriately signed.

## Detailed findings

The provider sent us an action plan of the changes they would make to comply with the regulations they were not meeting at that time.

### How we carried out this inspection

We revisited Poole Road Medical Centre as part of this inspection. We carried out a focused review based on the evidence observed on inspection and information the practice provided to us prior to and during our inspection. The inspection team consisted of a CQC Lead inspector.

We visited the practice on 9 June 2016 to check the necessary changes had been made.

# Are services safe?

## Our findings

### Monitoring risks to patients

At our last inspection on 6 May 2015, we found that appropriate recruitment checks were not consistently undertaken. We found that a member of staff had been employed in December without the necessary checks on their previous employment history and character. We also found that clinical staff had been employed since April 2013 without a Disclosure and Barring Service check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We also found that two further members of staff had been employed without proof of identity, proof of eligibility to work in UK or evidence to confirm that a Disclosure and Barring Service check or risk assessment had been carried out. There was no explanation of gaps in employment or written evidence of conduct in previous employment. This meant the practice could not be assured that staff employed were appropriate.

On 9 June 2016, we checked the files of these staff members and found all checks had now been appropriately undertaken. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We also reviewed the files of two further staff members employed since our inspection in May 2015 and found recruitment checks were appropriately conducted.

At our last inspection, we found that blank prescription forms were not tracked to record how they were distributed

within the practice and were not stored securely at all times. This was not in accordance with national guidance so that prescription usage can be identified when required. On 9 June 2016, we found that prescriptions were now logged at the time of issue to each GP. The process for the safe storage of prescriptions was reviewed regularly by the practice manager. We found that prescriptions were stored securely when not in use, including at the end of each day. Staff we spoke to could explain the process for the safe tracking of prescriptions clearly.

Medicines administered by the nurses at the practice were given under a patient group direction (PGD) which is a directive agreed by GPs allowing nurses to administer prescription-only medicines, such as vaccines. At our inspection on 6 May 2015, we found that PGDs had not been consistently signed by a prescribing clinician according to legal requirements. At this inspection, we reviewed 12 PGDs currently in use by the practice and found that all had been signed by a GP, the nurses using the PGD and the practice manager according to legal requirements.

At our last inspection on 6 May 2015, we found that four reception and administration staff performed chaperone duties and these staff had not received training for this role or received disclosure and barring service checks. This meant the practice could not be reassured staff were performing these duties safely. At this inspection on the 9 June 2016, we were shown evidence that non-clinical staff performing chaperone duties had received appropriate training. All had received disclosure and barring service checks. The practice safe-guarding lead gave staff regular updates on common chaperone procedures, to support the regular training accessible to them.