

# Denham Medical Centre

## Quality Report

Queen Mothers Drive,  
Denham Garden Village,  
Uxbridge,  
Buckinghamshire,  
UB9 5GA

Tel: 01895 832012

Website: [www.denhammedicalcentre.co.uk](http://www.denhammedicalcentre.co.uk)

Date of inspection visit: We have not revisited Denham Medical Centre, as part of this review because it was able to demonstrate that it was meeting the standards without the need for a visit.

Date of publication: 04/04/2017

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



Are services effective?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5

### Detailed findings from this inspection

Our inspection team	6
Background to Denham Medical Centre	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

## Overall summary

### Letter from the Chief Inspector of General Practice

In April 2016, during our previous comprehensive inspection of Denham Medical Centre, we found issues relating to the safe and effective delivery of healthcare services. The practice also needed to review and monitor their governance arrangements. As a result of this inspection, we asked the practice to make further improvements; in order to address the high risk issues identified during their most recent fire safety risk assessment; ensure national safety and medicines alerts and National Institute for Health and Care Excellence (NICE) best practice guidelines were followed up systematically; undertake all necessary recruitment checks to carry out Disclosure and Barring Scheme (DBS) checks or risk assessments; and ensure all staff had undertaken essential training such as safeguarding children and adults.

Furthermore, the practice also needed to review and monitor the system in place to improve the outcomes for patients with learning disabilities; review patients' feedback and address concerns identified from the national GP Patient Survey regarding the GPs and the introduction of pre-bookable online appointments.

Following the last inspection, the practice was rated as requires improvement in safe and effective services, and good for caring, responsive and well led services. The practice had an overall rating of requires improvement.

We carried out a desk based inspection in November 2016 to ensure the practice had made improvements since our last inspection. The practice sent us evidence in the form of a fire quality assurance report, a staff training log, bluestream academy (bluestream is a type of online training for healthcare providers and professionals) reports, a learning disability appointments record and evidence of a learning disability database search carried out by the practice. The practice also further supplied a chart outlining the areas the practice had changed to make improvements. We found the practice had made some improvements since our last inspection in April 2016.

At this inspection we found that:

- The practice had taken steps to address the high risk issues identified during their previous fire risk assessment.
- The practice had provided a copy of a quality assurance report produced by an independent company.

# Summary of findings

- Steps were taken by the practice to address issues surrounding GP and administrative staff training in adult safeguarding and child protection.
- The practice had provided evidence of staff training by supplying bluestream academy reports, and a copy of a staff training log.
- Policies and procedures for Disclosure and Barring Scheme (DBS), and the recruitment of new staff were provided.
- Steps were taken by the practice to review patient feedback.

The areas where the provider should make improvements are:

- Continue to review and monitor the system in place, to improve the outcomes for patients with learning disabilities.
- Ensure the governance arrangements in place for the delivery of safe and effective services are fully embedded.

Following this desk based inspection we have rated the practice as good for providing safe and effective services. The overall rating for the practice is good. This report should be read in conjunction with the full inspection report of 20 April 2016. A copy of the full inspection report can be found at [www.cqc.org.uk](http://www.cqc.org.uk).

**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?

Since our last inspection in April 2016, the practice was found to have undertaken work to address the previous issues identified in April 2016. These include:

- Taking steps to address the high risk issues identified during their previous fire risk assessment.
- Providing a copy of a quality assurance report produced by an independent company.
- Producing a Disclosure and Barring Scheme (DBS) check policy and consent form.
- Producing a new employee recruitment, selection, interview & appointment policy & protocol.
- Creating an electronic folder to document National Patient Safety Alerts.
- Ensuring systems were in place to report any medication errors.

Good



### Are services effective?

Since our last inspection in April 2016, the practice was found to have undertaken work to address the previous issues identified in April 2016. These include:

- Taking steps to address issues surrounding GP and administrative staff training in adult safeguarding and child protection.
- Providing evidence of staff training, by supplying bluestream academy reports, and a copy of a staff training log.
- Demonstrating some improvement in the outcomes for patients with learning disabilities.
- Obtaining patient feedback on practice related issues.

However the practice should continue to improve in the following areas:

- Continue to review and monitor the system in place, to improve the outcomes for patients with learning disabilities.
- Ensure the governance arrangements in place for the delivery of safe and effective services are fully embedded.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

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

# Denham Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our follow up desk top inspection was undertaken by a CQC Assistant Inspector.

## Background to Denham Medical Centre

Denham Medical Centre is situated in Uxbridge. The practice is located in a purpose built premises with car parking for patients and staff. Premises are accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground floor. The practice comprises of four consulting rooms, four treatment rooms, a patient waiting area, reception area, administrative and management offices and a meeting room.

The practice has core opening hours from 8.30am to 6.30pm Monday to Friday. The practice has offered range of scheduled appointments to patients every weekday from 8.30am to 6pm including open access appointments with a duty GP. Extended hours appointments are available every Tuesday evening from 6.30pm to 8pm.

The practice had a patient population of approximately 9,400 registered patients. The practice population of patients aged between 0 to 29 years are lower than the national average and there are a higher number of patients aged between 40 to 59 years old and aged above 65 years old compared to national average.

There are three GP partners and three long term locum GPs at the practice. Five GPs are female and one male. The practice employs four practice nurses and two nurse

prescribers. The practice manager is supported by a reception manager, a team of administrative and reception staff. Services are provided via a General Medical Services(GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

Services are provided from following two locations and patients can attend any of the two practice locations. We did not visit Aysgarth Medical Centre during this inspection and the practice is planning to deregister Aysgarth Medical Centre from their CQC registration.

Denham Medical Centre

Queen Mothers Drive

Denham Garden Village

Uxbridge

UB9 5GA

Aysgarth Medical Centre

Church Road

Iver Heath

SL0 0RW

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time and 30 minutes before opening time (between 8am and 8.30pm) by Harmoni out of hours service or after 6:30pm, weekends and bank holidays by calling NHS 111.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection on 20 April 2016 and published a report setting out our judgements. The practice was overall rated as requiring improvement, as it was found to be requires improvement in both the safe and effective domain. This was due to high risk issues identified during their most recent fire safety risk assessment.

We carried out a focussed desk based inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

This report should be read in conjunction with the full inspection report. A copy of the full inspection report can be found at [www.cqc.org.uk](http://www.cqc.org.uk).

## How we carried out this inspection

We undertook a focused desk based inspection of Denham Medical Centre on 29 November 2016. This was carried out

to check that the practice had resolved the issues which had been found during our previous inspection in April 2016. We asked the provider to send evidence of the changes they had made to comply with the standards they were not meeting previously.

To complete this desk based inspection we:

- Reviewed evidence that the practice provided to demonstrate the improvements made.

Because this was a focused follow up inspection we looked at one of the five key questions we always ask:

- Is it safe?
- Is it effective?

We have not revisited Denham Medical Centre as part of this review because the practice was able to provide the evidence requested, without the need for an inspection visit.

This report should be read in conjunction with the full inspection report of CQC visit on 20 April 2016. A copy of the full inspection report can be found at [www.cqc.org.uk](http://www.cqc.org.uk).

# Are services safe?

## Our findings

### Safe track record and learning

- The practice had advised us of the systems in place to ensure national safety and medicines alerts and National Institute for Health and Care Excellence (NICE) best practice guidelines were followed up systematically. The practice had also advised us, that systems were in place to ensure any medication errors were reported and documented. According to the practice, an electronic folder was created to store documents regarding National Patient Safety Alerts.

### Overview of safety systems and processes

- The practice had evidenced at the previous comprehensive inspection that a disclosure and barring scheme (DBS) policy was in place for providing recruitment checks. (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). During this inspection the practice had further supplied recruitment policies and procedures, to demonstrate the system in place.

### Monitoring risks to patients

- The practice had supplied a copy of their quality assurance report, carried out by an independent company. The quality assurance report was not a comprehensive fire risk assessment, and as a result only focussed on areas from the practice's previous fire safety inspection. The quality and assurance report contained before and after photographic images of high risk fire areas within the practice. The images demonstrated the work and steps the practice had taken, to ensure that the areas highlighted as high risk to patients and staff were reduced.



# Are services effective?

(for example, treatment is effective)

## Our findings

### **Coordinating patient care and information sharing**

- The practice had provided evidence of the database searches they had performed and the size of their patients with learning disabilities. The practice had identified 42 patients (in November 2016) and 43 patients (in February 2017) with learning disabilities. From this figure, the practice had completed a total 14 care plans (in November 2016) and 19 health checks (in February 2017). The figures provided demonstrated an improvement from the previous CQC inspection in April; the data provided showed that 33.3% of patients with learning disabilities (in November 2016) had completed care plans. In addition the practice had supplied a copy of the appointment list for their patients with learning disabilities (in February 2017). However from this list of 43 patients, only eight patients had appointments booked and scheduled for review.

### **Effective staffing**

- The practice had taken steps to address issues surrounding GP and administrative staff training in adult safeguarding and child protection. A copy of both the staff training record and the bluestream academy (bluestream is a type of online training for healthcare providers and professionals) reports, was provided as evidence by the practice. The records demonstrated that all administrative and reception staff had undertaken training in child protection and safeguarding adults to an appropriate level. Records also demonstrated that all GPs had undertaken training in safeguarding children and adults, to an appropriate level as well.

### **Care planning and involvement in decisions about care and treatment**

- The practice had provided evidence that steps were taken to obtain patient feedback. Results from Friends and Family test between June 2016 and February 2017, were collected and analysed, as a means of improving patient experiences.