

# Dashwood 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



Are services effective?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dashwood Medical Practice on 5 May 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the May 2017 inspection can be found by selecting the 'all reports' link for Dashwood Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 8 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified at our previous inspection on 5 May 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Medicines management procedures had been reviewed to ensure an effective process for managing

medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). There was a system to ensure the timely review and actioning of safety alerts.

- There was a system for monitoring high risk medicines and medicine reviews had been conducted or scheduled. Medicines were being prescribed with sufficient information to support safe prescribing.
- Care plans were up to date and there were detailed journal entries which evidenced consultations and actions taken as a result.
- There was an embedded system for the management of complaints.
- The practice had established governance systems and processes.
- The practice had identified an increased number of patients as carers. There were 95 patients on the carers register, approximately 1% of the patient list.
- Trends in significant events were examined and learning from events shared across the practice.
- An audit of patient attendance at accident and emergency services was due to be repeated in January 2018.

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?

At our previous inspection on 5 May 2017 we rated the practice as requires improvement for providing safe services. We found:

- The practice were unable to evidence how they monitored trends in significant events and revisited learning to ensure it was embedded into systems.
- Medicines management procedures had not been reviewed and the practice could not demonstrate an effective process for managing medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice had insufficient systems and processes in place to ensure the proper and safe management of some medicines. We found some medicine reviews for high risk medicines had not been conducted nor scheduled and medicines were being prescribed with insufficient information to support safe prescribing.

These arrangements had significantly improved when we undertook a follow up inspection on 8 November 2017 and the practice is now rated as good for providing safe services.

Good



### Are services effective?

At our previous inspection on 5 May 2017 we rated the practice as requires improvement for providing effective services. We found:

- That some patient care plans were last updated two years ago and there was an absence of journal entries evidencing discussions.

These arrangements had significantly improved when we undertook a follow up inspection on 8 November 2017 and the practice is now rated as good for providing effective services.

Good



### Are services responsive to people's needs?

At our previous inspection on 5 May 2017 we rated the practice as requires improvement for providing responsive services. We found:

- Patients we spoke with said they experienced difficulties with the practice telephone system but were able to get an appointment, often on the day requested.
- Information about how to complain was available and evidence from complaints reviewed showed the practice responded

Good



# Summary of findings

quickly to issues raised. Learning from complaints was shared with staff. However, we found the practice were unable to locate paperwork relating to a complaint made in February 2017.

These arrangements had significantly improved when we undertook a follow up inspection on 8 November 2017 and the practice is now rated as good for providing responsive services.

## Are services well-led?

At our previous inspection on 5 May 2017 we rated the practice as requires improvement for providing well-led services. We found:

- There was an absence of documentation to evidence how the practice achieved the consistent and sustainable delivery of good quality care e.g. partners meetings, management meeting minutes and quality assurance systems.
- The practice had some policies and procedures to govern activity but acknowledged they may benefit from revising their management of medicines.

These arrangements had significantly improved when we undertook a follow up inspection on 8 November 2017 and the practice is now rated as good for providing well-led services.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The provider had resolved the concerns for safety, effectiveness, responsive and well-led identified at our inspection on 5 May 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice contacted older patients on being discharged from hospital but some care plans had not been updated.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



### People with long term conditions

The provider had resolved the concerns for safety, effectiveness, responsive and well-led identified at our inspection on 5 May 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Dossett boxes could be arranged by the practice with the assistance of their local medicine management team.
- The practice followed up on patients with long-term conditions discharged from hospital.
- All these patients had a named GP and there were recall procedures in place for patients who failed to attend for reviews. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



# Summary of findings

## Families, children and young people

The provider had resolved the concerns for safety, effectiveness, responsive and well-led identified at our inspection on 5 May 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice had dedicated safeguarding leads and staff had completed training and were confident raising and escalating concerns.
- The midwife attended the practice weekly on a Wednesday.
- The practice had good rates for standard childhood immunisations.
- The practice provided extensive family planning and sexual health services. They included coil, implant fitting or removal.
- The practice conducted cervical screening and followed up on poor attendance.
- Flexible appointments were offered outside of school times with early opening 7-8am Tuesday to Friday and the premises was found to be suitable for children and babies.

Good



## Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effectiveness, responsive and well-led identified at our inspection on 5 May 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice provided online appointments, telephone consultations and extended opening hours with morning appointments from 7am Tuesday to Friday.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.
- Patients had access to weight management clinics held at the practice.
- The practice conducted travel vaccinations.

Good



## People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effectiveness, responsive and well-led identified at our inspection on 5 May 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Prescriptions were signed weekly for those patients susceptible to misusing medication.

## People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety, effectiveness, responsive and well-led identified at our inspection on 5 May 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Patients with poor mental health were provided with flexible appointments and accommodated with minimal notice.
- The practice had a lead GP for mental health, also a qualified section 12 mental health practitioner.
- We found some patients receiving Lithium (a medicine used to treat some patients with poor mental health) had not been monitored in accordance with guidance.
- The practice provided mental health injections to those with poor mental health.
- The practice carried out advance care planning for patients living with dementia.
- Patients told us they had been supported practically and emotionally on being diagnosed with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



## Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Patients could self-refer into talking therapies.



# Dashwood Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Inspector.

## Background to Dashwood Medical Centre

Dashwood Medical Centre is located in Ramsgate, Kent and registered with the Care Quality Commission to provide regulated activities in June 2016. They have an economically and socially diverse community of approximately 10,082 registered patients.

The practice is located in a purpose built building, sharing their premises with other health professionals (such as physiotherapists and acupuncturists) and a pharmacy. Patients benefit from the convenience of on street parking and a shared car park at the rear of the premises with three designated disabled parking bays. There is an electronic door entry to the practice and lift access to all floors.

The clinical team consists of the lead GP (male), five part time salaried GPs (two male and three female GPs), one full time salaried GP (female) and one male locum. They were supported by three female practice nurses all part time, a female assistant practitioner and a female health care assistant.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8am to 6pm on Monday and 7am to 6pm on Tuesday to Friday. In addition, pre-bookable appointments could be booked up to six weeks in advance for the GPs and two months in advance for the nursing team. Urgent appointments and home visits are available on the day for patients that need them.

The practice is registered with HEKSS (Health Education England – Kent, Surrey and Sussex) who are responsible coordinating medical postgraduate education and training), but was not training medical students at the time of this inspection.

When the practice is closed patients requiring non urgent care are advised to call the national NHS 111 service for advice or use the Health Helps Now a signposting patients to health provision in Kent and Medway. Out of hours provision is provided by Primecare.

The practice had a comprehensive website providing details on their staff, services including training dates when the practice is closed and alternative health providers.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dashwood Medical Centre on 5 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in May 2017 can be found by selecting the 'all reports' link for Dashwood Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dashwood Medical Centre on 8 November 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Detailed findings

## How we carried out this inspection

During our visit we:

- Spoke with the practice manager and operations manager.

- Reviewed documents and records

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our previous inspection on 5 May 2017, we rated the practice as requires improvement for providing safe services. We found improvements were required for the safe management of medicines. The system for MHRA alerts was not sufficiently embedded and there was no policy relating to how the practice managed high risk medicines to ensure safe prescribing and appropriate reviews were conducted.

These arrangements had significantly improved when we undertook a follow up inspection on 8 November 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team and discussed them. Searches were carried out of the patient record system to identify those patients who may be affected. These patients were reviewed and action taken appropriately. A policy regarding the MHRA alerts had

been developed. The practice had conducted an audit in response to a medicine alert to help ensure that appropriate action had been taken for all patients as required.

- A policy had been devised regarding high risk medicines to help ensure safe prescribing and that appropriate reviews were conducted. Searches of patients on high risk medicines were carried out two-weekly and where action was required the practice contacted the patient to book a review or blood test as appropriate.
- A system of high risk medicine monitoring had been established. Documents on the practice IT system showed a tracker spreadsheet for high risk medicines which detailed when the last blood test and review had been carried out and last prescription issued for each patient prescribed the medicine. This was reviewed on a two weekly basis.
- We reviewed the management of patients on Warfarin (an anticoagulant used to prevent heart attacks and blood clotting). Patients receiving this medicine are required to have regular blood tests, often monthly to inform the prescribing of the medicine. We found evidence (such as patient blood results or communications) on the patient's clinical record to support the continued safe prescribing of warfarin by the practice. The practice told us that where there were no up to date blood results repeat prescriptions were not reissued after 3 months.
- We reviewed the management of two patients prescribed Lithium (a medicine sometimes used for patients with a mood disorder) and saw that both had been recently reviewed.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 5 May 2017, we rated the practice as requires improvement for providing effective services as the practice did not sufficiently maintain accurate, complete and contemporaneous records in respect of each patient.

These arrangements had significantly improved when we undertook a follow up inspection on 8 November 2017. The practice is now rated as good for providing effective services.

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

We reviewed the management of three patients receiving end of life care and found that their care and treatment plans were up to date and there were regular journal entries evidencing consultations and the actions taken as a result. The practice explained that the lead GP carried out weekly visits to, and had regular discussions with, the local hospice to help ensure that end of life care for their patients was delivered in a coordinated way. Staff told us that patients receiving end of life care were given a direct telephone line to the practice and that there was an alert on their care and treatment notes so that all staff were aware and responded with extra care.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 5 May 2017, we rated the practice as requires improvement for providing responsive services as the practice had not established an effective system for recording and responding to complaints.

We found the practice had significantly improved when we undertook a follow up inspection on 8 November 2017. The practice is now rated as good for providing responsive services.

### **Listening and learning from concerns and complaints**

The practice had a clear system for recording and responding to both written and verbal complaints. The practice had an electronic and a paper system for recording complaints and actions taken as a result. Staff told us that they dealt with complaints at the point that they were raised by talking to patients about the area of concern and that complaints were often resolved at verbal level. The practice had developed a complaints template/front sheet which helped with the identification of trends. For example, where patients were not able to access the practice during their lunch break, the practice now provided GP appointments across the lunch period. We looked at the complaints log for the practice and found complaints had been responded to in a timely and professional manner.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 5 May 2017, we rated the practice as requires improvement for providing well-led services. We found the practice needed to strengthen their governance systems regarding documentation and medicines management policies.

We found the practice had significantly improved when we undertook a follow up inspection on 8 November 2017. The practice is now rated as good for providing well-led services.

### Governance arrangements

Medicines management policies had been updated to include the process for monitoring and recalling patients prescribed high risk medicines. The policy details that there is a tracker for monitoring patients taking high risk medicines which details when their reviews or blood tests are due, results of blood tests and when the last prescription was issued.

The practice had implemented a policy to ensure that timely reviews and appropriate action were undertaken regarding patient safety alerts such as those issued by the Medicine and Health Regulatory Agency (MHRA). An audit

had been carried out of all patients taking a high risk medicine at the practice, specifically in relation to a MHRA alert. Searches were carried out on patients and letters sent for recalls where required.

### Leadership and culture

The practice were able to demonstrate that they had established and effective systems for reporting and recording meetings, including the sharing of information from these with members of staff who were unable to attend. A number of meetings were held each month. For example, a clinical meeting was held fortnightly and minutes seen demonstrated that significant events were discussed and training was delivered regarding a gold framework for care provided to patients living with learning disabilities; an operations meeting was held fortnightly and a minutes book demonstrated information imparted and actions required to be taken; a monthly administration and lead GP meeting took place with a fixed agenda and minutes were seen; significant events were discussed as they occurred and at quarterly meetings, as well as in clinical meetings when appropriate. A whole practice meeting took place once a year. The practice also met with the medicines management team on a weekly basis, but held a formal meeting with minutes on a quarterly basis.