

# Dunsville Medical Centre

## Inspection 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 location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced comprehensive inspection at Dunsville Medical Centre on 16 April 2019 as part of our inspection programme.

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.

**We have rated this practice as good overall and good for older people, people with long term, conditions, families, children and young people and people experiencing poor mental health population groups. We rated this practice as outstanding for people whose circumstances may make them vulnerable.**

We rated the practice as **requires improvement** for providing safe services because:

- The practice did not consistently have clear systems and processes to assess and mitigate risks to keep patients safe.

We rated the practice as **good** for providing effective, caring, responsive services and well led services because:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We saw areas of **outstanding** practice including:

- Staff, teams and services were committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care to patients. In March 2017 the practice and six neighbouring practices developed the proactive primary coordinated care pathway. The practices hosted the pro-active care team, which included three pro-active care nurses, who visited frail, vulnerable or older patients in their own homes and implemented an advanced care plan with the patient/family/carers. Initially, patients were assessed using a risk stratification tool. The pro-active care nurse had identified 130 patients at risk and have care plans in place. Of that 38 patients had consented to an enriched summary care record.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients (Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Review and improve systems to record and report safety concerns, incidents and near misses.
- Develop a programme or schedule of clinical audit activity which will lead to improvements to patient care and outcome.
- Review and improve systems to record all complaints
- Review and improve systems to monitor patients prescribed high risk medicines.

**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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector.

The team included a GP specialist adviser.

## Background to Dunsvillle Medical Centre

Dunsville Medical Centre is located in Dunsville on the outskirts of Doncaster.

The practice registered with the CQC as an individual provider practice in February 2019. They are registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery, family planning and treatment of disease, disorder or injury.

Dunsville Medical Centre is situated within the Doncaster Clinical Commissioning Group (CCG) and provides services to 4947 patients under the terms of a primary medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice has one GP, one advanced nurse practitioner, two nurses, two health care assistants and a pharmacist. Non clinical support is provided by a practice manager and an experienced administration/reception team.

The Public Health National General Practice Profile shows that around 96% of patients are of a White/British origin. The level of deprivation within the practice population is rated as five, on a scale of one to ten. Level one represents the highest level of deprivation; and level ten the lowest. The practice has a lower than average number of patients aged over 65 years. The age/sex profile of the practice shows a higher number of patients aged between five and 14 years registered at the practice. The average life expectancy for patients at the practice is 79 years for men and 82 years for women, compared to the national average of 79 years and 83 years respectively.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met...</b></p> <p><b>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</b></p> <ul style="list-style-type: none"><li>• Written premises health and safety and security risk assessments had not been carried out.</li><li>• The practice did not have adequate processes in place to monitor patients prescribed high risk medicines.</li></ul> <p><b>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</b></p> <ul style="list-style-type: none"><li>• Fire safety risk assessments had lapsed and were not completed in line with timescales set out in the fire safety policy and procedure and had not been completed since October 2014.</li></ul> <p><b>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>