

# Denmark Road Medical Centre

## Quality Report

37 Denmark Road  
Winton  
Bournemouth  
Dorset  
BH9 1PB

Tel: 01202 521111

Website: [www.denmarkroadmedicalcentre.nhs.uk](http://www.denmarkroadmedicalcentre.nhs.uk)

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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 well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a focused inspection of Denmark Road Medical Centre on 6 December 2016 to check whether the practice had made the improvements in providing care and services that were safe, effective and well-led. The practice was able to demonstrate that they had made the required improvements to meet the regulations. The practice is now rated as good for safe, effective and well-led services. The overall rating for the practice is now good.

We had previously carried out an announced comprehensive inspection at Denmark Road Medical Centre on 19 April 2016 when we rated the practice as requires improvement overall. The practice was rated as good for being caring and responsive and requires improvement for safe, effective and well-led. This was because staff had been employed without the necessary recruitment checks and staff performing chaperone duties had not received the appropriate background checks. There were also gaps in the training which the practice considered necessary for staff. During the 19 April 2016 inspection we found that clinical areas containing blank prescription stationary and computer access cards were not secure. We also found that governance systems to adequately manage risks to patients and staff were not consistently followed thorough. 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. We received this on 30 August 2016. We revisited the practice on 6 December 2016 to check the improvements had been made.

Our key findings across the areas we inspected on 6 December 2016 were as follows:

- Risks to patients were assessed and well managed.
- Staff had been trained in order to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff received regular appraisals and appropriate pre-employment checks.
- Staff performing chaperone duties had received appropriate training and background checks.
- Clinical areas containing blank prescription stationary and computer access cards were secure.
- There were effective governance arrangements in place in order to monitor the safety quality and performance of the practice.

This report should be read in conjunction with the full inspection report, which 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?

The practice is now rated as good for providing safe services. We found during this inspection that action had been taken by the provider and improvements had been made.

- Risks to patients were assessed and well managed. There were effective systems to ensure appropriate recruitment and background checks were undertaken. Staff received regular training on child and adult safeguarding and basic life support.
- Blank prescription stationary and staff computer access cards were stored securely at all times.
- There was an effective system for the management of clinical emergencies.

Good



### Are services effective?

The practice is now rated as good for providing effective services. We found during this inspection that action had been taken by the provider and improvements had been made.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Mandatory training programmes were followed.
- Staff were supported to deliver effective care and treatment, through meaningful and timely supervisions and appraisals.

Good



### Are services well-led?

The practice is now rated as good for being well-led. We found during this inspection that action had been taken by the provider and improvements had been made.

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity which were consistently implemented.

The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were effective.

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 practice is now rated as good for older people.

Good



### People with long term conditions

The practice is now rated as good for people with long-term conditions.

Good



### Families, children and young people

The practice is now rated as good for families children and young people.

Good



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

The practice is now rated as good for people who are working age.

Good



### People whose circumstances may make them vulnerable

The practice is now rated as good for people whose circumstances may make them vulnerable.

Good



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

The practice is now rated as good for people experiencing poor mental health.

Good



# Denmark Road Medical Centre

## Detailed findings

### Background to Denmark Road Medical Centre

Denmark Road Medical Centre is located in a purpose built building at 37 Denmark Road, Bournemouth, Dorset, BH1 9PB. The practice is based in a residential area of Winton, Bournemouth, and has approximately 8350 registered patients.

The practice provides services under a NHS Personal Medical Services contract and is part of NHS Dorset Clinical Commissioning Group (CCG). The practice is based in an area of average deprivation compared to the national average for England. A total of 42% of patients registered at

the practice have a long-standing health condition compared to the national average of 54%.

The practice has two full-time GP partners, one of whom is female, as well as employing two female and two male salaried GPs. Together they provide care equivalent to 2.5 whole time equivalent GPs over 38 sessions per week. The practice is also a training practice for doctors learning to be GPs.

The GPs are supported by three practice nurses and two health care assistants who provide a range of treatments and are equivalent to just over 2.5 whole time equivalent nurses. The clinical team are supported by a management team with secretarial and administrative staff.

Denmark Road Medical Centre is open between 7.45am and 6.30pm Monday to Friday. Extended hours surgeries

are available every morning from 7.45am and on Tuesday evenings until 7.30pm. Appointments with a GP are available until 11.30 am and again from 2.30pm until 6pm daily.

The GPs also offer home visits to patients who need them. Care to patients is provided on the ground floor of the building. The first floor of the building has offices for practice support staff.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Boscombe and Springbourne Health Centre (based in Bournemouth) walk in service at weekends, and the Dorset Urgent Care service via the NHS 111 service. The practice offers online facilities for booking of appointments and for requesting prescriptions.

We visited Denmark Road Medical Centre as part of this inspection, which has not previously been inspected by the Care Quality Commission.

We previously inspected Denmark Road Medical Centre on 19 April 2016. Following this inspection, the practice was given an overall rating of Requires Improvement. 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 of Denmark Road Medical Centre on 19 April 2016 where we rated the

## Detailed findings

practice as requires improvement overall. Specifically, the practice was rated as good for responsive and caring and requires improvement for the areas of being safe, effective and well-led.

As a result of the inspection in April 2016, the provider was found to be in breach of regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan in August 2016 detailing 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 Denmark Road Medical Centre as part of this inspection. We carried out a focused inspection based on the evidence observed during our visit and on information the practice provided to us prior to and during the inspection.

Two CQC inspectors visited the practice on 6 December 2016 to check the necessary changes had been made.

# Are services safe?

## Our findings

### Overview of safety systems and processes

At our last inspection, we found that clinical areas containing blank prescription forms were not secure. We observed clinical areas to be unlocked and, at times, staff computer access cards were left in computers in unlocked rooms. This meant the practice could not be reassured that unauthorised access could be prevented to blank prescription stationary and patient information.

On 6 December 2016, we found that the practice had re-enforced to staff the importance of keeping blank prescription stationary and computer access cards secure. Clinical rooms were lockable and each GP had their own key to access their room. Clinical rooms had been numbered and a duplicate key for each room was stored securely behind the reception area. We found that prescriptions were stored securely when not in use, including at the end of each day. Blank prescription stationery was removed from printers in clinical rooms at the end of each day and stored securely in a locked draw in each clinical area. We observed that clinical rooms were locked when not in use; the exceptions were the treatment rooms which housed emergency medicines and equipment and a fire exit. The practice had conducted an appropriate risk assessment relating to the security of these areas. A member of the leadership team carried out regular 'spot checks' to ensure the process for security was followed correctly.

At our last inspection, we found that not all staff had completed safe-guarding training nor had undertaken regular updates. Two support staff had not received any training. The practice policy stated that all staff would receive safeguarding training annually. The last update for staff requiring level one training was in February 2014.

On 6 December 2016, we found that all staff had undergone the necessary training in child and adult safeguarding. GPs were trained to safeguarding children level 3 and Nurses were trained to a minimum of level 2. Other staff were trained to a minimum of safeguarding children level 1. In addition, the GPs had decided that all staff will undertake training in The Mental Capacity Act and Deprivation of Liberty Safeguards. We saw evidence that staff had completed this training. The practice held copies of staff

certificates of completion. Training records were kept which clearly outlined when the next training update was required; this was monitored every two weeks by the practice manager.

At our last inspection, we found that appropriate background checks had not been consistently conducted on staff performing chaperone duties. We were told that nurses performed chaperone duties; however non-clinical staff would perform this role if nursing staff were unavailable. There was no evidence of any DBS check for one member of staff undertaking chaperone duties. (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).

On 6 December 2016, we found that the practice policy was to use clinical staff only for chaperone duties. All clinical staff had undergone a DBS background check.

At our last inspection, we found that required recruitment checks had not consistently been

undertaken prior to employment. These checks include proof of identification, evidence of satisfactory conduct in previous employment in the forms of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). We looked at four files and found that two staff did not have evidence of a DBS check being carried out and none of the files had evidence of satisfactory conduct in previous employment. Proof of identification was absent in one file and another lacked a full

employment history. This meant the practice could not demonstrate that their recruitment process were effective and protected patients from harm.

On 6 December 2016, we reviewed one staff file for a member of staff employed since our last inspection and found that all appropriate recruitment checks had been completed prior to employment. We also looked at the files of staff where gaps were found at our previous inspection and found these to be complete. The practice used a recruitment checklist, to ensure that all necessary information was gathered prior to a member of staff being appointed. Staff files had also been organised into relevant sections.

## Are services safe?

### **Arrangements to deal with emergencies and major incidents**

At our last inspection in April 2016, we found that the practice's arrangements in response to emergencies were not consistently safe. There was a system panic button available on the computers in consultation and treatment rooms which could alert staff to any emergency. However, staff we spoke to were unclear how they would be alerted in the event of an emergency. There were also gaps in basic life support training for staff. The practice policy stated that this training was mandatory for all staff on an annual basis.

Seven non-clinical staff had not completed any basic life support training and nine non-clinical staff had not completed basic life support training for over 12 months; dates of the last training ranged from 2009 to 2014.

At our inspection on the 6 December 2016, we found that all staff had undergone training in basic life support. The practice monitored this training to ensure staff received regular updates. Staff we spoke to knew the location of emergency equipment and understood the procedures to undertake in the event of a medical emergency and in the event of fire. All staff we spoke to were aware of the system panic button available on the computers in consultation and treatment rooms which could alert staff to any emergency.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective Staffing

At our last inspection on 19 April 2016, we found there were gaps in staff training. Not all staff had undertaken the training the practice considered to be mandatory for staff to enable them to carry out their role safely and effectively. We found not all staff had undertaken training in basic life support, fire safety, manual handling and safeguarding at the frequency the practice specified. For example, fire training was considered to be mandatory for all staff on an annual basis. However, of 14 non-clinical staff, nine undertook training in 2014, three undertook training in 2013 and two undertook training in 2012. The practice training passport also stated that manual handling was mandatory on an annual basis, however records showed that this had not been undertaken since 2012.

At our inspection in December 2016, we found that the practice had updated their training policy and training passport. This clearly stated the training required for staff and the frequency with which this must occur. The GPs met to discuss what training would be most appropriate for staff. Training for all staff included basic life support, safe-guarding adults and children, equality and diversity, prevention of terrorism, infection control, fire safety and manual handling. Training was offered via an on-line training package and staff were given protected time to complete training at work. We reviewed the training records for all staff and found that all staff had completed the training considered to be mandatory by the practice at the required frequency. The leadership in the practice reviewed the training status of all staff on a twice monthly basis to ensure training remained up to date.

# Are services well-led?

Good 

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

## Our findings

### Governance arrangements

At our last inspection in April 2016, we found that the systems to identify, record and manage risks were not consistently effective. The practice had a number of policies and procedures to govern activity, but these were not consistently implemented. Staff had access to and made use of in-house training, however we found this was not closely monitored by the practice leadership to ensure all staff received the training the practice considered to be mandatory. Security in the practice was a potential risk. We observed the doors on clinical areas to be open, and at times staff computer access cards were left in computers. The practice could not therefore be reassured that unauthorised access to patient information was prevented.

At our inspection on 6 December 2016, we found that the practice had developed effective systems to manage and mitigate risks. For example:

- Staff had been reminded of the importance of locking clinical areas when not in use and for keeping computer access cards secure at all times. All clinical areas could be locked, and we found them to be locked when not in use (with the exception of clinical areas requiring urgent access for emergency equipment). We found the locks to be in good working order and the practice carried out monitoring to ensure the correct processes were followed.
- Appropriate background and recruitment checks had been consistently undertaken.

Staff had completed the training the practice considered to be mandatory. This was monitored by the practice and staff were supported to undertake training.