

Denmark Road Medical Centre

Quality Report

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Date of inspection visit: 19 April 2016

Date of publication: 24/06/2016

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Denmark Road Medical Centre on 19 April 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and chaperone duties.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. However, staff development plans and appraisals were not up to date.
- We found there were gaps in the training staff needed to undertake their roles. For example, not all staff had received regular training in infection prevention control or basic life support.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- One of the GP partners was qualified to perform in-house ultra sound scans on patients. The practice had purchased specialist equipment to enable the GP to perform around five scans per week. This

Summary of findings

reduced the length of time that patients had to wait to receive scans and referrals to specialists. The practice felt this also made referrals to specialists were more detailed and appropriate.

- The practice had received an award in 2015 for the high quality of education and support that it provided to GP registrars.
- The practice achieved consistently positive patient feedback. The most recent national GP survey results were consistently above local and national averages for patient satisfaction. Patient comments on CQC comment cards were also strongly positive about the practice. Patients we spoke to on the day of inspection spoke highly of the practice and of the high quality care they received.

However, there are areas where the provider must make improvement:

- Ensure that staff undertake all training necessary for them to perform their roles such as infection control, safeguarding, health and safety, fire safety and basic life support.
- Ensure that blank prescriptions held in clinical areas and staff access cards are kept securely at all times.
- Ensure staff performing chaperone duties receive appropriate background checks.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that staff receive regular appraisals.

In addition, there are areas where the provider should make improvement:

- Review the procedures for re-checking the frequency of background checks on staff.

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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Appropriate recruitment checks were not consistently undertaken. Staff did not receive regular training on child and adult safeguarding and basic life support. Clinical areas were not secure and blank prescriptions and staff access cards were not stored securely at all times.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff did not always have had the skills, knowledge and experience to deliver effective care and treatment as mandatory training programmes were not always followed.
- There was evidence of appraisals and personal development plans for all staff, however not all of these were up to date.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice rated higher than others for aspects of care. For example, 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average of 89% and national average of 85%.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, but these were not consistently implemented.

Requires improvement



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was evidence of appraisals and personal development plans for staff, however some of these were overdue.
- Risks to patients were not consistently well-managed.
- The practice did not ensure that all staff completed the training they considered to be mandatory.
- The practice sought feedback from staff and patients, which it acted upon.

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 was rated as good for caring and responsive and requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older patients were similar or better than the national average. For example, the percentage of patients with atrial fibrillation (an irregular heart beat) who were treated with an appropriate medicine was 100%, which is better than the national average of 98%.
- The practice carried out weekly surgeries at a sheltered housing development for older people.

Requires improvement



People with long term conditions

The provider was rated as good for caring and responsive and requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes with an acceptable average blood sugar reading was 73% which is similar to the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. 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.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as good for caring and responsive and requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data showed that outcomes for patients for conditions commonly found in children were mixed. For example, 54% of patients with asthma had an asthma review in the preceding 12 months which is lower than the national average of 75%. We were shown current practice data, which has not been externally verified, which shows that this figure is improving. Immunisation rates were relatively high for all standard childhood immunisations.
- 76% of eligible women attended for a cervical screen examination which is similar to the national average of 74% and CCG average of 77%.
- The practice provided medical care to a local young mother and baby unit. A monthly multidisciplinary meeting took place with relevant professionals to ensure the care and support given to patients living in the unit was appropriate.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

We saw positive examples of joint working with midwives, health visitors and school nurses through regular multi-disciplinary meetings.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as good for caring and responsive and requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Requires improvement



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours appointments aimed at people unable to attend in usual hours.
- The practice offered telephone advice for patients unable to attend the surgery in the usual opening hours. Patients could book appointments and order repeat prescriptions online.

People whose circumstances may make them vulnerable

The provider was rated as good for caring and responsive and requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- A total of 63% of patients with a learning disability on the practice register had received a physical health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as good for caring and responsive and requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had received regular training and updates regarding how to support patients with dementia.

Requires improvement



Summary of findings

- A total of 73% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- A total of 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in the preceding 12 months. This was better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice ran a dedicated clinic for patients who had recently been diagnosed with dementia, to ensure their needs were met.
- All patients experiencing mental health problems were offered an annual physical health check. A total of 54% of eligible patients accepted a health check.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing better than local and national averages. A total of 281 survey forms were distributed and 108 were returned. This represented 1.5% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76% and Clinical Commissioning Group (CCG) average of 89%.
- 97% of patients described the overall experience of this GP practice as good compared to the local CCG average of 82% and national average of 73%.

- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79% and local CCG average of 84%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Patients commented upon the good availability of appointments, that staff were courteous, listened to them and always dealt efficiently with their concerns.

We spoke with 17 patients during the inspection. All patients said they were very satisfied with the care they received and thought all staff were approachable, committed and caring.

Denmark Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

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 8000 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 and they were supporting three GP registrars at the time of our inspection. 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.

Why we carried out this inspection

We carried out a comprehensive 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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 April 2016.

During our visit we:

- Spoke with a range of staff including GPs, GP registrars, nurses, reception and secretarial staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient was prescribed an antibiotic for an infection whilst they were also being treated with a high risk medicine. A hospital specialist considered the antibiotic prescription was inappropriate due to possible adverse interactions between the two medicines. The practice discussed this as a significant event and sought pharmacy support from the local Clinical Commissioning Group. An alert was set up on the practice computer system to prevent a similar event happening again. The patient was not harmed and received an apology letter from the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. GPs were trained to child safeguarding level 3 and nurses were trained to level 2. However not all staff were trained to level 1 or received regular updates. Two support staff had not received level one 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.

- A notice in clinical rooms advised patients that chaperones were available if required. 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.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. We found that not all staff had received training in infection prevention control. The practice policy stated this training was mandatory for all staff on an annual basis. Staff had received training in hand hygiene in September 2015.
- Monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, damaged chairs had been replaced in the waiting area.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- There were systems in place to monitor the use of blank prescription forms and pads. We observed that clinical rooms were not locked when left unattended. This presented a security risk in that blank prescriptions and other equipment were not kept safe from unauthorised access.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files. We found 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). Two personnel files 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. The practice followed guidance from the local medical council to perform risk assessments for staff to determine which staff required a DBS check. A member of nursing staff had had a Clinical Record Bureau check performed in 2002 relating to a role not linked to the practice (Clinical Record Bureau checks preceded the current DBS system).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Three members of staff had received regular additional

training as fire marshalls. Electrical equipment had been checked to ensure the equipment was safe to use. The current certificate of testing expired in January 2016. Clinical equipment had been regularly checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The Legionella risk assessment conducted in October 2015 had identified areas for improvement which the practice had acted upon.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example, extra staff were employed on Monday mornings to deal with an increased number of call and attendances by patients. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice's arrangements to respond to emergencies and major incidents 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 gaps in annual basic life support training for staff. The practice policy stated that this training was mandatory for all staff on an annual basis. All GPs had received basic life support training in the last 12 months. Seven non-clinical staff had not completed any basic life support training. 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. This meant the practice could not be reassured they could respond appropriately in the event of an emergency. We saw evidence that basic life support training was booked for 2016.
- There were emergency medicines available in the treatment room.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Guidelines were routinely discussed at weekly GP educational meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89% of the total number of points available, with 17% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice's exception reporting was higher than the average for the Clinical Commissioning Group (12%) and national average (8%).

Data from 2014-2015 showed:

- Performance for diabetes related indicators was to national averages. The percentage of patients with diabetes with an acceptable average blood sugar was 73% similar to the national average of 77%.
- The practice ran joint clinics with a specialist diabetes nurse every four to six weeks to improve the care for patients with this condition.
- Performance for mental health related indicators was better than the national average. 93% of patients with

schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in the preceding 12 months. This was better than the national average of 88%.

- The practice achieved figures lower than the national average for asthma indicators. 54% of patients with asthma had an asthma review in the preceding 12 months which is lower than the national average of 75%. The practice explained how they used up to three attempts to remind people to attend for their asthma review. The third attempt was undertaken by a practice nurse to see if they could address any concerns the patient might have with attending. We were shown current practice data, which had not been externally verified, which showed that the number of patients attending for a review has improved, and was currently 65%.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored. For example, an audit of patients prescribed a contraceptive pill associated with increased risks of blood clotting identified which patients might benefit from a review and an alternative medicine. A total of 27 patients were identified. They were invited for a review and an education session on the medicine was run by the practice for GPs. A re-audit ten months later found that five patients were now prescribed the medicine appropriately. This was a reduction of approximately 80%.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice was a Royal College of General Practitioners designated site for clinical research and had been involved in five clinical studies in the past 12 months. For example in 2015-16, the practice was involved with a study that examined the timing of medication for high blood pressure. Being research active supported the practice to stay informed of the latest evidence to treat patients.
- Findings were used by the practice to improve services. For example, the practice evaluated the use of a dementia screening tool over a three month period. The

Are services effective?

(for example, treatment is effective)

practice assessed a total of 15 patients during this period. Evaluation of its used showed that 11 patients had been offered additional reassurance and had been sign posted to appropriate services for treatment.

Information about patients' outcomes was used to make improvements. For example, the prescribing of antibiotics was closely monitored by the practice. Prescribing was reviewed by the practice on a monthly basis. Updates and reminders were disseminated to staff to ensure that prescribing was in-line with current guidelines.

Effective staffing

Staff did not always have the skills, knowledge and experience to deliver effective care and treatment. Not all staff had received the training at the regular intervals that the practice considered to be mandatory. For example, fire training was considered to be mandatory for all staff on an annual basis. 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 stated that manual handling was mandatory on an annual basis, however records showed that this had not been undertaken since 2012.

- The practice had an induction plan for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. GP registrars (GPs in training) based at the practice received the appropriate level of support and mentoring from GP trainers. The practice had received an award in 2015 for the high quality of education and support that it provided to GP registrars.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- One of the GPs was a lecturer on a university accredited mental health course and the practice provided support for counsellors who were in training.

- The learning needs of staff were identified through meetings and reviews of practice development needs. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff had access to and made use of in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available via referral and smoking cessation advice was available from a local support group. A counsellor was based within the practice.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, although uptake for bowel cancer screening was lower than the CCG and national averages. A total of 53% of people eligible attended screening for bowel cancer compared to the CCG average of 64% and national average of 58%. The practice was taking steps to address this by including more health promotion information in the practice monthly newsletter. Uptake for breast cancer screening was comparable to local and national averages.

Childhood immunisation rates for the vaccinations given were acceptable. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 91% to 99% and five year olds from 78% to 97%, which were comparable to CCG averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.

- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line or better than local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 98% say the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Approximately 12% of patients registered at the practice had English as a second language. The practice website provided information to patients in a number of different languages.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of patients as

carers. All of these patients had been offered a routine health check, of which 50% of them received a health check. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours every Tuesday evening until 7.30pm, and early morning appointments from 7.45am. These were aimed at patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered extended appointments for patients with multiple complex health problems. Appointments for these patients were approximately one hour and were run by a GP registrar and GP trainer on a monthly basis. The aim of the consultation was to develop a joint management plan that was agreed by all present. Patients reported that this approach had improved their physical and emotional well-being. The GPs involved also learnt specific techniques to improve communication in routine consultations.
- The practice carried out weekly surgeries at a sheltered housing development for older people. The aim of the surgeries was to ensure older patients living in the development received appropriate care and admissions to hospital could be avoided.
- Same day appointments were available for children and those patients with medical problems that required same day consultations.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, including designated parking areas, and translation services available. Access for patients is via a flat surface pathway. An intercom doorbell is available for anyone who needs assistance through the front doors.
- The reception area contained a device to allow patients to check their own blood pressure.

- One of the partners was qualified to perform in-house ultra sound scans on patients. This reduced the length of time that patients had to wait to receive scans and referrals to specialists could be made quickly.

Access to the service

The practice was open between 7.45am and 6.30pm Monday to Friday. Appointments were from 7.45 to 11.30 and 2.30pm to 6pm daily. Extended hours appointments were offered until 7.30pm on Tuesdays and every morning from 7.45am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 100% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 78% usually get to see or speak to their preferred GP compared to the national average of 59%.
- 97% describe their experience of making an appointment as good compared to the national average of 73%.

Patients told us on the day of the inspection that they were always able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system,
- We noted that feedback from patients and carers given via the NHS Choices website was responded to and commented upon appropriately by the practice.

Are services responsive to people's needs? (for example, to feedback?)

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and there was openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care. For example, a patient complained that

they couldn't receive travel booked via the practice to support them with an appointment. The practice looked at the patient's complaint and appropriately responded to the patient. The patient was not eligible for travel arrangements made by the practice. This was explained to the patient and additional efforts were also made by the practice staff to book the patient alternative travel.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

Denmark Road Medical Centre has a vision to deliver personalised high quality care and promote good outcomes for patients. They prioritised easy access to the services they offered for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy. However, not all systems and processes in the practice were robust enough to consistently ensure good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to staff.
- An understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, but these were not consistently robust.
- We observed that staff access cards were left unsecured in computers located in clinical rooms. Staff access cards enable access to the practice computer systems and to patient records. This meant the practice could not be assured that patient information was kept securely at all times.
- 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.

- The governance arrangements had not ensured that all staff received an annual appraisal and development plan.

Leadership and culture

On the day of inspection, the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, patients were given reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG wanted to take steps

Are services well-led?

Requires improvement 

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

towards the practice being designated as 'dementia friendly'. The practice invited a Dementia advisor to attend one of the PPG meetings to discuss ways in which the practice could be improved for people with dementia and other memory problems. Suggestions from the advisor were implemented by the practice. For example, the clock was replaced with one that is more colourful and easier to read for people with memory problems.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The leadership team in the practice had an 'open door policy'. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are 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>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• They had not identified the risks posed by not ensuring clinical areas were secure at all times. A robust system was not in place to ensure the safe storage of blank prescription stationary kept in clinical areas. Staff access cards were not always stored securely.• Staff performing chaperone duties had not received appropriate background checks.• Recruitment arrangements did not include all necessary employment checks for staff. <p>This was in breach of regulation 12(1)(2)(c)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered provider did not have suitable systems in place to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>Systems did not assess, monitor or mitigate risks related to health, safety and welfare of service users.</p>

Requirement notices

- The provider had not ensured the planning and delivery of staff training in the areas required for them to carry out their role.
- Effective systems to monitor risks were not in place such as for the management of emergencies.

This was in breach of regulation 17 (1) (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The registered provider did not ensure that persons employed received appropriate support, training, professional development, supervision and appraisal as necessary for them to carry out the duties they were employed to perform.

- Not all staff had received regular training required for their role such as in infection control, safeguarding, health and safety, fire safety and basic life support.
- Not all staff received regular appraisals

This was in breach of Regulation 18 (1) (2a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.