

# Doclands Medical Centre

## Inspection report

Blanche Street,  
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[www.doclandsmc.co.uk](http://www.doclandsmc.co.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 location

Good 

Are services safe?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous rating 16/02/2018 – Requires Improvement)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services well-led? - Good

We carried out an announced focused inspection at Doclands Medical Centre on 14 September 2018 to follow up breaches of regulations identified at our inspection in February 2018 and to see whether our recommendations for improvements at our February inspection had been addressed. We inspected evidence relating to the Safe and Well-led key questions.

At this inspection we found:

- The practice had improved their systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and changed their processes.
- The practice proactively developed and reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment were delivered according to evidence- based guidelines. Quality improvement was central to the practice service delivery.
- Practice policies and procedures had been reviewed and improved.
- The governance of the practice had been strengthened. Leaders had introduced new systems to assure themselves policies and procedures were operating as intended.

- There was a new system in place for managers to ensure staff training was appropriate and up-to-date.
- Communication within the practice with all staff was comprehensive.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw two areas of outstanding practice:

- The practice had implemented several quality improvement projects related to patient clinical care. These allowed for patient-centred care and staff training and development. We saw the implementation of a complex care patient pathway that gave patients access to a healthcare assistant, a practice nurse and a GP on the same visit. The practice was monitoring outcomes for these patients and early indications showed a decrease in attendance at the hospital accident and emergency department.
- The practice had introduced easy to read bulletins to share practice developments with all staff. We saw bulletins produced following clinical meetings to share clinical developments and future plans with administrative staff and vice versa. There was also a “New Developments” bulletin to share headline general practice development information with all staff.

**Professor Steve Field** CBE FRCP FFPH FRCGP  
Chief Inspector of General Practice

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

## Background to Doclands Medical Centre

Doclands Medical Centre is situated in Blanche Street on the outskirts of Preston city centre at PR2 2RL and is part of the NHS Greater Preston Clinical Commissioning Group (CCG). Services are provided under a personal medical service (PMS) contract with NHS England.

The surgery is housed in single-story purpose-built accommodation and offers access and facilities for disabled patients and visitors. The practice plans to move to new purpose-built premises in November 2018. The practice website can be found at [www.doclandsmc.co.uk](http://www.doclandsmc.co.uk).

There are approximately 6946 registered patients. The practice population includes a lower number (14.5%) of people over the age of 65, in comparison with the CCG average of 16.4% and England average of 17.3%. There are a higher number of patients aged between 25 and 35 years of age, 17.5%, compared to 14% locally and 14.5% nationally.

The practice sits at midpoint on the scale of deprivation. Information published by Public Health England, rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice opens from 8am to 6.30pm Monday to Friday with a nurse-led clinical cervical screening clinic offered

on Monday evenings from 6.30pm to 8pm. Extended GP surgery hours are available on weekday evenings until 8pm and Sunday mornings from 9am to 11am at a neighbouring practice through an arrangement with other local surgeries. Appointments at the practice are from 9am to 11.30am and 2.30pm to 5.30pm. When the practice is closed, patients are able to access out of hours services offered locally by the provider GoToDoc by telephoning NHS 111.

The practice has two male GP partners offering seven sessions a week each and one female regular locum GP for one session a week. There are three advanced nurse practitioners, two practice nurses, one healthcare assistant, a practice manager, deputy practice manager, office manager, reception and administration staff, one of whom also acts as the practice medicines co-ordinator. The practice is a GP training practice.

The practice uses a GP telephone triage service each day to assess the health care needs of patients who request same day appointments. Both urgent and routine appointments are available each day. On line services include appointment booking and ordering repeat prescriptions.

The practice is registered with CQC to provide family planning services, maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures as their regulated activities.

# Are services safe?

## We rated the practice as good for providing safe services.

At our previous inspection in February 2018, we identified practice policies and procedures were insufficient and there were concerns in relation to some aspects of medicines management. We saw at this inspection all areas of concern had been comprehensively addressed.

### Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- Staff safeguarding policies had been reviewed and updated as part of a total review of all practice policies and procedures. Both safeguarding policies for adults and children were up to date, comprehensive and easily accessible by staff.
- New staff training summaries allowed managers to ensure all staff received up-to-date safeguarding and safety training appropriate to their role. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (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 chaperone policy had been reviewed and updated.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. This included a risk assessment for new staff to ensure working conditions were suitable.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Although these systems were good at our last inspection, we found they had been strengthened in relation to the identification and management of patients with sepsis.
- The practice had developed a file of information for each clinician on the identification and management of patients with sepsis to be kept in their room. All clinical staff had undertaken formal sepsis training.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The practice had a new system in place for dealing with communications coming into the practice to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. There were new practice pathways in place to allow for the safe management of all patient referrals including those referred under the urgent two-week-wait system.

### Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. There were new protocols in place for all aspects relating to the prescribing of medicines.
- All loose prescriptions were stored and monitored appropriately.
- Emergency medicines not held by the practice had been risk assessed appropriately and agreements had been reached with the neighbouring pharmacy for emergency supply of some medicines.
- All refrigerated medicines were stored and monitored safely and according to best practice.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a new practice policy for the management of significant incidents that allowed for formal review of actions taken as a result of incidents and an annual review of all incidents.
- There were meeting minutes that evidenced significant events were discussed in order to share learning.
- Patient safety alerts were managed effectively and records kept of actions taken. Safety alerts were kept for locum staff.

### Please refer to the evidence tables for further information.

# Are services well-led?

## We rated the practice as good for providing a well-led service.

During our inspection in February 2018, we found practice governance arrangements were lacking and staff were not always managing risks comprehensively. We noted a lack of dedicated time for quality improvement work and gaps in staff communication systems. At this inspection, we found these areas had been addressed and improved.

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Staff leading change were experienced in the change process.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had allowed for dedicated time to be given to the advanced nurse practitioner to ensure quality improvement work could be sustained.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff told us they felt involved in the change process and appreciated the improved communications in the practice.
- The practice focused on the needs of patients and had invested in developing care pathways to optimise and improve patient care.
- Staff were empowered to lead on change projects and areas of patient care.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.

- The management of practice policies and procedures was good and there was a programme in place for their review. Staff used audit processes to assure themselves they were operating as intended.
- The governance of significant events and patient safety alerts was comprehensive.
- Communication in the practice was improved and we saw set agendas for meetings and bulletins to share practice developments with all staff.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- The practice had introduced a confidential health questionnaire for new staff to ensure any possible risks posed by staff working conditions could be mitigated.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. The practice was using quality improvement projects to improve patient care in many areas of service delivery.
- There was a new risk assessment in place for the emergency medicines not stocked by the practice.
- The risks of storing refrigerated medicines had been mitigated and there were systems in place to ensure protocols were followed.
- A new procedure had been implemented to ensure patients referred under the urgent two-week-wait process were managed safely.
- The risks presented by staff removing some items of post without sight of a GP had been addressed and mitigated.
- The practice considered and understood the impact on the quality of care of service changes or developments.

### Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.

## Are services well-led?

- Staff knew about improvement methods and had the skills to use them.
- The practice worked with external services on quality improvement pilot projects.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice managed change effectively. All changes implemented were monitored and reviewed continuously.

**Please refer to the evidence tables for further information.**