

# Care Quality Commission

## Inspection Evidence Table

### The Bridport Medical Centre 1 (1-589877482)

Inspection date: 12 April 2018

Date of data download: 11 April 2018

## Safe

### Safety systems and processes

Source	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes
There was a record of equipment calibration Date of last calibration:	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes September 2017
Actions were identified and completed.	n/a
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes September 2017
Health and safety risk assessment and actions Date of last assessment:	Yes September 2017

<b>Infection control</b>  Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified  Detail: The infection control audit carried out in January 2018 identified shortfalls in vaccine storage. The practice undertook an audit of stock and temperature monitoring of fridges to find out what actions were needed. As a result of this audit they have tightened control on vaccine storage to ensure it is refrigerated as soon as possible after receipt and vaccines are only taken out of the fridges just prior to use, to ensure the cold chain is maintained.	Yes January 2018 yes
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The arrangements for managing waste and clinical specimens kept people safe?	Yes

### Any additional evidence

The practice carried out a hand hygiene audit on 20 March 2018 by asking patients whether GPs, nurses and healthcare assistants washed their hands or used hand sanitisers during consultations. The clinicians were unaware that this process was taking place. Results of the audit were shared with staff and where improvements were needed action plans were put into place.

### Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes

### Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

## Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHSBSA)	0.92	0.97	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	8.3%	8.2%	8.9%	Comparable to other practices

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

## Track record on safety and lessons learned and improvements made

Significant events	
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	12
Number of events that required action	12

## Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
In June 2017 documentation with patient identifiable information was given to a GP who left it unsecured The cleaning staff made the decision to throw the documents away without checking whether they were needed.	The practice implemented a standard operating procedure related to how documents should always be handled by reception staff. Cleaning staff were also spoken with and had signed an agreement on how any documentation come across in the course of their work should be handled.
In June 2017 it was identified that a patient was being overprescribed an addictive medicine. The practice learnt that a family member had an addiction and the patient was obtaining medicines for them.	The practice reviewed prescribing habits to minimise the risk of over prescribing and ensured there was monitoring of these types of prescriptions. Learning was also shared with the local pharmacy.
In August 2017 a patient suffered a cardiac arrest and staff responded appropriately.	Although staff had responded appropriately and promptly the practice reviewed their procedure. As a result a new emergency trolley was purchased which enabled the practice to create 'grab bags' containing relevant medicines for emergency situations. For example, anaphylaxis and meningitis. Laminated cards had been produced which clearly explain the process to follow in the event of an emergency and these detailed what staff members were responsible for at the time of an incident. The folder containing these cards also had relevant information and guidance on how to manage situations such as a cardiac arrest.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place:  The system in place ensured incidents were identified and action taken to ensure patient safety.	

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.98	0.88	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	86.2%	82.6%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.6% (158)	18.0%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	69.3%	78.5%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	29.2% (279)	12.2%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	78.8%	81.5%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.7% (255)	17.3%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	77.5%	76.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	45.6% (660)	11.7%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	92.7%	91.6%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	32.8% (155)	16.0%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)	88.1%	84.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.7% (517)	5.3%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	90.6%	87.9%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (23)	9.6%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	129	137	94.2%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	135	137	98.5%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	135	137	98.5%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	134	137	97.8%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	70.0%	74.7%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.3%	75.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	64.0%	62.5%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	46.2%	63.8%	71.2%	N/A



Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	99.2%	91.9%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.4% (34)	14.0%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	90.6%	89.9%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.0% (35)	14.0%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	85.0%	86.4%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.8% (17)	7.0%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550	548	539
Overall QOF exception reporting	11.7%	6.6%	5.7%

## Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>Any further comments or notable training.</p> <p>The practice offered placements for student nurses and trainees GPs.</p> <p>The lead advanced nurse practitioner had completed a clinical mentorship programme and a system for mentoring and supervising nurses was in place. All nurse team members had an identified clinical mentor and had quarterly meetings to discuss clinical development, areas that needed improvement and what had gone well. This fed into the five year development plan that each member of the nursing team had in place.</p> <p>There was a competency framework for health care assistants to complete which was aligned with the Royal College of General Practitioners guidance. There was a competency framework in place for qualified nurses which aligned with the Local Medical Committees guidance.</p>	

## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed <b>(01/04/2016 to 31/03/2017)</b> (QOF)	Yes

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	87.3%	94.8%	95.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (38)	1.0%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	54.0%	51.6%	51.6%	Comparable to other practices

## Any additional evidence

We followed up on high exception reporting on chronic diseases. A sample of 15 care plans were looked at and we found that four patients had been excepted without receiving three letters inviting them for review, as required in the Quality and Outcomes Framework (QOF). This was discussed with the lead GP who undertook a thorough search of patients' records to determine what had happened. The lead GP provide us with a detailed initial report within a week of the visit date. This showed that during the month of March 2018 codes were added to patient records incorrectly, as they had not received three invitations for a review.

The practice reported this error to the clinical commissioning group and NHS England. Work had commenced on checking data for the time periods of 2016/17 and 2017/18 to ensure the practice had not been paid for work they had not carried out. Where necessary codes were removed whilst a review of care provided took place.

All staff responsible for QOF were reminded of the need to ensure exception reporting was carried out according to the required criteria. Plans had been put into place to monitor chronic disease management appropriately and overhaul the recall system for patients to prevent this situation occurring.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	5
Number of CQC comments received which were positive about the service	5
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
Comments cards	<p>All comment cards received by CQC were positive about the standard of treatment and care provided by staff at the practice. Patients considered staff were kind and understanding and explained treatment options and involved them in decision making.</p> <p>There were two negative comments regarding telephone accesses and having to wait to see a clinician once a patient had arrived at the practice. The practice had changed its telephone system and was monitoring waiting times for calls. They were due to run a report on how effective the system was once there was six months of data available. Staff meeting minutes showed that staff were reminded to inform patients if a clinician was running late.</p>

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
18,024	225	Just under 1%	128	56.89%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	82.3%	84.5%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	91.6%	91.3%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	93.0%	96.6%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	88.8%	89.3%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	90.6%	93.7%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	90.2%	93.2%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises Yes

Date of exercise	Summary of results
Ongoing	Feedback from sources such as the Family and Friends Test (FFT); NHS Choices; social media; the practice's website and satisfaction surveys were reviewed and analysed at regular patient participation group and quality improvement meetings. There was a 'performance' board in the waiting room which showed results of the FFT and the National GP survey results and actions the practice had taken to improve. For example, informing patients when a GP's appointments were running late.

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment cards	All five comment cards received by CQC confirmed that patients were involved in decision making.
Patient participation group (PPG)	Members of the PPG said that they were involved in decisions about care and treatment.

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	89.4%	90.1%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	89.8%	86.5%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	89.5%	92.2%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	82.6%	88.5%	85.4%	Comparable to other practices

Interpretation services were available for patients who did not have English as a first language. Yes

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Yes

Information leaflets were available in easy read format. Yes on request

Information about support groups was available on the practice website. Yes

Carers	Narrative
Percentage and number of carers identified	The practice had identified 428 patients who were carers. This represented just over 2% of the practice population.
How the practice supports carers	The practice had developed a specific carer's pack which included information on healthy caring and healthy ageing. There was also a link on the practice website signposting patients who were carers to support organisations.
How the practice supports recently bereaved patients	If a patient had experienced bereavement a sympathy card was sent and their usual GP usually contacted them and offered support, such as a consultation or signposting to organisations which might help them. There was also information on the practice's website which provided links to support organisations.

### Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	Staff were aware that confidentiality could be an issue at the reception desk, due to the design of the building. There was a system in place which allowed only one patient to approach the reception desk at a time. When needed there was a private room available.

Consultation and treatment room doors were closed during consultations. Yes

A private room was available if patients were distressed or wanted to discuss sensitive issues. Yes

Examples of specific feedback received:

Source	Feedback
Comment cards	All comment cards received showed that patients considered their privacy and dignity was respected.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-18:30
Tuesday	08:30-18:30
Wednesday	08:30-18:30
Thursday	08:30-18:30
Friday	08:30-18:30
Appointments available	
Patients are able to be seen by clinicians in the mornings and afternoons.	Times of sessions are displayed on the practice's website. Usual hours for clinical sessions are between 8.40am and 12pm in the morning and 2pm and 4.50pm in the afternoon. We saw the next available routine appointment was for 17 April 2018.
Extended hours opening	
These were for routine, pre-bookable appointments only.	Monday to Thursday between 6.30pm and 7.15pm, and on the second Saturday of each month.

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
There was a triage system in place for home visits. If a home visit was not deemed medically necessary then a GP would always telephone the patient and if needed invite them into the practice for a consultation.	

## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	81.0%	83.8%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	70.2%	83.8%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient	71.9%	84.4%	75.5%	Comparable



survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)				to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	70.1%	81.7%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Results of patient survey- 'You said...So we did' 2017. (Displayed in waiting room).	The practice had improvement plans in place to enable patients to access appointments. This included on the day triage, pre-bookable appointment, use of text reminders to reduce non-attendance and utilising nurse practitioner appointments for reviews of health conditions.
NHS Choices	A total of 16 comments had been left since July 2017, all were positive about the service experienced. Four patients specifically mentioned their experience of having blood taken and were complimentary about the professional manner of the health care assistants who carried out this role.
Friends and Family's test	Results from the period January 2017 to January 2018 consistently showed that 90% or more of respondents were likely or extremely likely to recommend the practice to others.

## Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. Yes (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

Information was available to help patients understand the complaints system. Yes

Complaints	
Number of complaints received in the last year.	6
Number of complaints we examined	6
Number of complaints we examined that were satisfactorily handled in a timely way	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman	None
Additional comments:	
All complaints were handled and responded to in line with the practice's complaints policy. When needed an apology was given. Complaints were reviewed at quarterly practice meetings to ensure actions had been taken when needed and themes were identified, for example communication by staff.	

The practice did not routinely record verbal complaints and acknowledged at the time of inspection this was an area that could be improved upon to capture all patients concerns.

#### **Any additional evidence**

The practice worked with other GP practices in the area to offer extended hours appointments at other sites when none were available at Bridport Medical centre.

A Saturday cervical screening clinic was offered at the practice.

The patient information pack included a section on how a patient preferred to communicate.

# Well-led

## Leadership capacity and capability

### Vision and strategy

Practice Vision and values
The practice vision was clearly defined to provide safe, effective care to promote a positive patient experience. The practice strived to preserve the traditional values of Primary Care Medicine, whilst empowering patients to fully participate in their own care. All staff were aware of the vision and we saw that this translated into the action of the practice. The practice's business plan linked with our Key Lines of Enquiry and was communicated to all staff members.

### Culture

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff	Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found it was a supportive environment both in their clinical and non-clinical work.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staff	The practice had held a session on what was working in the practice and what needed improvement. A 'niggles' action plan was developed from this. Areas for improvement that were considered had included reception staff being asked to provide information on test results to patients however they considered this was not appropriate. The practice acted on this and a standard operating procedure was put into place this ensured that only clinicians would discuss test results with patients.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Complaints	The practice had noted that a theme of concerns was telephone access to the practice. They had introduced a new telephone system in November 2017 and were monitoring call waiting times. A report would be run after six months, in the interim information received from patient showed the system was working better than the previous one.
Complaints	Concerns had been raised about the attitude of staff in the reception desk. Training had been provided on customer care and they had developed a positive approach to responding to patient queries.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	All staff we spoke with during the inspection visit commented on the open door

	policy of practice leads and said they would not hesitate to raise any concerns if needed. Staff said they were supported and had protected administration time to complete tasks and were able to flex appointment length to meet patient needs. Such as offering longer appointments for complex conditions.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Yes

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff	Display screen risk assessments were carried out and staff were provided with appropriate support when needed.

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Staff	The practice considered their staff and treated staff fairly and considered equality. There was an inclusive culture.

Examples of actions to improve quality in past 2 years

Area	Impact
Leg ulcer care	The practice had a leg clinic meeting and nurses had tailored the service to meet patient need. This included introducing a referral form to ensure patient met the criteria to be seen in the clinic. Another area of improvement included making sure patients records were correctly coded to capture the work undertaken in the leg clinic. A care plan template was also created and updated on a monthly basis to monitor wound healing progress.

Examples of service developments implemented in past 2 years

Development area	Impact
Frailty service team.	<p>A team was formed to look at the care of older patients who were vulnerable and at risk of unnecessary hospital admission. The team comprised of 1.5 whole time equivalent nurses and an administrator. The team would visit an assess needs and aim to manage minor illnesses, so that patients would not have to be admitted to hospital.</p> <p>The team also monitored hospital admissions to identify frequent admission and vulnerable patients. Care home ward round were carried out on a weekly or fortnightly basis and there was collaborative working with the Bridport Hub, health and social care coordinators and community nurses.</p> <p>Results showed that there was a 21% decrease in accident and emergency attendances by patient living in care homes and a 5% reduction in emergency admissions to hospital. The team worked with care home to educate patients and staff on keeping well and had</p>

	identified areas for improving care, for example encouraging regular drinks throughout the day to prevent urinary tract infections.
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## Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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## Engagement with patients, the public, staff and external partners

### Examples of methods of engagement

	Method	Impact
Patients	Patient participation group (PPG)	The practice had a steering group of six patients who met on a regular basis and liaised with the virtual PPG of 155 patients.
Public	NHS Choices Friends and families test	Comments from these sources were read and reviewed and changes made where possible to service provisions. For example, monitoring of telephone access to the service and the type of appointments available for patients. This work was ongoing and reviewed at meetings.
Staff	Staff mentorship and supervision sessions, annual appraisals, regular staff meetings	Staff suggestions are regularly discussed and implemented where appropriate. Appropriate training identified by staff has been provided, for example, further management courses.
External partners	Locality working	The practice worked with six other practices in the area to develop and provide shared services. For example, phlebotomy services and access to appointments.

### Feedback from Patient Participation Group;

Feedback
The PPG worked with the practice to develop a leaflet on 'what to do when you are unwell', which provided information on how other health and social care providers, such as pharmacist could provide advice for minor illnesses.

### Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
Annual focus group	This group was started in 2017 to review patient feedback received by the practice and set aims for improvement where needed. For example, the group were currently reviewing GP messaging systems to ensure there was effective communication in the practice.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Planned audit process	Improved care for patients, for example improved monitoring of patients prescribed high risk medicines and antibiotics.

### Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

#### Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>