

Care Quality Commission

Inspection Evidence Table

Poundbury Doctors Surgery (1-554161031)

Inspection date: 4 May 2022

Date of data download: 19 April 2022

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	
Staff were able to identify the practice safeguarding lead for adults and children.	

Safeguarding	Y/N/Partial
<p>Minutes from monthly meetings showed that the practice:</p> <ul style="list-style-type: none"> engaged with other professionals, including health visitors and school nurses, to discuss safeguarding concerns. considered patients who were moving from children to adults' services. involved other local GP practices when this was appropriate. <p>There was inconsistency in the level of safeguarding children and safeguarding adults training received among groups of clinical staff. Staff who had joined the practice more recently had been trained to a higher level. The provider referenced appropriate national guidance relating to the levels of training suitable for each role. However, the provider should consider national guidance available to ensure that all staff are trained to a suitable level for their role to protect children and adults from abuse.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 2021	Yes
There was a fire procedure. Date of fire risk assessment: 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>A buildings manager oversaw the safety systems and records for the practice.</p> <p>An external company completed monthly water checks for legionella, a bacteria that can cause serious lung infections. They also completed a more thorough check of the system annually to assess overall risk. Any recommended actions had been completed in the appropriate timeframe.</p> <p>The buildings manager had booked an external company to review the fire risk assessment and test the fire alarm system in May 2022. The practice conducted weekly testing of the fire alarm system. We saw that issues identified, were quickly rectified.</p> <p>Fire extinguishers were checked annually, most recently in August 2021.</p> <p>Staff had completed fire safety training. Face to face fire warden training, including demonstrations of the use of fire equipment, had been arranged for May 2022.</p>	

Fire drills were completed annually, with the exception of 2020 due to the COVID-19 pandemic.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Partial
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: March 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The practice lead for infection prevention and control (IPC) had recently taken on this role and was in the early stages of establishing themselves in this role. Training records provided by the practice indicated that 10 out of the 27 staff employed were not up to date with their training. The practice had an IPC policy which had recently been reviewed and updated.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes

There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

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) (01/01/2021 to 31/12/2021) <small>(NHS Business Service Authority - NHSBSA)</small>	0.71	0.74	0.76	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2021 to 31/12/2021) <small>(NHSBSA)</small>	11.4%	9.6%	9.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2021 to 31/12/2021) <small>(NHSBSA)</small>	4.38	5.46	5.28	Tending towards variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) <small>(NHSBSA)</small>	102.7‰	103.1‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) <small>(NHSBSA)</small>	0.86	0.58	0.62	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) <small>(NHSBSA)</small>	6.8‰	7.3‰	6.8‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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
There was a process for monitoring patients' health in relation to the use 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, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence:	

The practice proactively identified patients who were prescribed medicines for long-term conditions, such as diabetes, for example through running regular searches on the computer records system.

Staff used 'Arden's' templates to guide annual medicine reviews with patients prescribed long-term medicines. Arden's is a clinical decision support tool designed to assist clinicians to provide safe, up-to-date evidence-based patient care.

Clinical searches carried out by Care Quality Commission (CQC) for this inspection showed that patients who had been prescribed high-risk medicines or had one or more long-term conditions had received the appropriate monitoring of their health and clinical review. Our searches included reviews of patients diagnosed with:

- asthma who had had two or more courses of rescue steroids in the last year
- chronic kidney disease stage 4 or 5
- hypothyroidism
- diabetic retinopathy who's latest HbA1c result was more than 74mmol/l. Diabetic retinopathy is a complication affecting vision that can arise in people who have diabetes. HbA1c is a blood test that can give a picture of someone's blood glucose levels over the previous two to three months and therefore an indication of the management of their diabetes.

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Where the Electronic Prescription Service is not used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	N/A
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	N/A
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and 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:	None
Number of events that required action:	N/A
Explanation of any answers and additional evidence:	
Discussion about significant events was a standing agenda item for the practice's monthly clinical governance forum. A significant event review meeting would then be arranged to discuss any significant events that had been raised. These meetings provided opportunity for staff to discuss and review the specific event in detail. No significant events had been reported in the past 12 months. However, we	

saw minutes from three historic significant event review meetings which had been attended by the practice's GPs, nurses and management team.

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Spinal injury sustained following a fall	<p>The practice identified:</p> <ul style="list-style-type: none"> • The importance of timely hospital assessment. • The importance of a thorough assessment for injuries following a fall. • The potential impact of 'confirmation bias' if a patient continues to experience symptoms even after an assessment at hospital. • In these circumstances clinicians need to be assertive in requesting further assessment.
Unwell baby's condition deteriorated between assessment by GP and attendance at hospital	<p>The practice identified:</p> <ul style="list-style-type: none"> • Improvements that could be made in the documentation of findings from clinical assessment, including when findings are not available. • The need for a lower threshold for requesting an ambulance for babies presenting as unwell so that they can be clinically monitored until their arrival at hospital, even if it may be quicker for a parent or guardian to take the baby to hospital given the close proximity of the hospital to the practice. <p>The practice has:</p> <ul style="list-style-type: none"> • Provided all clinicians with access to a 'sepsis pathway for under 18 year old's' on their computer or phone. • Placed laminated posters in all clinical rooms about the sepsis pathway for under 18 year old's. • Made it possible for clinicians to print off the pathway information for patients when appropriate.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The provider did not provide assurance that systems in place to act on safety alerts were effective and that all relevant staff knew what action they needed to take. An alert issued to practices in April 2010 advised against prescribing clopidogrel and omeprazole concurrently as the combination increased the risk of stroke or heart attack. Searches conducted prior to inspection identified 14 patients prescribed a combination of these medicines. Following the inspection the practice reviewed the patients affected.</p>	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: One of the GP partners was actively involved in the development of a clinical IT system called Ardens as a clinical adviser. Staff told us, that this provided them with early access and knowledge about changes to the IT system that they could implement to improve the quality of care and treatment of patients. In searches we carried out, we found patients were regularly reviewed and recalled for monitoring of any diagnosed conditions. We found pathology and blood monitoring results were closely monitored and had been actioned in a timely way when abnormal results were received.	

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check. The practice made reasonable adjustments for patients who had learning disabilities. For example, the practice changed to inviting patients with a learning disability for appointments by telephone as not all of the patients were able to acknowledge a letter. Longer appointments were provided with GPs and nurses at times of the day that best suited the needs of the patient. This included offering appointments in the early afternoon when the practice was usually less busy for those who found busy and unfamiliar environments difficult. As much as possible, all of the patient's needs would be addressed in one appointment. The familiarity of being seen by the same GP was also beneficial for patients with learning disabilities and helped the continuity of care for patients with complex needs.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England)	56	59	94.9%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England)	64	64	100.0%	Met 95% WHO based target
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) (01/04/2020 to 31/03/2021) (NHS England)	64	64	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England)	63	64	98.4%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England)	64	66	97.0%	Met 95% WHO based target

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 30/09/2021) (Public Health England)	76.3%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	66.7%	61.5%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	77.4%	72.3%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (PHE)	57.6%	58.5%	55.4%	No statistical variation

Any additional evidence or comments

The practice was aware that cervical screening outcomes were slightly below the England target. The practice demonstrated recall systems for those eligible for cervical screening. Those patients who failed to attend were contacted by telephone.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<p>The practice provided five clinical audits which included improvement activity.</p> <p>For example, an audit that was conducted was around the prescribing of Non-steroidal anti-inflammatory drugs (NSAIDs) to patients over 65 years without a co-prescription of an ulcer healing medicine. Patients over 65 years had an increased risk of developing stomach ulcers. NSAIDs are medicines that are widely used to relieve pain, reduce inflammation, and bring down a high temperature.</p>

Effective staffing

The practice was able to demonstrate staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, 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
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice held monthly review meetings, which included other members of the wider multi-disciplinary team, such as health workers and palliative care nurses. These meetings provided opportunity for staff to discuss patients who had more complex needs. For example, patients who had been identified as frail, those receiving palliative or end of life care, or where safeguarding concerns had been highlighted.</p>	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During the COVID-19 pandemic GP practices received national guidance to suspend all health checks to reduce footfall and risk of infection to patients. Staff told us they were proud to have continued providing health checks for people with learning disabilities and vulnerable people.</p> <p>Patients at the practice had access to a social prescriber via the Primary Care Network. All staff at the practice were able to signpost people for support.</p> <p>The practice had access to a social prescriber who was employed by their primary care network. Staff were able to signpost patients to them for support.</p>	

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Minor surgical procedures were carried out at the practice. We saw examples of consent obtained from patients, which included that risks and benefits had been discussed with patients before the procedure.</p>	

Responsive

Rating: Not rated

Access to the service

People were able to access care and treatment in a timely way.

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence: Data demonstrated patients were satisfied with access and services provided. For example: <ul style="list-style-type: none">94% of patients in the GP patient survey responded positively to the overall experience of their practice compared with the national average of 83%.94% of patients responded positively to how easy it was to get through to someone at their GP practice on the phone compared with the national average of 68%.92% of patients were who were satisfied with the appointment (or appointments) they were offered compared with the national average of 82%. Access to healthcare at the practice had changed considerably since we last inspected. Practice staff told us: <ul style="list-style-type: none">Balancing access and continuity of care had been challenging, especially during the COVID 19 pandemic. In response, adaptations were made to ensure patients were able to access healthcare over the past two years whilst restrictions imposed by the pandemic were in place.During the height of the pandemic, clinicians were available at all times by telephone to triage problems, give advice and support and arrange face to face consultations. As restrictions lifted, normal services had been re-introduced focusing on continuity of care.	

- Patients were now able to arrange pre-booked telephone or face to face consultations with doctors and nurses. Appointments had been increased to 15 minutes due to the number and complexity of needs to improve access for all.
- The team continued to provide chronic disease management over the past 2 years, initially by telephone, for example asthma/COPD checks. Face to face reviews were provided, for example for patients with rheumatoid arthritis and diabetes. In spite of national guidance to suspend some health checks, the practice chose to continue to offer and provide annual health checks for patients with a learning disability, poor mental health and dementia.
- Vulnerable patients were identified and follow up agreed at weekly multidisciplinary team (MDT) meetings (for people receiving palliative care, adult and child safeguarding, vulnerable/frailty). Elderly/frail and housebound patients continued to receive home visit to address their long-term conditions. Joint visits with community teams (district nurses, community psychiatric nurses, health and social care support workers) took place to improve patient access and healthcare.
- A new IT system was embedded as part of normal general practice. Digital consultations through eConsult, AccuRx text messaging and videocalls had improved healthcare access for those more familiar with the digital platforms. Patients were encouraged to access verified digital NHS resources, including, Wessex Healthier Together and MSKDorset.
- The practice website was adapted to make it more user friendly and accessible by desktop computer/tablet/mobile devices with up to date practice and healthcare information.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: GP partners described the practice as a reflective team. Events over the last two years of the COVID-19 pandemic were said to have increased their awareness of the need to develop the team, establish measures for the continuity of lead roles and succession planning. As a result, they had conducted a skillset review of the practice team. This had broadened opportunities to develop a multidisciplinary approach to health care, with shared resources across the primary care network (PCN). In practice, GP buddy arrangements were extended to include lead roles to ensure continuity. For example, two GP partners had completed safeguarding leadership training which would enable the second GP to provide cover should the need arise. All of the staff responding in a Care Quality Commission survey, verified leaders were visible, approachable and valued their contribution by listening to them.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: Staff told us they were clear about the vision and values to provide high quality care for patients. This they told us was achieved by continuously reviewing and improving practice and service delivery.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	
The practice told us they had a strong emphasis on well-being and were very aware of the risk of burnout due to the ongoing pandemic. In the last two years, the practice had set up a secure WhatsApp group to support staff. It had also introduced schemes to recognise and value staffs' contribution to the team through the creation of 'Senior' posts, with increased remuneration. Feedback from staff included that they felt valued and proud to work at the practice.	

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

Source	Feedback
CQC Staff Survey	These were positive with themes of patient centred responsive care, development and support of staff, learning culture and team going 'above and beyond' for patients.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
Senior leaders demonstrated there were effective structures and systems, for example:	

- Monitoring progress against the Quality Outcomes Framework (QoF) to ensure patients received appropriate monitoring.
- Systems of oversight of pathology and blood monitoring results to ensure any abnormal results were actioned in a timely way.

In searches we carried out, we found patients were regularly reviewed and recalled for monitoring of diagnosed conditions.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes

Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: The practice had identified a consulting room designated for patients with suspected COVID 19. This was located in a separate corridor with an external entrance. The practice also made temporary adaptations to the dispensary window allowing for patients to collect their medicines without entering the practice.	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence: During the COVID-19 pandemic, the practice had implemented new IT systems allowing patients to access remote appointments with their GP or practice nurse. These could be via video call.	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Feedback from Patient Participation Group.

Feedback
<p>We did not speak with the patient participation group (PPG) however the secretary of the PPG sent us a written report outlining their involvement with the practice.</p> <p>This report described how they have continued to be operational throughout the pandemic and listed numerous activities that they had been involved with. Examples being, the introduction of a newsletter titled Grapevine giving patients important information. Also the organisation and facilitation of a 'HELP Your Health Your Community' Event to promote social prescribing and patient participation groups within the community of Dorchester involving local groups, local practices and local social prescribers which was held in Dorchester. This event included workshops and lectures by nationally acclaimed speakers' which members of the public could attend.</p>

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement

We interviewed clinical staff who shared an example of learning shared that had led to improvement in the early diagnosis of a deteriorating child. This arose from identified learning of an event when a child who was sent to hospital deteriorated further whilst being transported. At the time, a portable child pulse oximeter was used and found to be limited in identifying if a child patient was deteriorating. The practice reviewed equipment held and purchased a more sophisticated child pulse oximeter that takes

measurements from the patient's ankle areas as opposed to a finger with the portable version. This was ahead of a national drive for practices to upgrade to this type of device. GPs at the practice, told us the measurement of saturated oxygen was more accurate and they were now assured of the accuracy to diagnose the deteriorating patient.

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" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
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- ‰ = per thousand.