

# Care Quality Commission

## Inspection Evidence Table

### Kent House Health Centre (1-6466651358)

Inspection date: 28 April 2022 (remote searches) 5 May 2022 (site visit)

Date of data download: 25 April 2022

The practice Kent House Health Centre has merged with two other local practices, Lyme Bay Medical Practice in June 2019 and Charmouth Medical Practice in April 2021. The registered provider for this service is also known as Dr Forbes Watson Partnership. The provider is presently going through CQC's registration process to reflect the change of name to the main location which is Lyme Bay Medical Practice and the site we inspected.

Kent House Health Centre was previously rated good overall in June 2018.

**Overall rating:**

**Good**

**Safe  
Improvement**

**Rating: Requires**

At the last inspection in June 2018, we rated the practice as good for safe.

At this inspection in May 2022, we rated the practice as requires improvement for safe because:

- Staff vaccination was not maintained in line with Public Health England guidance relevant to their role.
- Information to confirm the ongoing registration status of clinical staff was not always complete.
- There were no risk assessments in place for emergency medications deemed not required.

#### Safety systems and processes

**The practice did not have 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.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes

<b>Safeguarding</b>	<b>Y/N/Partial</b>
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.	Partial
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
We reviewed six staff files and found three were incomplete. For example, one file did not have proof of a disclosure and barring check (DBS) or a risk assessment in place. Following the inspection, the practice were able to send us proof of the DBS check.	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>New staff had evidence of appropriate pre-employment checks. However, two out of six files we reviewed did not identify the previous employer providing reference checks. On the day of the inspection the practice immediately amended the employer reference request forms to identify previous employers.</p> <p>Some staff records demonstrated missing vaccination information in line with Public Health England guidance however this was not consistent across all staffing groups.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 27 April 2022	Yes
There was a fire procedure. Date of fire risk assessment: 14 May 2022	Yes
Actions from fire risk assessment were identified and completed. None identified	Yes

## **Infection prevention and control**

### **Appropriate standards of cleanliness and hygiene were met.**

	<b>Y/N/Partial</b>
Staff had received effective training on infection prevention and control.	Partial
Infection prevention and control audits were carried out.	Yes

Date of last infection prevention and control audit: 26 April 2022	
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
<p>Explanation of any answers and additional evidence:</p> <p>Records sent to us prior to the inspection showed three GPs out of seven were not up to date with infection prevention and control (IPC) training and six administration staff out of 27 staff were not up to date with IPC training. The practice showed us that an action plan was in place to ensure that any out of date training was being completed as soon as possible.</p> <p>IPC audits had been carried out and findings acted upon. For example, a waste bin had been replaced in the toilet due to the lid becoming rusty.</p>	

### 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
Explanation of any answers and additional evidence: The practice had a written policy setting out the management of blood tests and results. This also included guidance on ensuring results are reviewed by an appropriate clinician, the actions completed and how to advise patients of abnormal results.  Clinical searches the Care Quality Commission (CQC) conducted prior to the inspection found systems were in place to review test results in a timely manner and the practice were up to date with the management of these.	

## 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) (NHS Business Service Authority - NHSBSA)	0.79	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) (NHSBSA)	8.2%	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) (NHSBSA)	5.91	5.46	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	100.3‰	103.1‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group	0.55	0.58	0.62	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) <small>(NHSBSA)</small>				
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) <small>(NHSBSA)</small>	6.6‰	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).	Partial
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.	Yes
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).	N/A
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.	N/A
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.	Partial

Medicines management	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had Patient Group Directions (PGDs) in place, which meant that all clinical staff administering medication were authorised to do so. However, the practice did not follow the guidance of crossing out the unused rows in the list of practitioners post managerial sign-off. The practice immediately corrected the PGDs that were affected on the day of the inspection.</p> <p>The practice held some appropriate emergency medications on site securely, however no formal risk assessment had been completed for medications deemed not required.</p> <p>We undertook searches on the practices clinical system to review the monitoring of patients on specific medicines and the care required relating to taking those medicines. We found medicine reviews had been regularly carried out and there was a structured process in place.</p>	

### 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.	Partial
Number of events recorded in last 12 months:	8
Number of events that required action:	6
<p>Explanation of any answers and additional evidence:</p> <p>Learning from significant events was discussed and shared with clinical staff where appropriate however learning was not routinely disseminated to non-clinical staff.</p>	

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

Event	Specific action taken
<p>A patient presented over the phone with chest pain. They were advised that there was no appointment available for that day and to call back. The patient telephoned 111 and an ambulance was sent resulting in the patient being admitted to hospital.</p>	<p>Following a discussion with the staff involved and a review of the telephone call, a protocol was put in place with guidance on what to do in the event of a patient telephoning with chest pain or a suspected stroke.</p>
<p>Patient Specific Directive (PSD) were not prepared for the flu vaccination clinic to enable Health Care Assistants (HCA) to carry out flu vaccinations. Support and supervision on site was available. A PSD is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by a qualified prescriber.</p>	<p>The practice took action by ensuring the correct documentation for the flu clinics were checked in advance and further training was carried out on the checking of PSDs prior to the administration of a vaccination. A clinician was also nominated to check the PSDs were completed on the day of the flu clinics.</p>

Safety alerts	Y/N/Partial
<p>There was a system for recording and acting on safety alerts.</p>	<p>Yes</p>
<p>Staff understood how to deal with alerts.</p>	<p>Yes</p>
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a system and policy in place for receiving and managing safety alerts including medicine alerts from Medicines and Healthcare products Regulatory Agency (MHRA).</p> <p>We carried out remote clinical searches and reviewed five patient records to ensure safety alerts were acted upon, we saw examples of recent actions taken:</p> <ul style="list-style-type: none"> <li>• Of the five patients who were taking a combination of Simvastatin and Amlodipine together (Simvastatin is a medicine to treat high cholesterol and Amlodipine is a medicine to treat high blood pressure) four patients were prescribed an alternative medicine and one patient had their dose reduced from 40mg to 20 mg. A medicines alert advised reducing the dosage of Simvastatin to 20mg if used in combination with Amlodipine or changing to a different medicine combination.</li> </ul>	

## Effective

## Rating: Good

QOF requirements were modified by NHS England for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

### 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



## 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.
- 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

We carried out remote clinical searches and sampled patient records to establish that management of their conditions was effective. We found:

- 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.

- Our clinical searches demonstrated that patients had been correctly diagnosed as diabetic and were being appropriately monitored.
- 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.
- Our remote searches of patients with asthma who had been prescribed rescue steroids identified reviews were regularly carried out.
- Patients with asthma were offered an asthma management plan.
- Our remote searches found 39 patients who had Hypothyroidism ( Hypothyroidism is a disorder of the endocrine system in which the thyroid gland does not produce enough thyroid hormone). We reviewed five patient records and found four out of five patients were overdue their blood test. We were advised these patients would be contacted within 24 hours to arrange a blood test.

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)	36	38	94.7%	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)	43	47	91.5%	Met 90% minimum
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)	43	47	91.5%	Met 90% minimum
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)	43	47	91.5%	Met 90% minimum
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)	58	65	89.2%	Below 90% minimum

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>

### Any additional evidence or comments

The practice liaised with health visitors to ensure that families who did not attend appointments were followed up in a timely way and offered alternative appointment times.

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)	13.0%	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)	75.1%	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)	78.3%	58.5%	55.4%	Tending towards variation (positive)

### Any additional evidence or comments

We asked the provider about the low uptake rates for cervical screening. We were advised the practice was now offering Saturday clinic appointment times, patients were being contacted via text message, letter and telephone to ensure they could make an appointment.

## 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 had a comprehensive approach to monitoring quality of care which included an expansive audit programme, audits were run on a monthly basis by clinicians.</p> <ul style="list-style-type: none"> <li>An audit was carried out in July 2021 to identify patients who were using a high level of opioid medication (opioid medication is used to treat moderate or severe pain). 20 patients were identified and following a medication review 12 patients with consent were put on a tailored reducing programme.</li> <li>The practice reviewed patients aged over 65 years old who were on Citalopram (Citalopram is a medication used to treat depression), the recommended dose is 20mg due to potential heart problems. Three patients were identified and reviewed with their dose being reduced.</li> </ul>
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## Effective staffing

**The practice was able to demonstrate that 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.	Partial
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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice was unable to evidence a structured programme of learning and development for staff. However, we saw evidence of online learning and staff we spoke with told us that the practice was encouraging and supportive when approached about further training to enhance their roles.</p> <p>There was not an effective system in place to check nurse revalidation was up to date and valid (revalidation is a process to ensure that nurses had completed relevant processes and were competent to enable them to remain on the nursing and midwifery council register). On the day of the inspection we were assured that clinical staff had been checked and were in date.</p>	

### 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

### 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>The practice is part of an integrated community team which provides locally based intermediate care, such as physiotherapy, community nursing and occupational therapy.</p> <p>Patients are signposted to relevant services to support them in managing their health and well-being. For example, a menopause hub and a bereavement support group.</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
Explanation of any answers and additional evidence: In interviews, staff shared examples of how they obtained consent and where they recorded this within standardised assessment templates, this included the discussion of any risks and the benefits . For example, before carrying out a cervical screening procedure .	

## Caring

**Rating: Good**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was generally positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Patient feedback	
Source	Feedback
National GP Patient Survey	The areas of the GP patient survey that were in relation to the caring question were all above local and national averages.

### National GP Patient 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 had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	98.0%	92.7%	89.4%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	98.1%	91.8%	88.4%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	99.4%	96.9%	95.6%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	99.4%	88.0%	83.0%	Significant Variation (positive)

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

### Involvement in decisions about care and treatment

#### Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

### National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	97.8%	95.2%	92.9%	Tending towards variation (positive)

	Y/N/Partial
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 other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes



Carers	Narrative
Percentage and number of carers identified.	The practice had identified 365 patients who were also carers. This was the equivalent of over 4% of the practice population.
How the practice supported carers (including young carers).	The practice offered health checks to carers, and signposted them to CRISP (CRISP is a Carer Support Service in Dorset). There was also a carers coffee morning held at Lyme Regis Hub.
How the practice supported recently bereaved patients.	The practice was able to signpost bereaved patients to a bereavement support group held in Bridport.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

## Responsive

Rating: Good

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: Longer appointment times were offered to patients who required them. The practice offered a minor injury and illness service during the practice core opening hours and on a Saturday from 9am to 12.30pm , no appointments were necessary.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am- 6.30pm
Tuesday	8am- 6.30pm
Wednesday	8am- 6.30pm
Thursday	8am- 6.30pm
Friday	8am- 6.30pm
Appointments available:	
Monday	8am- 6.30pm
Tuesday	8am- 6.30pm
Wednesday	8am- 6.30pm
Thursday	8am- 6.30pm
Friday	8am- 6.30pm
Saturday	9am- midday

## Further information about how the practice is responding to the needs of their population

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 6.30pm Monday to Friday. Pre-bookable appointments were also available to all patients at an additional location within the area.
- The practice held a minor injuries service on Saturdays and no appointment was necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

## 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

## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
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 (01/01/2021 to 31/03/2021)	96.0%	N/A	67.6%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	93.6%	77.1%	70.6%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	87.9%	72.5%	67.0%	Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	96.2%	86.1%	81.7%	Variation (positive)

## Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	19
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: The practice was able to demonstrate a comprehensive complaint process and learning was shared with the team.	

Example(s) of learning from complaints.

Complaint	Specific action taken
<p>A family member called regarding a relative who had a fallen in the garden. Caller was requesting an appointment for assessment and review. Caller informed there were no appointments available. Advised to attend minor injuries unit (MIU).</p>	<p>Investigation carried out and an apology issued. Learning identified that the patient should have been referred to duty doctor or nurse practitioner for assessment. Email sent to all reception staff to remind staff of the MIU guidance and protocol for referring patients.</p>
<p>Complaint investigation request received from NHS England potential neglect to patients condition and failure to follow up symptoms</p>	<p>Consultation notes and the investigation outcome was sent to NHS England together with a copy of the letter sent to the patient. Complaint was discussed at partnership meeting to identify any learning opportunities. NHS England's feedback was no further action required.</p>

## 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: The practice had recently merged with two other local providers to ensure the sustainability of the service and to provide enhanced services for patients. Leaders at the practice were knowledgeable and articulate about the systems and processes used to ensure the delivery of quality care . Staff told us they found the management team supportive and approachable.	

### 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.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: Ten staff responded to a Care Quality Commission (CQC) survey, eight of these staff told us they were unaware of the practice's vision and values. The practice had a comprehensive business and continuity plan in place.	

## 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.	Partial
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.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us they felt safe at work however not all staff were aware of how to access any well-being support from the management team.</p> <p>Not all staff had undertaken equality and diversity training. Training records sent to us prior to the inspection showed ten of the 32 staff employed had not completed the training.</p>	

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

Source	Feedback
Staff Questionnaires	Staff who responded to a CQC survey told us there were good working relationships between managers, staff, clinical and non-clinical staff. If they had any concerns, they were confident to raise them with management and felt they would be taken seriously, and the concerns would be acted upon.



## Governance arrangements

**There were clear responsibilities, roles and systems of accountability to support good governance and management, however this was not fully effective.**

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The governance arrangements had not always operated effectively; For example, we found that not all staff were up to date with their required training such as infection prevention and control and equality and diversity.</li> <li>Some staff records demonstrated missing vaccination information in line with Public Health England guidance ..</li> <li>The practice had Patient Group Directions (PGDs) in place, which meant that all clinical staff administering medication were authorised to do so. However, the practice did not follow the guidance of crossing out the unused rows in the list of practitioners post managerial sign-off. The practice immediately corrected the PGDs that were affected on the day of the inspection</li> </ul>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>There was a programme of clinical audits in place to monitor the quality of care and outcomes for patient care.</li> <li>The practice did not have fully embedded systems in place to monitor staff training however on the day of inspection we were shown an action plan that the practice had in place to ensure the completion of the outstanding required training.</li> </ul>	

## 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice promoted online and digital access to their services.</p> <p>The practice had made changes during the pandemic, in line with local and national guidance. Following the ending of these restrictions, the practice continued to take sensible precautions in relation to social distancing, hand sanitising and hand washing facilities throughout the practice.</p>	

## 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

## 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
<p>Explanation of any answers and additional evidence:</p> <p>Ten staff responded to a CQC survey, seven of those staff advised us they felt supported and listened to when suggesting ideas and changes. The other three staff had not raised an opinion towards changes.</p>	

Feedback from Patient Participation Group.

Feedback
<p>The Patient Participation Group (PPG) advised us that they have a very effective working relationship with the practice and are proactive in the planning of future developments. The PPG meet every two months and staff from the practice also attend and minute the meetings.</p> <p>Relevant health and social care professionals are invited to speak at the PPG meetings. For example, social prescribers, health champions and respiratory nurses.</p> <p>Information about the PPG was available in the practice on noticeboards and on the website.</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.	Partial
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<p>The practice was unable to evidence a structured programme of learning and development for staff. However, staff we spoke with told us that the practice was encouraging and supportive when approached about further training to enhance their roles.</p> <p>The practice provided placements for registrars training to be qualified GPs. At the time of the inspection, there was one GP registrar attached to the practice, receiving support and tuition from a GP trainer.</p>	

## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.
- 
- $\%$  = per thousand.