

Lyme Regis Medical Centre

Quality Report

Uplyme Road

Lyme Regis

Dorset

DT7 3LS

Tel: 01257 445777

Website: www.lymeregismedicalcentre.nhs.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lyme Regis Medical Centre on 5 and 10 August 2015 when we rated the practice as requires improvement overall. Specifically, the practice was rated as requires improvement for providing safe care, for providing responsive services and for being well-led, inadequate for providing effective care and good for being caring.

We inspected again on 02 February 2016 to assess the improvements made at the practice. Overall the practice is now rated as good.

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

- Staff in the Minor Injuries Unit now have appropriate access to clinical guidance to carry out their roles in a safe and effective manner.
- The Minor Injuries Unit now offers treatment appropriate to the training and skills of the staff on duty.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

Summary of findings

The practice had developed a 'Better Balance' programme to support people who were at risk of, or who had experienced a fall. This was a 10 week programme run by an occupational therapist and supported by a health care assistant. The programme consisted of: exercises to improve balance; educational sessions such as diet and fluid advice; visits from the sight and hearing team; falls prevention and a visit from the practice social worker.

The areas where the provider must make improvement are:

- Ensure that blank prescriptions held in clinical areas are kept securely at all times.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, with the exception of the security of clinical areas. Blank prescriptions were not stored securely at all times.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A range of clinical audits had been conducted since our last inspection. These demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Investment had been made with regard to the training of staff running the Minor Injuries Unit.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than other practices in the locality for several aspects of care. Examples include the care provided for people with dementia and the helpfulness of reception staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice website had been amended to provide appropriate information to patients about the services offered by the Minor Injuries Unit.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, patients did not like the practice using a 'withheld' telephone number when trying to contact patients. The practice contacted the telephone company to rectify this.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Patients said there were urgent appointments available the same day. However, patients said they found it difficult to make an appointment with a named GP and that there was little continuity of care from GPs.

Good



Are services well-led?

The practice is rated as good for being well-led.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The practice had acted to minimise the risks to staff and patients in the operation of the Minor Injuries Unit identified at the last inspection.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Support was provided to older people in patient's own homes, through the community service provided by the practice.
- There were virtual ward rounds every three weeks and multi-disciplinary meetings to discuss and manage the care of those with enhanced needs.
- The practice had developed a Better Balance programme to support patients who may be at risk of falls.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national averages. The practice achieved 100% compared to a CCG average of 95% and a national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals both from their own community service and other organisations to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 76% of patients diagnosed with asthma on the register, had an asthma review in the last 12 months. This was comparable to the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80% which was above the CCG average of 77% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children and babies were prioritised for urgent appointments.
- We saw positive examples of joint working with on-site midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations and late evening appointments were offered.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability. The practice did not have a high number of patients with a learning disability. All of these patients had received an annual health check.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 98% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This is better than the national average of 84%.
- 100% of those patients experiencing severe mental ill health had received a care plan review in the previous 12 months. This is better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 show the practice was performing in line with local and national averages. Two hundred and forty-one survey forms were distributed and 126 were returned. This is representative of approximately 3% of the total practice population.

- 91% found it easy to get through to this practice by phone compared to a clinical commissioning group (CCG) average of 84% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 89% and a national average of 85%.
- 93% said the last appointment they got was convenient compared to a CCG average of 94% and a national average of 92%.
- 86% described their experience of making an appointment as good compared to a CCG average of 82% and a national average of 73%.
- 69% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 68% and a national average of 65%.

- 95% said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received. Patients commented on the high standards of cleanliness in the practice, that care was always gained promptly and that practice staff were caring and professional.

We spoke with 10 patients during the inspection. All patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. They also commented on a lack of continuity of care from GPs in the practice, particularly with regard to the practice's frequent use of GP locums. However patients commented that they felt that this was now improving since the recruitment of a permanent GP.

Lyme Regis Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Lyme Regis Medical Centre

Lyme Regis Medical Centre is located in Uplyme Road, Lyme Regis, Dorset DT7 3LS. Lyme Regis is a coastal town in West Dorset popular with holiday makers. The centre is operated by VH Doctors Limited which is part of the Virgin Care organisation. Lyme Regis Medical Centre is part of NHS Dorset Clinical Commissioning Group.

The centre provides care to approximately 4,500 patients and is contracted by NHS England to provide community services to 8,500 patients in the locality under a Alternative Provider Medical Services contract. The practice is also contracted by NHS England to provide a nurse led Minor Injuries Unit open to patients registered at the practice, patients from other practices in the locality and any visitors to the area.

The practice employs four salaried GPs, three of whom are female and one is male. The GPs in total provide the equivalent of 2.3 full time GPs. Support is also provided by an advanced nurse practitioner, four practice nurses, one of whom is a non-medical prescriber, and two health care assistants. The nursing team together provide the equivalent of just over five full time members of staff. The practice is further supported by managerial, reception and administrative staff.

The community services include community nursing, health visiting, a school nurse, social worker, community mental health nurses, physiotherapists, occupational therapy, podiatry and a Minor Injuries Unit. At this inspection we inspected the services provided by the GP practice and Minor Injuries Unit.

Lyme Regis Medical Centre is open Monday to Friday from 8am to 6.30pm. Extended hours appointments with a nurse practitioner are available until 7.30pm on a Thursday. The nurse led Minor Injuries Unit is open between 8am and 8pm Monday to Friday and 8am to 1pm Saturday, Sunday and bank holidays (except Christmas day).

The practice website states that the minor injuries service treats ailments such as minor burns, cuts, splinters, foreign bodies in the eye, ear or skin. People with serious injuries or major trauma are directed to Dorchester or Exeter Hospitals.

The GPs at this practice have opted out of providing out of hours services to their patients. When the practice is closed out of hours care and treatment is provided by South West Ambulance Service and can be accessed through the NHS 111 telephone number.

We previously inspected Lyme Regis Medical Centre on 5 and 10 August 2015. Following this inspection, the practice was given a rating of requires improvement. A copy of the report detailing our findings can be found at www.cqc.org.uk/

Why we carried out this inspection

We carried out an announced comprehensive inspection at Lyme Regis Medical Centre on 5 and 10 August 2015 when we rated the practice as requires improvement overall. Specifically, the practice was rated as requires

Detailed findings

improvement for providing safe care, for providing responsive services and for being well-led, inadequate for providing effective care and good for being caring. We carried out a further comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 February 2016. During this inspection, we inspected the general practice services provided by Lyme Regis Medical Centre and the Minor Injuries Unit. The community services provided by Lyme Regis Medical Centre were not inspected on this occasion. During our visit we spoke with a range of staff (general practitioners, service manager, assistant service manager, finance administrator, admin staff, advanced nurse practitioner and practice nurse) and spoke with patients who used the service. We observed how people were being cared for and talked with carers

and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Safe track record

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. Significant events were also reported to the provider organisation for an analysis of trends.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. The practice did not have a GP practice specific new example since our last inspection however the was learning from the community service. A patient who lived in a care home developed a significant pressure ulcer. The practice community nursing team assessed the patient's condition and determined that a change in treatment was necessary. This was implemented. The practice provided up to date advice to the care home on the care of pressure ulcers, and changed the way communication between the practice and care home happens.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received training relevant to their role. All staff were trained to an appropriate level of safeguarding for both children and adults.

- A notice in the waiting room and clinical areas advised patients that chaperones were available if required. All eight members of staff who acted as chaperones were trained for the role. All staff had received a Disclosure and Barring Service check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse team lead was the lead for infection control and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, we saw evidence that work was booked with NHS estates to repair damage to the wall in one of the toilets.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. One of the nurses had qualified as a non-medical prescriber and could therefore prescribe medicines for specific clinical conditions. The nurse received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There were systems in place to monitor the use of prescription pads. However, we observed that clinical rooms were not locked when left unattended. This presents a security risk in that blank prescriptions, and other equipment were not kept safe.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

Are services safe?

references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we found that recording of whether a GP was on the National Performer's list was not consistently recorded by the practice. The lists provides reassurance for the public that GPs, practising in the NHS are suitably qualified, have up to date training, have appropriate English language skills and have passed other relevant checks such as with the Disclosure and Barring Service and the NHS Litigation Authority. During the inspection, we found that all GPs working at the practice were registered on the list.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control).
- A check for legionella had been carried out in March 2015 (legionella is a bacteria which can contaminate

water supplies and cause breathing problems) and the practice was found to be at low risk. We saw evidence that the practice uses a contractor to carry out three monthly maintenance checks. A member of staff carries out weekly checks of all internal water outlets.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. All emergency medicines we checked were in date and appropriately stored.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

The practice is rated as good for providing effective care and treatment.

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice undertook reviews of patient medication following discharge from hospital, to ensure appropriate changes were actioned in a timely manner.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice. The most recent published results were 95% of the total number of points available, with 11% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2014 to 31 March 2015 showed;

- Performance for diabetes related indicators was better than the CCG and national averages. The practice achieved 100% compared to a clinical commissioning group (CCG) average of 95% and a national average of 89%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 86%, which is similar to the national average of 84%.
- Performance for mental health related indicators was above the CCG and national average. The practice achieved 96%, compared to a CCG average of 92% and a national average of 88%.
- The practice has a higher number of people with dementia compared to the CCG and national averages.

The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 98%, above the national average of 84%.

Clinical audits demonstrated quality improvement.

- Since the last CQC inspection in August 2015, over 10 clinical audits had been implemented, two of which were completed audits where the improvements made were implemented and monitored. For example, an audit of patients taking anti-coagulation medication (medications to thin the blood) identified that 53% of patients were in the correct range for blood clotting times. A review of these patients followed and additional learning was shared with the clinical team. At re-audit, 74% of patients were found to be in the correct range, an improvement of approximately 20%.
- The practice participated in local audits, national benchmarking, accreditation and peer review of clinical note taking and consultations.
- Findings were used by the practice to improve services. For example, an audit of patients who were taking ACE inhibitors (a medication to help control blood pressure), identified that six patients had abnormal kidney function and 22 patients did not have their kidney function recorded. Patients with abnormal function were promptly contacted for a review. The practice implemented a system to ensure that patients who did not have a recording for kidney function were contacted by telephone and letter to invite them for a review. The practice system ensured that patients who did not attend for review were discussed at clinical meetings to determine if this treatment was still appropriate.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had

Are services effective?

(for example, treatment is effective)

received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The practice provided a nurse-led Minor Injuries Unit (MIU) service. We spoke to the practice nurses as well as the clinical lead for the practice, and regional MIU clinical lead for the provider organisation. At our last inspection, we found that the MIU was not operating with appropriately skilled staff. At this inspection, we saw evidence that nurses with accredited MIU skill based qualifications operated the MIU at all times, and were appropriately trained and qualified to run the service effectively and safely. The provider organisation had taken action to source appropriate training for the nurses it employed to develop their MIU skills and competencies. This included a competency assessment framework for nursing staff, which included teaching, observation of practice for a number of skills, situations and medical conditions. We saw evidence that the provider organisation's clinical lead for the MIU met with the MIU staff on a regular basis.
- At our last inspection we found that staff were not supported to assess patients in the MIU by up to date guidance. At this inspection, we found up to date guidance and treatment algorithms was readily available. The MIU service offered to patients had been modified from our last inspection. Patients were now offered treatment according to the skills of the staff running the MIU. The services offered were publicised to patients on the practice website, and included treatment for ailments such as minor burns, cuts, splinters, foreign bodies in the eye, ear or skin..
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- At our last inspection, we identified that not all clinical staff had received training in basic life support. At this inspection we saw that all staff received training that

included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place at least on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

- Patient consent for sharing information with relatives was formally recorded. Consent forms were completed by patients who wanted their condition to be discussed with a family member. This was then scanned into the patient's record.

Health promotion and prevention

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80% which was above the CCG average of 77% and the national average of 74%. Individual practitioners who took smears monitored the number of inadequate smears they had taken to ensure this remained at an appropriate level.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 86% to 100% and five year olds from 73% to 100%. Flu vaccination rates for the over 65s were 69% and at risk groups 46%. These were also comparable to CCG and national averages. There was a policy to offer reminders to parents and carers of children who did not attend for vaccinations, and to offer vaccinations opportunistically as children attended for other appointments.

Are services caring?

Our findings

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

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

All of the four patient CQC comment cards we received, all were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that all staff responded compassionately when they needed help and provided support when required. All of the people we spoke to commented on the lack of continuity of care from GPs at the practice. The practice was aware of this as a key priority for patients and in December 2015 had successfully recruited an additional GP to provide eight sessions per week. Patients were aware of this appointment and commented that continuity had improved since this appointment.

We also spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 89% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.

- 90% said the GP was good at giving them enough time compared to the CCG average of 90% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 95% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.

Care planning and involvement in decisions about care and treatment

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

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

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%.
- 96% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a range of support groups and organisations. Local support groups that were promoted by the practice included groups for people affected by stroke, pregnant mothers, people who were carers, people with mental health difficulties and people affected by cancer.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified less than 1% of the practice list as carers, none of which were children. Written

information was available to direct carers to the various avenues of support available to them. The practice had implemented the use of a 'prompt sheet' to help staff identify people who were carers.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

At our last inspection, we found that the Minor Injuries Unit (MIU) was offering services to patients that staff were not qualified to provide. For example, at the inspection in August 2015 the practice website stated that treatment could be provided for suspected fractures/broken bones, however we found that the practice did not have an on-site X-ray machine nor suitably qualified staff to determine this. At this inspection, we found that the practice website had been changed to reflect the services that could be safely offered by the MIU. The website now states the MIU offers treatment for ailments such as minor burns, cuts, splinters, foreign bodies in the eye, ear or skin. People with serious injuries or major trauma are directed to Dorchester or Exeter Hospitals. This means that patients now have clearer expectations with regard to the services offered by the MIU. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on Thursday evenings until 7.30pm for working patients who could not attend during normal opening hours.
- There were routine appointments outside of school hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments with a nurse

practitioner were available until 7.30pm on a Thursday. Appointments are available between these times, except between 1pm and 2pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available daily for patients that needed them. Patients told us on the day that they were able to get appointments quickly when they needed them. The nurse led MIU opens between 8am and 8pm Monday to Friday and 8am to 1pm Saturday, Sunday and bank holidays (except Christmas day).

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were in line with local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and national average of 73%.
- 86% patients described their experience of making an appointment as good compared to the CCG average of 82% and national average of 73%.
- 69% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The practice proactively sought feedback from patients. For example, patients did not like the practice using a 'withheld' telephone number when trying to contact patients. The practice contacted the telephone company to rectify this. The practice submitted a summary a complaints to the provider organisation on a monthly basis. This was then analysed for any patterns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a complaints leaflet for patients available in the waiting areas, and information on how to complain was also available on the practice website.

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

We looked at 18 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient was unhappy

with the way INR blood results (INR is a test for how quickly blood clots) were dealt with by a locum GP. The care pathway for handling INR blood results was reviewed and the practice ensured this was included in the GP locum induction file.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a vision statement, 'Providing Good Enough Care for Our Families'. Their aim was to make a real difference to peoples' lives. The vision and aims were underpinned by six values. Staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
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Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via a shared area on the computer system.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The leadership team had the experience, capacity and capability to run the practice and ensure high quality care. A lead GP clinician was based at the practice along with a management team. The provider organisation provided regional management support and clinical leadership for the nursing team. The leadership team prioritised safe, high quality and compassionate care. The leadership team were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The management team encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular whole team meetings. Individual teams were given protected time for meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted staff were able to attend network meetings on a regular basis and that the whole team received protected learning time on a three monthly basis.
- Staff said they felt respected, valued and supported, particularly by the leadership team. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met every three months. The practice was working with the PPG to develop a patient survey.
- The practice clearly displays, in the practice waiting areas, the actions it takes in response to feedback from patients.

Are services well-led?

Good 

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

- Patient feedback was a standing item for discussion on practice meetings. We saw evidence of action plans developed in response to patient feedback.
- The practice had gathered feedback from staff through an annual staff survey, staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, a member of staff raised a concern with regard to how urgent blood tests were managed in the practice. This was discussed at a staff meeting and a new standard operating procedure was developed to handle blood test results. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Members of the practice nursing team, who did not possess specific skills in minor injury treatment, were being supported to develop those skills, so they could contribute to the operation of this unit. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. We saw that the practice had commenced plans to develop the medical centre as a community facility. For example, the practice hosted several support groups at the practice on a regular basis. Plans to run a Citizens Advice Bureau session from the practice had been started.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures	The registered provider did not ensure that all reasonably practicable actions were taken to mitigate risks to the health and safety of service users.
Treatment of disease, disorder or injury	<ul style="list-style-type: none">• A robust system was not in place to ensure the safe storage of blank prescription stationary kept in clinical areas. <p>This was in breach of Regulation 12.</p> <p>12 (1)(2)(g)</p>