

# The Old Dispensary

## Inspection report

32 East Borough  
Wimborne  
BH21 1PL  
Tel: 01202880786  
[www.theolddispensary.co.uk](http://www.theolddispensary.co.uk)

Date of inspection visit: 03 August 2022  
Date of publication: 13/10/2022

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

### Ratings

#### Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



# Overall summary

We carried out an announced inspection at The Old Dispensary on 3 August 2022. Overall, the practice is rated as inadequate;

Safe - Inadequate

Effective – Inadequate

Caring - Good

Responsive – Requires Improvement

Well-led - Inadequate

The practice registered with CQC as a partnership on 12 June 2019 and has not been inspected since then.

The full reports for previous inspections can be found by selecting the 'all reports' link for The Old Dispensary Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing facilities.
- Speaking with staff during the visit to the practice.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A staff questionnaire.
- A site visit.

## Our findings

We based our judgement of the quality of care at this service on a combination of:

- What we found when we inspected.
- Information from our ongoing monitoring of data about services.
- Information from the provider, patients, the public and other organisations.

## We have rated this practice as Inadequate overall

# Overall summary

We found that:

- Staff did not always have the information they needed to deliver safe care and treatment. Patients' needs were not always assessed, and care and treatment were not always delivered in line with current legislation. Standards and evidence-based guidance were not supported by clear pathways and tools.
- The practice did not have consistent systems for the appropriate and safe use of medicines, which included medicines optimisation.
- There was monitoring of the outcomes of care and treatment, but not all audits provided the assurance needed.
- Staff were not always consistent and proactive in helping patients to live healthier lives.
- The practice was unable to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance. The practice could not show how it shared learning and made improvements when things went wrong.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way. However, learning from complaints was not well managed
- Staff dealt with patients with kindness and respect and appropriate standards of cleanliness and hygiene were met.
- Leaders could not consistently demonstrate that they had the capacity and skills to deliver high quality sustainable care. The practice had a clear vision, but it was not supported by a credible strategy to provide high quality sustainable care. Aspects of the practice culture supported sustainable care.
- The overall governance arrangements were ineffective and the practice did not have clear and effective processes for managing risks, issues and performance.
- There was some evidence of systems and processes for learning, continuous improvement and innovation.

We found two breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should** also:

- Continue with the programme of coverage for women eligible to be screened for cervical cancer.
- Consider the development of an active Patient Participation Group (PPG)

Following this inspection, we undertook enforcement action against the provider, The Old Dispensary.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

# Overall summary

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The lead inspector was supported by a second CQC inspector. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to The Old Dispensary

The Old Dispensary is in Wimborne, Dorset at:

32 East Borough

Wimborne

Dorset

BH21 1PL

The Old Dispensary provides NHS GP services to adults and children. The practice offers services from one main location.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice is owned by a Partnership Dr Mark H Deverell and Mrs Sarah A Deverell and as a condition of registration has a person registered with the Care Quality Commission as the registered manager.

The practice is situated in the town of Wimborne in Dorset. The practice provides a primary medical service to 3,750 patients

The practice's population is in the tenth decile for deprivation, which is on a scale of one to ten. The lower the decile the more deprived an area is compared to the national average. The practice population ethnic profile is predominantly White British.

The practice team includes two partners, one is the lead practice GP and the other is a non-acting partner. The practice has a part time salaried GP and also uses a locum GP part time. The team are supported by a practice manager, an assistant practice manager, a practice nurse, an assistant practitioner and six additional administration and reception staff.

The location is accessible via a ramp. The following have been installed to promote accessibility for patients; hearing loops, ground floor consulting and treatment rooms and Braille signage.

The practice is part of a wider network of GP practices, the Wimborne & Ferndown Primary Care Network (PCN) which is made up of five GP practices. PCNs provide proactive, coordinated care to their patients, in different ways to match different people's needs, with a strong focus on prevention and personalised care.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

Extended access is provided, where evening appointments are available. Out of hours services are provided locally by the NHS 111 service.

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
Treatment of disease, disorder or injury Diagnostic and screening procedures Family planning services Surgical procedures Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none"><li>• There were no clear systems for overview of the quality of service provided.</li><li>• The Management of emergency medicines did not ensure that all medicines were suitable for use and regularly monitored</li><li>• Learning from complaints was not used as shared learning to develop the service.</li><li>• Consent was not recorded as agreed and not monitored to ensure all staff were considering patient consent at all times.</li><li>• Not all patients had a fully completed Do Not Attempt Resuscitation agreement recorded to ensure their choices and preferences would be managed.</li></ul>

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• The monitoring of patients was not always safe, with an episode of bulk coding being undertaken without having evidence to underpin the reviews.</li><li>• Medicine reviews were not being consistently and completely undertaken to evidence a full medicine review with the patient.</li><li>• The management of medical alerts did not ensure that all patients received safe care and treatment. Appropriate actions in response to alerts was not being undertaken</li><li>• There was a lack of process to monitor and prevent over prescribing.</li><li>• There was a lack of up to date best clinical practice to ensure that diagnostic tests were understood when used.</li><li>• Not all patients diagnosis was reflective of accurate diagnostic procedures or that diagnosed outcomes were actioned.</li><li>• Not all documents received in the practice were opened and addressed in a safe timescale.</li><li>• Patient Group Directions were not accurately completed and so may not be lawful when used.</li></ul>