

# Care Quality Commission

## Inspection Evidence Table

### Duke Medical Centre (1-585244819)

Inspection date: 15 May 2018

Date of data download: 14 May 2018

## Safe

### Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes*
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers:  *Administrative staff who did not chaperone did not have a DBS check completed on employment with the practice. This was documented in the recruitment policy and the DBS policy as these staff would never be alone with patients. However a risk assessment had not been completed.	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any 'No' answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: August 2017	Yes
There was a record of equipment calibration Date of last calibration: August 2017	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion February 2018	Yes
Actions were identified and completed. Remove boxes stored in a room that were identified as a fire risk.	Yes
Additional observations: Guards were fitted to radiators in public places to reduce the risks of touching a hot radiator.	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: Not completed	No
Health and safety risk assessment and actions Date of last assessment: Not completed	No
Additional comments: The practice had a suite of health and safety policies to describe actions taken to minimise risks related to health and safety.  An overall health and safety risk assessment had not been completed.  A legionella risk assessment had been completed in December 2017. The actions identified within were completed on a weekly basis.	

Infection control	Y/N
Risk assessment and policy in place	Yes
Date of last infection control audit:	September 2015
The provider acted on any issues identified	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers:	

## Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Explanation of any 'No' answers:	

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any 'No' answers:	

## Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHSBSA)	1.18	1.01	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017)(NHSBSA)	10.7%	9.4%	8.9%	Comparable to other practices

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes <sup>1</sup>
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes <sup>2</sup>
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
<p>The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).</p> <p>There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.</p> <p>If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.</p>	Yes
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes <sup>3</sup>
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes <sup>4</sup>
<p>There was medical oxygen on site</p> <p>The practice had a defibrillator</p> <p>Both were checked regularly and this was recorded.</p>	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

Explanation of any answers:

1. Both practice nurses were independent prescribers, therefore PGD's were not used.
2. Prescription box numbers were monitored through the practice, kept secure and locked away when the room was not in use. However individual prescription numbers were not tracked through the practice.
3. The practice did not keep a stock which atropine medicine which is recommended to have a stock of if inserting contraceptive coils in women. It is used to treat a slow heart beat.
4. Emergency medicines were checked monthly rather than weekly as recommended by the Resuscitation Council UK.

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

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	8
Number of events that required action	8

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

Event	Specific action taken
Telephone lines were not transferred to the out of hours service.	Lines were diverted remotely and procedure updated to include routinely checking the lines were diverted.
Family member was given information about a patient's appointment.	Apology given to patient and staff reminded as part of confidentiality requirements not to give out details to others unless the patient has consented.
Patient's medication was not updated following communication from the hospital.	Process was discussed at the clinical meeting and the process recirculated to staff to remind them of the correct process.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice kept a copy of safety alerts in a folder and documented the action taken on them. However we noted that alerts were not revisited to determine if actions identified had been completed.</p>	



# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). <b>(01/07/2016 to 30/06/2017)</b> (NHSBSA)	0.66	0.84	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	65.6%	78.6%	79.5%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (22)	11.2%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)	84.2%	75.4%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (25)	8.6%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)	80.1%	81.9%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.6% (32)	11.6%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	86.6%	76.8%	76.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (13)	7.4%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	91.1%	89.0%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.7% (16)	12.4%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)	85.9%	84.0%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (20)	3.6%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	94.3%	90.2%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.7% (4)	7.8%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	75	76	98.7%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	72	80	90.0%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	72	80	90.0%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	73	80	91.3%	Met 90% Minimum (no variation)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	64.7%	74.1%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	66.0%	72.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	49.7%	56.5%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	52.6%	62.8%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	91.1%	90.8%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.4% (13)	12.8%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	95.7%	90.9%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.7% (12)	10.7%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	75.8%	84.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (3)	7.2%	6.8%	

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	544	539	539
Overall QOF exception reporting	7.2%	6.5%	5.7%

## Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>If no please explain below:</p>           <p>Any further comments or notable training:</p>	

## Coordinating care and treatment

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

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	98.3%	95.3%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (13)	0.9%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	32.3%	49.8%	51.6%	Comparable to other practices

## Description of how the practice monitors that consent is sought appropriately

Consent is documented within the patient record and captured on forms for shared care records and family planning activities.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	25
Number of CQC comments received which were positive about the service	25
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
CQC comments cards	Overwhelmingly positive comments relating to all staffs' caring and compassionate nature.
NHS Choices	10 reviews – 5 posted in the last 12 months. Praising staff and the practice, describing positive experiences of receiving care.

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
6,940	319	4.5%	109	34.17%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	88.0%	79.6%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	92.2%	90.1%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	96.8%	96.5%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	93.9%	85.8%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	97.7%	92.2%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	96.3%	91.6%	90.7%	Comparable to other practices



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

Date of exercise	Summary of results
2017	<p>Patients described difficulties getting through to the practice by phone. As a result the number of incoming lines to the practice was increased and staff made available to answer the calls during busy times.</p> <p>Telephone consultation slots with GPs, throughout the day, were made available to provide an alternative to a face to face appointment. If following a telephone consultation the patient needed to be seen they were booked into a face to face appointment.</p>

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients spoke very positively about receiving care and treatment at the practice and described being treated as an individual and all of their needs considered, not just their presenting medical condition.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	90.4%	87.2%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	90.8%	82.3%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	96.2%	90.3%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	92.2%	85.5%	85.4%	Comparable to other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	85 patients were identified as having caring responsibilities, which was 1.2% of the overall patient population.
How the practice supports carers	Carers were offered health checks and vaccinations. Staff worked closely with charitable organisations and social prescribing services to offer carers information and support.
How the practice supports recently bereaved patients	Families members known to the practice experiencing bereavement would be contacted by a GP who would provide further information and an overview of bereavement services.

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	A notice in the reception area asked people to stand behind it to promote privacy at the reception desk.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
Examples of specific feedback received:	

Source	Feedback
Patient	Asked if they could discuss their query with a member of staff in private. The practice nurse was called and they were taken to a consulting room for privacy.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	07:00-18:00
Tuesday	07:00-18:00
Wednesday	07:00-18:00
Thursday	07:30-16:00
Friday	08:30-18:00
Appointments available	
	Throughout the practice opening hours.
Extended hours opening	
	<p>The practice routinely opened three days a week at 7am and one day at 7.30am. The reception was still open on Thursdays until 6pm.</p> <p>As part of collaborative working arrangements patients could be offered routine and urgent appointments at four other GP Surgeries across Sheffield who offer evening and weekend appointments with GPs and Nurses.</p>

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
<p>Requests for home visits were added to the patient record system and reviewed by the on call GP who would review the visit reason and contact the patient prior to visiting if further clarification was required. Visits took place after morning surgeries.</p>	

## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	88.1%	78.2%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	78.8%	69.1%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	75.7%	76.0%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	72.2%	70.2%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
CQC comment cards	Positive comments received about telephone access and making an appointment. Appointments were available and there was the option to speak with a GP any time during the day.

## Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i> )	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	11
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	11
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
Practice responded well to complaints describing the investigation and findings. However we reviewed one written complaint response which was signed by the member of staff complained about. The practice manager explained they had completed the investigation and drafted the letter which the person signed.	

# Well-led

## Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
The partners and staff continually reviewed the services they provided to patients to review effectiveness. For example, staff had worked at the practice for a number of years and felt well supported in their roles to care for patients and learn from feedback to improve and develop services.

## Vision and strategy

Practice Vision and values
Staff were all aware of the practice vision and values and referred to them daily in their work to provide the best care to patients.

## Culture

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

Source	Feedback
Staff	Staff used very positive language when describing their work at the practice and how they worked as a team.
Staff	Staff were very proud of the services they offered to patients and received positive feedback to that effect.

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

Source	Example
Staff	Staff reviewed the way they communicated messages to each other during shift handover times. They considered the data protection implications of writing things down physically in a book and looked at the patient record system for a solution. They created a group handover task message so messages could be communicated to those who needed to know maintaining confidentiality. Staff told us they would refer to this at the beginning of their shift.
Staff	The provider continually reviewed the premises to make sure they were fit for purpose. Nursing staff provided some clinics in the annex. It was noted the emergency medicines were kept in the main part of the building. Another set of emergency medicines were provided for the annex to be available to staff when administering vaccinations to patients.

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

Source	Example
Staff	A patient's medication had been changed by another healthcare provider. The patient's record was not updated in a timely manner. The patient was contacted and the error explained and a new prescription made available.
Staff	A patient was concerned they were given the wrong information. An investigation was undertaken and fed back to the patient.

Examples of concerns raised by staff and addressed by the practice

Source	Example
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Staff	Staff told us the ‘managers and leaders’ had an open door policy and they felt confident raising issues and concerns – they could not recall any recent examples when asked.	
The practice’s speaking up policies are in line with the NHSI National Raising Issues Policy.		Yes

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

Source	Example
Staff	Staff were sharing ‘zero tolerance’ policies with other practices in the neighbourhood as part of an initiative to have a consistent approach towards this.
Staff	The layout of the premises and rotas supported staff to have access to another colleague at all times and prevent lone working.

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

Source	Example
Staff	Staff were in the process of completing equality and diversity online training programmes.
Staff	Staff were supported with a phased return to work if they had been off for a period of time.

#### Examples of actions to improve quality in past 2 years

Area	Impact
Prescriptions	The practice had signed up to the Sheffield city wide prescription ordering service. This improved communication for patients requesting repeat prescriptions over the telephone.

#### Examples of service developments implemented in past 2 years

Development area	Impact
Staff	The practice was engaging with other practices in the neighbourhood area and had established staff forums, held quarterly, to share best practice and address common themes. Staff told us it was refreshing to attend the forums and valued the opportunity to develop processes with others.
Patients and staff	The practice implemented a new telephone system that incorporated telephone consultations to be made available to patients throughout the day. Patients told us they did not need to ring the practice for an appointment to be seen that day and they could ring when it was convenient for them knowing they could speak to a GP and be seen if necessary.

#### Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	The practice had an effective system to report incidents and feedback from patients that was investigated thoroughly and learning fed back to staff and patients.
Practice specific policies	The practice had a library of policies that were available to all staff on the shared network system.
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

#### Managing risks, issues and performance

Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

### Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Legionella risk assessment	Completed December 2017 and recommended actions completed weekly.
Lone working	Rota's compiled so staff did not work alone.

## Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	Yes

## Engagement with patients, the public, staff and external partners

### Examples of methods of engagement

	Method	Impact
Patients	Survey's patient participation group	Patients and the participation group members told us they felt involved with the practice and were kept informed of developments
Public	Attending a local festival	The practice had a stall at a festival held in a park local to the practice. It was staffed by patient participation group members and GPs who promoted the services offered by the practice and engaged with patients registered to promote the work of the patient participation group. The day was enjoyed by all.
Staff	One to ones, feedback	Staff told us they felt supported in their roles and supported to develop. For example, an nurse prescriber was undertaking a masters degree in advanced nursing practice supported by the GPs.
External partners	Attendance at the local community event	The practice had a stall at a local community festival to promote the work of the practice, the patient participation group and wellbeing initiatives. GPs and practice staff were on the stall along with members of the patient participation group.

### Feedback from Patient Participation Group;

Feedback
Positive relationships with practice staff focusing on the needs of the patients and the focus was on areas where the practice can improve in the future to support new patient initiatives.
The group felt they were respected by practice staff and their contribution valued.

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

Examples	Impact
Patient participation group members attended the flu vaccination clinics.	To help co-ordinate the clinics and the members acted as a source of information for patients with further information about the practice, health and wellbeing.
The PPG met regularly and contributed to the practice extension plans.	The building layout met patient accessibility requirements.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice joined with others in the area to have one telephone number to order prescriptions.	Improved access to order prescriptions over the telephone for patients, freeing up practice staff time to deal with patients.
Medicines optimisation	The practice pharmacist reviewed prescriptions for patients who took more than four medicines to ensure the medicines were effective and could be taken together.

## Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Patients with an irregular heart beat taking blood thinning medicines.	Patients with an irregular heart beat risk score was calculated and prescribed blood thinning medicines. Where there was a risk and they were not prescribed evidence was documented in the patient record.
Effectiveness of steroid injections	Patients were reviewed following steroid injections to assess the effectiveness of the procedure. Out of all the injections administered 86% of patients reported an improvement in their symptoms,

### Notes: CQC GP Insight

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

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

The following language is used for banding variation:

#### Significant variation (positive)

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

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

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

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

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