

# Care Quality Commission

## Inspection Evidence Table

### Spring House Surgery (1-566695855)

Inspection date: 15 May 2018

Date of data download: 01 May 2018

## Safe

### Safety systems and processes

Source	Y/N
There was a lead and deputy 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

The Safeguarding policies were out of date and needed to be reviewed although they were accessible to staff.

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes Feb 2018
There was a record of equipment calibration Date of last calibration:	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	No
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	No
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	No
Fire risk assessment Date of completion	No
Actions were identified and completed.	No
Additional observations: <ul style="list-style-type: none"> <li>Of the staff records that we checked fire training was last carried out in 2016.</li> </ul>	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	No
Health and safety risk assessment and actions Date of last assessment:	No
Additional comments: <ul style="list-style-type: none"> <li>We found that blinds at windows in the surgery did not meet safety requirements and were potentially hazardous due to them having a loop system in place.</li> <li>The practice had a defibrillator and oxygen available on the premises. A first aid kit was available. The equipment was checked to ensure it was in good working order.</li> </ul>	

Infection control	Y/N
Policy in place Date of last infection control audit: The provider acted on any issues identified	Yes No
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers: <ul style="list-style-type: none"> <li>• The practice had not carried out a recent infection control audit</li> <li>• The practice had a lead for infection control who held training sessions for other members of staff.</li> <li>• The curtains in most of the clinical rooms had been in place since May 2017. The practice told us that they had ordered some replacements and at the time of inspection were waiting for them to be delivered.</li> </ul>	

## 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	
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

## 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

## 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). <b>(01/07/2016 to 30/06/2017)</b> <sub>(NHSBSA)</sub>	1.04	1.14	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. <b>(01/07/2016 to 30/06/2017)</b> <sub>(NHSBSA)</sub>	11.3%	7.7%	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
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	No
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
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	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
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes 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 'No' answers: <ul style="list-style-type: none"> <li>The practice did not keep a log of prescription pads handed to the GPs.</li> </ul>	

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**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.	18
Number of events that required action	16

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

Event	Specific action taken
Due to a coding error a patient had been prescribed antibiotics when suffering from an allergy.	Coding is always checked and receptionists now ask patient if they suffer from an allergy when requesting antibiotics.
Medication for one patient had been changed by the hospital which was then changed on the patients' medical record but not ordered by the patient or issued by the practice.	The practice now contact the patient when a change has been received from the hospital to ask the patient if they would like to order the medication.
All deaths are treated as significant events and are reviewed by the practice.	The Treatment and the patient pathway and the following care of the relatives are discussed by the whole clinical team.

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>The system in place ensured incidents were identified and action was taken to ensure patient safety. Where appropriate the practice involved other services in the actions taken and the learning from incidents.</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). (01/07/2016 to 30/06/2017) (NHSBSA)	1.75	1.10	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 (01/04/2016 to 31/03/2017) (QoF)	77.8%	76.7%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (11)	8.9%	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 (01/04/2016 to 31/03/2017) (QoF)	71.6%	76.4%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (8)	6.4%	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 (01/04/2016 to 31/03/2017) (QoF)	78.7%	74.8%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (25)	11.8%	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)	73.5%	74.3%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (1)	5.6%	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)	80.5%	88.8%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (1)	7.3%	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)	86.5%	83.8%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (29)	3.1%	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)	92.9%	92.2%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (4)	6.0%	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)	73	74	98.6%	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)	68	70	97.1%	Met 95% WHO based target Significant Variation (positive)
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)	67	70	95.7%	Met 95% WHO based target Significant Variation (positive)
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)	65	70	92.9%	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)	77.4%	72.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.8%	71.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	59.3%	52.2%	54.6%	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)	55.8%	71.5%	71.2%	N/A

<b>Mental Health Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	65.2%	89.1%	90.3%	Variation (negative)
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	7.7%	12.5%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	71.7%	91.0%	90.7%	Variation (negative)
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.9%	10.3%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	92.3%	90.4%	83.7%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.5% (6)	5.7%	6.8%	

The mental health indicators that are showing a low achievement are also showing a nil exception reporting rate which has affected the percentage achieved. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice told us that whilst preparing for a new clinical system they discovered some coding issues which the staff are now correcting. They told us that this should also have a positive result on these figures.

### Monitoring care and treatment

<b>Indicator</b>	<b>Practice</b>	<b>CCG</b>	<b>England</b>
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		average	average
Overall QOF score (out of maximum 559)	511	530	539
Overall QOF exception reporting	2.5%	4.4%	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 and pharmacists.	Yes
<p>Any further comments or notable training:</p> <p>The practice is a training practice for student and trainee GPs. They are hoping that they will be able to retain one as a salaried GP.</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)	91.3%	94.9%	95.3%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (21)	0.6%	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)	68.8%	49.6%	51.6%	Comparable to other practices

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	37
Number of CQC comments received which were positive about the service	26
Number of comments cards received which were mixed about the service	5
Number of CQC comments received which were negative about the service	6

### Examples of feedback received:

Source	Feedback
Comment cards	The majority of patient comments were how friendly and caring people in the practice are. The negative comments were mostly about how it can be sometimes difficult to get an appointment.
NHS Choices	There are mixed comments, some patients feel that it is an excellent service and some others are not happy with the attitude of some staff.

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
7,053	241	3%	105	43.57%

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)	73.2%	79.8%	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)	86.3%	89.0%	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)	98.8%	96.0%	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)	88.7%	86.0%	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)	92.4%	91.8%	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)	91.2%	91.2%	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
May and June 2017	<p>Some positive comments were about how all the doctors, nurses and staff are caring. The service received is excellent and patients who had been registered for many years said it was the best practice in the area.</p> <p>Some negative comments were to do with having a further and extended service provided by the practice.</p>

## Involvement in decisions about care and treatment

### 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)	87.0%	86.8%	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)	73.0%	83.6%	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)	86.3%	90.2%	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)	76.8%	86.4%	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

Carers	Narrative
Percentage and number of carers identified	147 carers (2%)
How the practice supports carers	<p>One of the staff members was the Carers lead in the practice and attended local carers events, handed carers packs to all carers and with their consent registered them with Bolton Carers.</p> <p>There was a dedicated noticeboard in the waiting area that provided information about the support services available to carers and encouraged patients to identify whether they were carers.</p> <p>The practice offered carers an annual flu vaccination and an annual health check.</p>
How the practice supports recently bereaved patients	The GP known to the family would ring and follow this up with an appointment or home visit whichever was most convenient to the family. If it was recognised that further support was needed, this would be arranged straight away.

## Privacy and dignity

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

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
CQC comment cards	Patients said they felt their privacy and dignity was always respected during clinical consultations.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8:00am-7:00pm
Tuesday	8:00am-7:00pm
Wednesday	8:00am-6:30pm
Thursday	8:00am-7:00pm
Friday	8:00am-6.30pm
Appointments available	
	Between 8:40am and 11am Between 2:30pm and 6:40pm Monday, Tuesday and Thursday Between 2:30pm and 5:30pm Wednesday and Friday
Extended hours opening	
	Monday, Tuesday and Thursday evenings.

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>Staff recorded requests for home visits on the clinical appointment system with as much information as possible about the reason for the request. This allowed the GP to consider the urgency of the home visit. If staff felt the request was urgent they would consult with the GP straight away.</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. <b>(01/01/2017 to 31/03/2017)</b>	77.5%	84.3%	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?" <b>(01/01/2017 to 31/03/2017)</b>	71.1%	78.0%	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 <b>(01/01/2017 to 31/03/2017)</b>	65.0%	75.1%	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 <b>(01/01/2017 to 31/03/2017)</b>	68.3%	76.0%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
CQC comment cards	Patients said they could access urgent and on-the-day appointments whenever they needed them.

## 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.	19
Number of complaints we examined	19
Number of complaints we examined that were satisfactorily handled in a timely way	19
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

# Well-led

## Leadership capacity and capability

### Example of how leadership, capacity and capability were demonstrated by the practice

The lead GP was knowledgeable about issues and priorities relating to the quality and future of the service. The practice understood the challenges and were addressing them.

There was evidence that incident investigations were thorough and that the duty of candour had been applied.

Staff told us they felt supported, respected and valued, and regular training was provided.

## Vision and strategy

### Practice Vision and values

The practice along with the other Neighbourhood practices was changing to a single clinical system. This will enable the work force to see patients at any location.

Due to the difficulty in recruiting new GPs the practices in the Neighbourhood are looking at alternative workforce such as clinical pharmacists, musculoskeletal practitioners and mental health practitioners to work across all practices.

The practice was planning to develop its GP training to include the training of student doctors.

They were aiming to screen more patients at risk of dementia to meet the national target.

## Culture

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

Source	Feedback
Staff	Staff told us that they enjoyed working at the practice and that they felt respected and supported by management.

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

Source	Example
Complaints	We saw evidence of how complaints were dealt with in a timely manner and how they were discussed in practice meetings.

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

Source	Example
Staff	Staff told us that there was an open door policy and that they would go to management with any concerns.



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

Source	Example
Training records	Staff had received Equality and Diversity training
Pride in Practice	The practice had been achieved Gold standard in the LGBT Pride in Practice.

Examples of actions to improve quality in past 2 years

Area	Impact
Bolton CCG	The practice was working towards the Bolton Quality Standards and could evidence an improvement in the quality of care.
Data Quality	The practice had identified coding problems whilst preparing for a new clinical system. They were in the process of additional training to rectify this. They were also carrying out data quality audits to improve coding.
Data quality	The practice are an early adopter for a new clinical correspondence software called Ez-doc.

Examples of service developments implemented in past 2 years

Development area	Impact
Bolton GP Federation	They told us that they had assisted with setting up the weekend service provided by the Federation. This included – The development of appointment templates, posters, appointment cards, training of staff and information sharing agreements. Working with others to develop an on line tool for GPs and nurses to sign up to shifts. The development of a script for reception staff to ensure correct information is given to patients.
Bolton CCG and Service Provider	The practice was an early adopter of the Bolton Care record which allows access to patients records as required and with consent to Out of Hours, A&E and secondary care.
Neighbourhood practices	

### 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	Yes
Practice specific policies	Yes.
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	

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

Risk	Example of risk management activities
Significant events and complaints	Significant events and complaints were recorded, investigated thoroughly and discussed with staff to minimise the risk of them reoccurring.

## 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	Practice own survey and Family and Friends	Ongoing monitoring and assessment of services.
Staff	Meetings, one to ones, appraisals	Staff told us that the management team were open to ideas and discussed plans for the practice in an open and transparent way.
External partners	CCG and other local practices in the neighbourhood	The practice are willing to take part in local initiatives and projects such as changing their computer system, taking part in the plan to have Musculoskeletal and Mental Health practitioners in the practice.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The yellow card system	The yellow card is issued by one of the GPs to patients with a long term condition. This is to prioritise access to the relevant clinician and to avoid unplanned admissions in to hospital.
The practice approached the local council to have disabled car parking spaces at the front of the building.	This would benefit disabled patients but the local council refused this.

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

Audit area	Impact
Antibiotics	To ensure that the practice are working within the Greater Manchester antibiotic guidelines

### 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>