

Care Quality Commission

Inspection Evidence Table

Denton Turret Medical Centre (1-553144400)

Inspection date: 4 April 2018

Date of data download: 23 April 2018

Safe

Safety systems and processes

Source	
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:	

Recruitment Systems	
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.	No
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
<p>Explanation of any 'No' answers:</p> <p>The practice maintained records of staff vaccination and immunity levels for hepatitis B and influenza. However, they did not keep a full record for staff of immunity level for measles, mumps, chickenpox and rubella. Chapter 12 of the Immunisation against infectious disease - 'The Green Book' identified the above diseases, as a source of risk of working in a health care environment and as such immunisation status should be determined to manage the risks to staff and patients.</p>	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 2018
There was a record of equipment calibration Date of last calibration:	Yes 15/2/2018
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	No
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 2/4/2018
Actions were identified and completed. Some actions were still underway at the time of the inspection, for example, structural work and refurbishment was still ongoing.	Yes
Additional observations:	No
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 2/4/2018
Health and safety risk assessment and actions Date of last assessment:	Yes 2/4/2018
Additional comments: The practice had not carried out a fire evacuation or test within the last twelve months. They were not following the actions identified in their fire risk assessment to carry out fire evacuations twice every year.	

<p>Infection control</p> <p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail:</p> <p>The practice had infection control policies and procedures in place. However, they had not carried out an infection control audit within the last twelve months. Following discussion with the practice about this, they immediately identified a new audit template and started to carry out an audit on the day of the inspection. They showed us this was in progress. As the practice carried out the audit on the day of the inspection, we were unable to verify if they acted upon issues identified.</p>	<p>Yes</p> <p>4/4/2018</p> <p>No</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers:</p>	

<p>Any additional evidence</p>

Risks to patients

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.	No
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: The practice had not provided any specific training to reception and administration staff on the identification of 'red flags' for sepsis. However, these staff were more generally aware of what to do if they identified a patient was acutely unwell and were at risk of experiencing a medical emergency.	

Information to deliver safe care and treatment

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)	1.27	1.07	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)	10.6%	7.4%	8.9%	Comparable to other practices

Medicine Management	
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.	Yes
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
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.	NA
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.	No
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:	

When we inspected on 4 April 2018, the practice did not hold medicines to treat emergencies related to hypoglycaemia or epileptic fits. Following the inspection, the practice sent us a receipt to demonstrate they had purchased relevant medicines to treat these conditions in an emergency.

Although the practice had medicine to treat asthma available at the time of the inspection, they did not store this with the rest of the emergency medicines. This increased the risk of a delay whilst it was located and administered. The practice told us they would ensure going forward all emergency medicines were stored together for ease of accessibility.

Track record on safety and lessons learned and improvements made

Significant events	
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.	3
Number of events that required action	3

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

Event	Specific action taken
Medication error	The practice took action to address an error in the dosage of a medicine to treat hypothyroidism.
Delayed diagnosis of cancer	The practice reviewed the case history of a patient following a diagnosis of a life limiting condition to consider if there were earlier opportunities for diagnosis and investigation, in particular using fast track referral for patients with symptoms which could indicate a diagnosis of cancer

Safety Alerts	
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 recorded all safety alerts on the practice intranet, and recorded an audit trail of the action they had identified and taken, where they were required to act upon the alert.</p>	

Any additional evidence
<p>The practice did not take a whole practice approach to identifying and learning from significant events. The majority of staff viewed significant events as something that GPs raised and they got feedback only when it involved them. The bar for identifying significant events was set at a high level, and therefore the practice identified only a small number of incidents over the last year.</p> <p>Although all staff knew the process for reporting significant events, the staff we spoke with (apart from the GPs) could not recall ever reporting a significant event. They were unable to tell us examples of incidents they would raise as a significant event.</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)	0.91	0.68	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)	84.8%	81.2%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.5% (73)	13.5%	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)	80.8%	78.4%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.9% (124)	9.8%	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)	74.7%	82.9%	80.1%	Comparable to other practices
QOF Exceptions	7.9% (43)	12.7%	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. (01/04/2016 to 31/03/2017) (QOF)	80.2%	77.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (24)	7.9%	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 (01/04/2016 to 31/03/2017) (QOF)	97.6%	92.0%	90.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.2% (21)	10.6%	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 (01/04/2016 to 31/03/2017) (QOF)	87.1%	85.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (71)	3.7%	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. (01/04/2016 to 31/03/2017) (QOF)	95.5%	89.8%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (7)	8.7%	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. (01/04/2016 to 31/03/2017) (NHS England)	102	111	91.9%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	98	103	95.1%	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) (01/04/2016 to 31/03/2017) (NHS England)	98	103	95.1%	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) (01/04/2016 to 31/03/2017) (NHS England)	99	103	96.1%	Met 95% WHO based target Significant Variation (positive)

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 (01/04/2016 to 31/03/2017) (Public Health England)	78.4%	71.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	78.2%	72.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	65.9%	57.5%	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)	73.5%	73.1%	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 (01/04/2016 to 31/03/2017) (QOF)	98.2%	88.9%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.3% (7)	13.2%	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 (01/04/2016 to 31/03/2017) (QOF)	100.0%	91.3%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.7% (6)	9.8%	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 (01/04/2016 to 31/03/2017) (QOF)	79.2%	85.4%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.7% (7)	5.9%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555	546	539
Overall QOF exception reporting	5.6%	6.2%	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.	No
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>There had been some delays in providing staff with opportunities for appraisals. Staff had received appraisals within the last 18 months, but only two staff had received appraisals with the last 12 months. The practice manager told us they were in the process of scheduling appraisals for all staff who had not received one in the last twelve months.</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 (01/04/2016 to 31/03/2017) (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 (01/04/2016 to 31/03/2017) (QOF)	97.5%	96.1%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (36)	0.8%	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) (01/04/2016 to 31/03/2017) (PHE)	42.9%	48.0%	51.6%	Comparable to other practices

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	42
Number of CQC comments received which were positive about the service	35
Number of comments cards received which were mixed about the service	5
Number of CQC comments received which were negative about the service	2

Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	The majority of CQC comment cards they received a good service, with some patients making particular reference to care provided to young children and those who were recently bereaved. Three cards included comments about the difficulty in getting or making an appointment.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
8,660	253	1.3%	110	43.48%

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 (01/01/2017 to 31/03/2017) (GP Patient Survey)	83.6%	81.7%	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 (01/01/2017 to 31/03/2017) (GPPS)	84.5%	90.8%	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?" (01/01/2017 to 31/03/2017) (GPPS)	96.2%	96.6%	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 (01/01/2017 to 31/03/2017) (GPPS)	84.9%	89.5%	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 (01/01/2017 to 31/03/2017) (GPPS)	88.8%	93.6%	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 (01/01/2017 to 31/03/2017) (GPPS)	89.3%	93.1%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises Yes

Date of exercise	Summary of results
Early 2018	The practice carried out a survey to gather patient views on the best time to provide nurse appointments. They carried out the survey over a one-week period, and 27 patients responded. Since they carried out the survey, they have started to schedule nurse appointments from 7:30am, alongside extended access GP appointments.
April 2018	The practice was in the process of carrying out a survey to gather patient views on the display of patient information.

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	<p>We spoke with two members of the patient participation group to gather the views of patients, and received 42 CQC comment cards.</p> <p>Although the majority of feedback about the practice was positive, a small number of patients told us they felt some GPs within the practice did not always listen to them and they felt brushed off. They told us some GPs were not approachable.</p>

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 (01/01/2017 to 31/03/2017) (GPPS)	85.1%	89.0%	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 (01/01/2017 to 31/03/2017) (GPPS)	81.6%	86.4%	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 (01/01/2017 to 31/03/2017) (GPPS)	89.4%	92.2%	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 (01/01/2017 to 31/03/2017) (GPPS)	79.6%	88.6%	85.4%	Comparable to other practices

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 – on request

Information about support groups was available on the practice website. Yes

Carers	Narrative
Percentage and number of carers identified	The practice had identified 1.4% (121 patients) of their patient list as carers.
How the practice supports carers	The practice offered to refer carers to local support groups and where appropriate also referred carers to the local social prescribing initiative to help them access other sources of help and support. The practice offered carers annual health checks and two patients had received a health check in the last year.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was followed either by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. Patients told us GPs in the practice had been very helpful to them during periods of bereavement.

Privacy and dignity

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	There was an area of the practice where patients could have privacy if this was required. The reception staff were aware of the need for confidentiality and phone calls were taken away from the front desk.

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
Staff interviews	Staff told us they would offer to speak with patients in a private room, where appropriate.
CQC Patient comment cards.	The majority of cards were positive. They indicated patients were treated with dignity and their privacy respected.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:00
Tuesday	07:00-18:00
Wednesday	08:00-12:30
Wednesday	13:30-18:00
Thursday	08:00-18:00
Friday	08:00-18:00
Appointments available	
	Appointments available when the surgery is open
Extended hours opening	
	The practice offered extended hours from 7am every Tuesday and once a month on a Saturday between 8:15 to 12:15.

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>Once the practice received a request for a home visit from a patient, they allocated the request to a GP. The GP triaged the request based on the information collected by the reception staff who took the request and by contacting the patient (or their carer) for more information. This helped them access if a home visit was clinically necessary and the urgency of the need for medical attention. Where a GP assessed the patient was experiencing a medical emergency they either contacted the emergency services or asked the patient carer to do this, for a more timely medical response.</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)	86.2%	84.6%	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)	71.3%	77.4%	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)	76.2%	75.2%	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)	79.7%	74.7%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
CQC Comment cards	Three of CQC comment cards we received included comments about the difficulty in getting or making an appointment.

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. Yes (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

Information was available to help patients understand the complaints system. Yes

Complaints	
Number of complaints received in the last year.	15
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	

Any additional evidence

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
<p>The practice had a mission statement, which was:</p> <p>“To provide the best possible care to our patients with the resources available.”</p> <p>There was also a vision statement:</p> <p>“To fully engage with national primary care changes by adding to our skills, sharing knowledge and taking positive forward steps to better organize patient care at Denton Turret despite the depressed economic climate.”</p>

Culture

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

Source	Feedback
Interviews with staff	Staff we spoke to told us they felt they were a good team that worked well together. They told us the management team provided them with a good level of support. They said the GPs and practice manager were approachable, helpful and listened to them.

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

Source	Example
Interviews with staff	The practice made changes to the appointment times for the healthcare assistant to provide more appointments outside normal working hours following suggestions made by staff.
Interviews with staff	Following feedback from the nursing team, the practice introduced a new protocol and flow chart to manage the testing of urine specimens.

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

Source	Example
Significant event record	Following an error in interpreting blood results, a GP erroneously prescribed the patient with a reduced dose of a medicine. When practice staff identified this error, the GP contacted the patient to make them aware of this error, apologise and informed them of the correct dosage.

The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Yes
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Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Practice health and safety risk assessments	The practice had a comprehensive range of risk assessments that covered all areas of the practice premises and staff working conditions. They regularly checked and updated these as needed.
Staff training matrix	The practice made safety training for staff part of its mandatory training, both on induction and ongoing. This included health and safety; fire safety training; and infection prevention and control.
Interviews with staff	The practice manager told us they provided lockable cupboards for staff to store their personal belongings whilst they were at work.

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

Source	Example
Staff training matrix	Staff were trained in respecting equality and diversity.
Staff interviews	The practice manager told us they had adapted the uniform policy to make sure all staff were comfortable in what they had to wear.

Examples of actions to improve quality in past 2 years

Area	Impact
Audit of patients with atrial fibrillation	The practice audited all patients diagnosed with atrial fibrillation to ensure they had a stroke preventative assessment and appropriate treatment prescribed, in line with best practice.
NHS North of England Commissioning Support Prescribing Engagement Scheme	The practice had signed up to this framework in order to continually monitor and improve medicines optimisation within the practice. This included for example, implementing an improvement plan and monitoring the prescribing of antibacterial prescribing and polypharmacy. This ensured all patients on the register were receiving appropriate treatment and review.

Examples of service developments implemented in past 2 years

Development area	Impact
Improvements to entranceway and reception area	Building work was underway at the time of the inspection to the entranceway and reception area. This included the automating of doors to improve access for people with disabilities and improved seating.
Skills mix outside normal working hours	The practice had introduced early morning appointments on a Tuesday and monthly Saturday appointments with a healthcare assistant to improve access to appointments for patients.

Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	<ul style="list-style-type: none"> Topic specific patient surveys. Direct email contact with the practice. 	Ongoing assessment of services and discussion of any suggested improvements. The practice had carried out two surveys. One sought patient views on optimum times to schedule availability for nurse times. The other sought views on how best to display and make

	<ul style="list-style-type: none"> Engagement with the patient participation group (PPG). 	<p>available health information to patients within the practice waiting room. This information was gathered and the practice was in the process of using this to inform changes.</p> <p>There was a patient participation group in place, but numbers had reduced over the last few years. Members told us this had been a knock on impact of the disbanding of the clinical commissioning group location wide patient forum. This had left some group members feeling they no longer had a forum to share their view on wider developments in health locally.</p>
Public	<ul style="list-style-type: none"> Practice website. 	Easily accessible public information available about the services delivered and how to access them.
Staff	<ul style="list-style-type: none"> Open door policy. Staff meetings and minutes. Staff appraisal. 	<p>There was open and transparent communication. Staff felt able to raise concerns and involved in service development.</p> <p>There had been a delay in providing appraisals within the last year, but the practice told us they had started to address this.</p>
External partners	<ul style="list-style-type: none"> Engagement with local clinical commissioning group. Regular programme of meetings. Good communication channels, for example email and electronic software systems. 	The practice engaged with external partners and through attending meetings engaged as a locality to support the development of the local health economy. This included mapping out service provision and planning for future developments. This supported locality planning and delivery of services for a better sustainability of service provision in the future.

Feedback from Patient Participation Group;

Feedback

Members of the PPG who we spoke with said the practice held regular meetings to seek their views on possible service changes. They told us a number of members had left the group following changes to the way the local clinical commissioning group consulted with patients. Although they reported the practice kept them informed about changes happening in the practice, concerns were shared that this sometimes felt like a box ticking exercise rather than being consulted for their views. By the time they were told about developments, decisions had already been made.

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

Examples	Impact
The practice discussed the refurbishment of the practice reception area and entrance with the PPG.	The PPG agreed with the practice that improved seating in the waiting area would improve accessibility for patients with disabilities and those who were frail or elderly. The practice planned to implement these as part of the ongoing refurbishment of this area.

Any additional evidence

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>