

# Care Quality Commission

## Inspection Evidence Table

### Callington Health Centre (1-545669523)

Inspection date: 11 July 2018

Date of data download: 05 July 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

## Safe

### Safety systems and processes

Safeguarding	Y/N
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Any additional evidence
The training matrix held by the practice demonstrated all of the staff, including GPs had completed a safeguarding update since the last inspection in December 2017. Individual training records showed the date of completion and set mandatory training to be completed between April 2018 and March 2019.

### Listening and learning from complaints received

Complaints	Y/N
Number of complaints received since December 2017.	3
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Additional comments:
The practice had overhauled procedures for receiving and acting upon feedback. In January 2018, records showed all staff received training outlining their role, responsibilities and new processes to capture feedback from patients. A dashboard was set up and running since April 2018, which was closely monitored by two named staff. Comments on websites such as NHS Choices were monitored daily with responses to the patient.

### Example of how quality has improved in response to complaints

Feedback from patients had led to front of house training for reception. The management team were doing quality checks and working alongside staff to coach them and observe patient experience.

## Well-led

## Governance arrangements

**Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.**

Practice specific policies	The practice had an online database of policies and procedures, which were easily accessible for staff via a desktop icon on their computer. The register of policies and procedures demonstrated key policies and procedures covering complaints, Disclosure and Barring Service (DBS) checks, whistleblowing, training and registering new patients had been reviewed since the last inspection.	
Other examples	The senior management team, including GP and Pharmacist partners all had new lead roles and responsibilities. Minutes of a multidisciplinary team meeting (Dupath) demonstrated significant events and complaints were a standing item for discussion. The minutes clearly recorded rationale for changes made to systems or any further actions required and who was accountable for completing this.	
		Y/N
Staff were able to describe the governance arrangements		Yes
Staff were clear on their roles and responsibilities		Yes

Any additional evidence	
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We saw evidence of quality checks being completed, which provided the practice with assurance that policies and procedures were being followed. An example seen was spot checks of the records of new patients registered with the practice to ensure data protection requirements were met.

## Managing risks, issues and performance

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Break of cold chain storage of vaccines	The viability of vaccines for safe patient administration were checked with suppliers and any unsuitable had been disposed of. The fridge alarm system was reviewed with increased surveillance. A digital temperature probe was ordered so that the practice could monitor variances in temperature on an electronic data base.
Inadequate oversight of staff training gaps	The practice had set up a training dashboard, which was closely monitored by two senior staff. The dashboard had an inbuilt traffic light

	system denoting when training was completed, due for an update or overdue. Reminders were sent to staff every quarter and more frequently if training was overdue. An example was seen where a member of staff had been given protected time to complete all the mandatory training. The training policy was updated since the last inspection, providing all staff with clear guidance about mandatory and desirable training. The practice used an online training provider and had set up mandatory training modules for every member of staff. Previous training gaps included safeguarding and all staff had completed an update since the last inspection in December 2017.
Services and role responsibilities had changed, which the Care Quality Commission (CQC) had not been notified of or received applications for	The practice had submitted several notifications since the last inspection. These were also accompanied by applications for: registration of a new manager (underway at time of inspection). Cancellation of Gunnislake Health Centre as a registered location (completed and now running as a branch surgery of the practice). Cancellation of the existing registered manager (completed).

#### Any additional evidence

The practice set up additional systems to collate and act upon all staff feedback, which staff said had been empowering. Staff suggestions which had been implemented was having standardised letter templates.

### Appropriate and accurate information

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

#### Any additional evidence

The practice communicated regularly with CQC both in statutory notifications and informally for advice and providing updates about developments.

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

#### Any additional evidence

At the inspection, we looked at verbal and written feedback from patients. All of the feedback was collated into a dashboard and had been acted upon or was in the process of influencing change to improve the quality of the services at the practice. The practice website was being updated with information and had a newsletter for patients. Information about changes made as a result of feedback were covered in it. Staff told us there were plans to have boards in the waiting room outlining suggestions made and actions taken for patients to see.

#### Any additional evidence

Callington Health Centre is a training practice for GP registrars, doctors and medical students. The practice was expanding its training and placement opportunities for student nurses, paramedics and practice nurses with the universities. The practice invested in people already employed assisting them

to develop their skills and qualifications through further training. Examples seen included a paramedic who was due to start the first prescribing course for paramedics in the South West later in the year. Opportunities for funding were being taken up through external stakeholders such as NHSE (NHS England), which were being used for staff development and reconfiguration of the clinical and non-clinical teams

#### DO NOT DELETE THE NOTES BELOW

##### 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>

##### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.( [See NHS Choices for more details](#)).