

# Care Quality Commission

## Inspection Evidence Table

### Cornerstone Surgery (1-3777876218)

**Inspection date:** 26 June 2018

**Date of data download:** 22 June 2018

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

**Please Note:** This location has re-registered with CQC in the last 18 months under the same name and address but a different provider. This template was compiled using automated data under the old CRM ID (1-562570350) as well as the new (CRM ID as above). Automated data available under the current CRM ID are the QOF exception rates and overall QOF and exception scores; child immunisation data; some indicators from Public Health England; and the GP Patient Survey summary data (e.g. number of surveys sent out), while the rest is from the old CRM ID. Sources are noted for each data item.

## Safe

### Safety systems and processes

Safeguarding	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.	Yes
Policies 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
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
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	No
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>The practice manager held information about the Hepatitis B status of most but not all staff. We were informed immediately after the inspection that this issue was in the process of being addressed.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person	Yes
Date of last inspection/Test:	06/06/2018
There was a record of equipment calibration	Yes
Date of last calibration:	12/06/2018
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p> <p>The histofreeze container is kept in a locked cupboard in a GP consultation room.</p>	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes Date of last check: 08/05/2018
Fire drills and logs	Last fire drill: 21/05/2018
Fire alarm checks	13/06/2018
Fire training for staff	Online modules completed by staff.
Fire marshals	Yes
<p>Fire risk assessment</p> <p>Date of completion</p>	<p>Yes</p> <p>30/04/2018</p>

<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes  18/10/2018
Health and safety risk assessment and actions Date of last assessment:	Yes 21/07/2018

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified:</p> <p>The practice had completed an in house infection control audit. The result of this audit rated the practice at 93% which meant that it required improvement in some areas. The template used for the audit did not entirely suit a GP practice and an improved document could have given a more positive result.</p>	<p>Yes</p> <p>24/04/2018</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes

### Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	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 National Institute for Health and Care Excellence (NICE) guidance.	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
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	Yes

managed in a timely manner.	
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

### Appropriate and safe 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)(NHS Business Service Authority - NHSBSA)	1.10	1.14	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)	4.9%	7.7%	8.9%	Comparable to other practices

Medicines 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 Patient Group Directions or Patient Specific Directions).	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 Controlled Drugs 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.	Yes
Up to date local prescribing guidelines were in use.	Yes
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 General Medical Council 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.	Yes

The practice had a defibrillator.	No
Both were checked regularly and this was recorded.	Oxygen checked regularly
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
<p>Explanation of any answers:</p> <p>The practice did not have a defibrillator. They shared this equipment with a local practice which was within a five to ten minute walk away from the surgery.</p> <p>A record of the prescription pads (FP10) was not kept with regard to prescriptions that were ordered, received, distributed and issued.</p>	

### 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
Wrong medicine prescribed	Extra care now taken when prescribing unusual medication and when using predictive text. A minimum of 5 characters are now used when completing a drug search.
Medication not collected by a vulnerable patient	A new protocol introduced for checking uncollected prescriptions.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place:	

The practice manager emailed all clinical and administration staff with information about safety alerts which were then discussed during staff meetings although this was not a standing agenda item.

## 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)	1.44	1.10	0.90	Comparable to other practices

### People with long-term conditions

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)	73.1%	76.7%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (7)	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)	83.0%	76.4%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (9)	6.3%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the	79.1%	74.8%	80.1%	Comparable to

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)				other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	9.2% (16)	11.7%	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)	90.9%	74.3%	76.4%	Significant Variation (positive)
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	3.2% (7)	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 (01/04/2016 to 31/03/2017) (QOF)	97.6%	88.8%	90.4%	Variation (positive)
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	8.0% (11)	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 (01/04/2016 to 31/03/2017) (QOF)	92.4%	83.8%	83.4%	Variation (positive)
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	3.7% (23)	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	100.0%	92.2%	88.4%	Significant Variation (positive)



treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (2)	6.0%	8.2%	

## Families, children and young people

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)	55	55	100.0%	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) (01/04/2016 to 31/03/2017) (NHS England)	64	65	98.5%	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)	64	65	98.5%	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)	64	65	98.5%	Met 95% WHO based target Significant Variation (positive)

## Working age people (including those recently retired and students)

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)	85.5%	72.5%	72.1%	Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	69.1%	71.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	59.0%	52.0%	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)	87.5%	71.8%	71.2%	N/A
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)	56.3%	49.6%	51.6%	Comparable to other practices

## People experiencing poor mental health (including people with dementia)

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)	92.9%	89.1%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (1)	7.6%	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%	91.0%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.9%	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)	100.0%	90.4%	83.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (2)	5.7%	6.8%	

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550	530	539
Overall QOF exception reporting	4.1%	4.4%	5.7%

## 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)	97.0%	94.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (25)	0.6%	0.8%	

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	26
Number of CQC comments received which were positive about the service	26
Number of comments cards received which were mixed about the service	7
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC comments cards	Patients commented that they felt the practice staff cared about their health and gave them support to improve their wellbeing. Patients commented on the professionalism of staff at all levels. They described the GPs and nursing staff as caring and attentive and reception and administration staff as helpful, professional and friendly. Patients commented that the practice offered a very good service. Four patients said they sometimes found it difficult to book an appointment.

NHS Choices website	A patient commented that the GPs and staff went out of their way to offer reassurance and to keep them informed about their health care decisions, for example, referrals to secondary care. They said that services were arranged promptly to address their health care needs.
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## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,006	292	126	43.15%	3.15%

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)	89.1%	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 (01/01/2017 to 31/03/2017)	88.3%	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?" (01/01/2017 to 31/03/2017)	95.0%	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 (01/01/2017 to 31/03/2017)	88.9%	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 (01/01/2017 to 31/03/2017)	96.3%	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 (01/01/2017 to 31/03/2017)	97.1%	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 2018: This data was not verified.	<p>A survey was carried out to assess patients' awareness of the services and facilities available at the practice particularly in relation to how to access the different types of GP and nurse appointments. The survey indicated that most patients were aware of the services available, such as the daily telephone triage system, pre-bookable and same day appointments etc. However, some areas for improvement were identified and an action plan had been drawn up to address these issues:</p> <ul style="list-style-type: none"> <li>• A newsletter would be emailed to all patients registered for on line services. The newsletter would be added on the practice website and a paper version made available in the patient waiting area in order to increase awareness of services and facilities</li> <li>• A review would be carried out of the health promotion information and posters in the patient waiting areas to ensure the information was clearly displayed.</li> <li>• All staff would be reminded of the need to ensure patients were made more aware of practice services and facilities.</li> <li>• A reminder of the out of hour's services would be attached to prescriptions.</li> </ul>

### 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)	85.2%	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 (01/01/2017 to 31/03/2017)	84.0%	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 (01/01/2017 to 31/03/2017)	94.4%	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 (01/01/2017 to 31/03/2017)	93.3%	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.	No
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	74 1.8%
How the practice supports carers	<p>The health care support worker was a carers' champion and had completed additional training for their role. One member of staff was the designated lead for carers who signposted carers to the support services available to them. They provided carers with information about community support services available to them.</p> <p>There was a carers' noticeboard which provided information about local services and carers groups.</p> <p>The health care support worker carried out the carers annual health checks which included physical health checks and a discussion about their mental health and general wellbeing.</p>
How the practice supports recently bereaved patients	The practice contacted bereaved patients either by phone or letter and offered them a convenient appointment or a visit by one of the GPs.

## 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	The reception desk is located away from the patient waiting area. There was a glass screen in front of the desk with slats that could be opened and closed to ensure patients could not hear staff when on the telephone.
Chaperone policy	The practice had a policy to offer patients a chaperone during intimate examinations. Posters were displayed around the practice to inform patients this service is available.
Consultation rooms	All consultation rooms were fitted with curtains around examination beds to further ensure patients' privacy was maintained.

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.	No
Explanation of any answers: Although a room was not specifically appointed for patients, staff were sensitive to their needs and told us that a room would be made available if a patient needed to speak with a member of staff privately.	

Examples of specific feedback received:

Source	Feedback
CQC comment cards	Patients told us the staff always treated them with dignity and respect.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	7am to 6.30pm
Thursday	8am to 7.30pm
Friday	8am to 6.30pm

Appointments available
The GPs worked different hours and days. In summary GP appointment availability was as follows: Monday: 8am to 11.30 and 2pm to 4.30pm Tuesday: 8am to 11.30 and 3pm to 6pm Wednesday: 7am to 12.00 and 3pm to 6pm Thurs: 8am to 11am and 3.30pm to 7.30pm Friday: 9am to 12.30 and 3pm to 6pm
Extended hours opening
Wednesday: from 7am to 8am Thursday: from 6.30pm to 7.30pm

Home visits	Y/N
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	
Staff recorded requests for home visits on the online appointment system with as much information as possible as to the reason for the request. This allowed the GPs to consider the urgency of the home visit. If staff felt the request for a home visit was urgent, they would speak to the duty doctor.	



## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,006	292	126	43.15%	3.15%

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)	87.9%	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?" (01/01/2017 to 31/03/2017)	90.0%	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 (01/01/2017 to 31/03/2017)	81.3%	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 (01/01/2017 to 31/03/2017)	76.6%	76.0%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
CQC comment cards	<p>We received 26 patient comment cards. All of these the patient comment cards we received on the day of inspection were positive about the service received.</p> <p>Patients commented that they were happy with the standard of service provided. They said the reception staff went out of their way to be helpful; they described the GPs and nurses as caring and attentive to their care needs.</p> <p>Four patients commented they found it difficult to book an appointment.</p>

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	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

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

Complaints were dealt with in a timely manner with information being shared with staff for the purpose of learning.

## Well-led

### Leadership capacity and capability

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

Leaders have the experience, capacity, capability and integrity to ensure that the service provided focused on patient outcomes and identified risks to performance were addressed.

They encourage pride and positivity in the organisation and focus attention on the needs and experiences of people who use services.

Governance arrangements were reviewed and reflect best practice. A systematic approach is taken to working with other organisations to improve care outcomes.

### Vision and strategy

#### Practice Vision and values

There is a clear vision to provide patients with high quality, patient-centred, holistic care, in a safe and courteous manner. All staff were aware of the vision and we saw that this translated into the action of the practice.

### Culture

#### Examples that demonstrate that the practice has a culture of high-quality sustainable care

Many staff had worked for the practice for a long period of time and staff turnover was low. Staff reported that the morale within the team is high and that all staff were approachable and supportive.

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

Source	Feedback
Staff discussion	<p>Feedback from staff was consistently positive about working at the practice.</p> <p>Staff told us that they were well supported by management at the practice and they felt able to approach managers for support.</p> <p>Staff said they were provided with regular training to enable them to develop in their role.</p> <p>Staff reported that senior staff were open to suggestions and new ways of working.</p>

## Governance arrangements

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

Practice specific policies	<p>The practice had policies in place which had been developed by senior staff. Staff knew how to access the policies and procedures.</p> <p>A staff recruitment policy and procedure was in place to ensure suitable staff were employed.</p> <p>There was a safeguarding policy and procedure to ensure patients were protected from harm and abuse.</p> <p>There was a range of health and safety policy and procedures to ensure staff and patients were kept safe while working and visiting the practice.</p>
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

## Managing risks, issues and performance

Risks	Y/N
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
Fire	A fire safety risk assessment had been completed and shared with staff.
Damage to the building	An emergency contingency plan had been drawn up in case of an emergency and arrangements had been made to share facilities with a neighbouring practice in these circumstances.
Infection control	Staff had undertaken training in infection control to minimise the risk of the spread of infection.

### Appropriate and accurate information

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

### Continuous improvement and innovation

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

Audit area	Improvement
The use of the medicine letrozole	All patients now have a set end date for the use of this medicine.
Gestational Diabetes	All patients now have a note added to their records to offer a recall appointment to review their care needs and all necessary patients have been invited for a blood test.

Additional evidence of improvements
<p>An example of a change made by the practice as a result of staff feedback:</p> <ul style="list-style-type: none"> <li>The practice now uses the computer system to record the name of the person who collects a patient's prescription.</li> </ul> <p>An examples of concerns raised by staff and addressed by the practice:</p> <ul style="list-style-type: none"> <li>Improvements have been made to the reception working environment in light of this being a small area which can become cluttered.</li> </ul> <p>An examples of actions to improve quality in past 2 years:</p> <ul style="list-style-type: none"> <li>Specific drug searches are undertake to ensure safe prescribing of medicines.</li> </ul>

Examples of service developments implemented in past 2 years:

- A pharmacist appointed by the Bolton Clinical Commissioning Group works at the practice for three sessions per week

**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](#)).