

# Care Quality Commission

## Inspection Evidence Table

### Colton Mill Medical Centre (1-568346020)

Inspection date: Tuesday 30 October 2018

Date of data download: 10 October 2018

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

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member(s) of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers: N/A	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
<p>Explanation of any answers:</p> <p>The practice used an electronic document management system that enabled all staff renewal information to be stored. This enabled clear reminders to be sent prior to any renewal of staff insurances. The system also allowed for the effective management of staff employment data. For example, at the time of the inspection the practice could evidence that all staff were up-to-date with their vaccines.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y
There was a record of equipment calibration Date of last calibration:	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y May 2018
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y Rotated
Fire risk assessment Date of completion	Y Sept 2018
Actions were identified and completed. For example, staff must pick up visitor book on way out of the building in an emergency.	Y
Additional observations:  Entry to the practice back office from the main waiting area was controlled by the front desk and staff had entry door codes. We noted that all doors in the practice notably the store room and kitchen were kept locked, we also observed that all consulting rooms which were empty were locked between patients.  There were security systems in place for the building these included: <ul style="list-style-type: none"> <li>Security and signing in book were placed at reception.</li> <li>There were panic buttons at the desks and computers in all the consulting rooms and the IT system had an urgent call and alarm message function.</li> </ul>	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Y Sept 2018
Health and safety risk assessment and actions Date of last assessment:	Y Sept 2018
Additional comments:  The practice manager carried out staff risk assessments to ensure that staff had not been overloaded with work and that they were taking regular breaks in activity. A work station risk assessment was also	

carried out for all members of staff and additional support was provided when required.

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>Detail:</p> <p>Fully compliant. No actions.</p>	<p>Y</p> <p>17/18 July 2018</p> <p>(both sites)</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>
<p>Explanation of any answers:</p> <p>The practice held a service level agreement with an established clinical waste disposal service. Dirty areas and the bin storage room were kept secure. Spillage kits were available and staff stated they had used them after training had been completed.</p>	

Any additional evidence
<p>Many patients who returned comment cards specifically mentioned that they thought the practice was clean and well maintained.</p>

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
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.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
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.	Y
Explanation of any answers: There was a 'Think sepsis' notice board in the waiting area.	

## 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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y
Explanation of any answers:  There was a system in place to monitor and act on information received at the practice about patients. This was managed by the practice manager and monitored regularly by the practice nurse. Any alerts requiring action were work flowed to the GPs and a spread sheet was kept of all alerts, any action required and all action taken.  Information used to deliver safe care and treatment was audited.	

## 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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.93	0.94	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	6.5%	6.2%	8.7%	Comparable with 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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y (Both sites)

The practice had a defibrillator.	Y (Both sites)
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers:</p> <p>We found that effective systems had been put in place to deal with uncollected medicines. This included a clear uncollected prescription policy and regular audits to ensure staff were following the policy. Action taken by staff in relation to uncollected prescriptions included checking the ready for collection prescription box weekly and reviewing the reason for uncollected prescriptions older than two weeks.</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	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	166
Number of events that required action	166

Event	Specific action taken
Notification from NHSE and CCG about Cyber-attack to practice IT System and NHS Email	All computers and server had received appropriate updates on 15/5/17.
Patient made a request for medication that was meant for another patient.	Staff to make sure that they complete one task before starting another.
Samples not collected from Grange Medical Centre by pathology services on 5 July (evening collection), samples were stored in a refrigerator.	Organise for collection of samples, and report the incident to the laboratory.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>The practice had signed up to the MRHA system so that updates were received directly from the organisation. Updates were discussed at team meetings and staff signed that they had reviewed the updated information. Appropriate searches were run when the alerts referred to medicines or equipment.</p>	

Any additional evidence
<p>There was a system in place to monitor and act on safety alerts. This was managed by the practice manager and monitored regularly by the practice nurse. Any alerts requiring action were work flowed to the GPs and a spread sheet was kept of all alerts, any action required and all action taken.</p> <p>The staff reported everything that went wrong, near misses, and positive events.</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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.94	0.67	0.83	Comparable with 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)	83.3%	77.5%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.6% (100)	13.7%	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)	84.7%	76.3%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.4% (73)	9.9%	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)	87.3%	78.1%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.1% (103)	12.4%	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, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	73.3%	76.1%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (15)	6.4%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, 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)	91.8%	88.7%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.4% (38)	8.7%	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 150/90mmHg or less (01/04/2016 to 31/03/2017) <small>(QOF)</small>	83.0%	82.9%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (56)	3.8%	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) <small>(QOF)</small>	87.6%	90.5%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.1% (12)	10.1%	8.2%	
Any additional evidence or comments				
The practice provided an acceptable reason for each person 'excepted' and had in place processes to effectively recall patients for reviews and checks prior to any exception report being made.				

## Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	162	170	95.3%	Met 95% WHO based target (significant variation positive)
The percentage of 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)	115	120	95.8%	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)	116	120	96.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	115	120	95.8%	Met 95% WHO based target (significant variation positive)
<b>Any additional evidence or comments</b> Extended hours opening on Wednesday, Thursdays and Saturday morning was now used to offer immunisations. There was a drop-in immunisations clinic two weeks ago. At this drop-in session 69 children were recorded and seven children were immunised for the pre-school booster which was overdue in these cases.				

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 at a given point in time who were screened adequately within a specified period (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)	77.0%	74.1%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	74.0%	68.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	63.6%	56.4%	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)	60.8%	67.3%	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)	46.4%	48.7%	51.6%	Comparable with other practices
<b>Any additional evidence or comments</b>  Patients could book cervical screening clinics on line and the practice also held drop in cervical screening clinics. Patients received a text message to advise a drop-in cervical screening clinic was taking place.  The practice worked with nursing students and had devised a cervical screening clinic questionnaire. After a patient completed the questionnaire this identified any other service that may benefit the patient, for example well women and NHS health checks for 40 to 74 year olds. At the 1 <sup>st</sup> drop-in clinic in May 2018, 28 patients had attended.				

## 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) <small>(QOF)</small>	93.6%	89.1%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.3% (12)	9.6%	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) <small>(QOF)</small>	93.7%	90.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.2% (11)	8.9%	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) <small>(QOF)</small>	84.8%	86.6%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (7)	7.2%	6.8%	
Any additional evidence or comments				

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558	537	539
Overall QOF exception reporting (all domains)	5.1%	5.2%	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 any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.7%	95.2%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (28)	0.7%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice audited how well practitioners completed care plan templates and this included whether appropriate consent had been sought.

Any additional evidence
New written consent forms for immunisations were introduced following a complaint by a patient.



# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	79
Number of CQC comments received which were positive about the service	72
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	<p>Patient comment cards were complimentary about all aspects of care especially the professional atmosphere, they felt the clinicians were generous with their time and they were treated with respect and dignity by all staff.</p> <p>There were 17 reviews for the service on NHS Choices and they gave the practice an overall star rating of 4.5. out of 5.</p>

## National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12909	281	111	39.5%	0.86%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	91.5%	89.4%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	92.2%	88.0%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.6%	95.4%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	85.9%	84.9%	83.8%	Comparable with other practices

### Any additional evidence or comments

The practice held a Health and Wellbeing Day in June 2018. 93 patients attended, opportunist screening for men also took place on that day.

Feedback and suggestions for the next Wellbeing Day were on going.

The practice held a walk-in clinic survey in May 2018, 27 patients were asked about the care and treatment they received. The majority recorded a very good or good response.

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

Date of exercise	Summary of results
January 2018 - October 2018 ongoing	The practice completes a monthly 'Friends and Family' satisfaction audit. In the months January to October approximately 97% of patients overall confirm that they would recommend the practice to friends and family

Any additional evidence
The practice offered advice and provided information about other services available to help patients to live healthier lives. Examples included referrals to healthy walking, obesity awareness, local physical activity referral schemes and advice on the benefits of physical exercise.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We interviewed three members of the patient participation group who were positive about all aspects of care and felt involved in planning and developing the practice.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	95.0%	94.0%	93.5%	Comparable with other practices
<b>Any additional evidence or comments</b> N/A				

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

Carers	Narrative
Percentage and number of carers identified	2.3% (297 patients)
How the practice supports carers	<p>There was a carers champion.</p> <p>Carers were invited in for health checks and immunisations.</p> <p>There was an icon on the clinical IT system for carers.</p> <p>There was a dedicated notice board in reception for carers.</p> <p>The practice had a carers policy. An information pack was available which included the carers support policy detailing what they can expect from the practice.</p> <p>There was an annual review for all carers.</p> <p>Carers Leeds visit the practice on a regular basis.</p>
How the practice supports recently bereaved patients	<p>The practice has an end of life lead.</p> <p>Bereaved family members were given priority appointments.</p> <p>The bereaved next of kin was contacted by phone so that counselling could be offered and support provided.</p>

Any additional evidence
The practice held palliative care meetings monthly where they reviewed patient deaths in detail.

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>A rope barrier was in place to keep the distance between patients waiting to be attended to and the reception desk.</p> <p>There was a private area so that patient's conversations could not be heard when they were discussing matters with the receptionists. This had been put in place in response to feedback from the patient participation group.</p>

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Examples of specific feedback received:

Source	Feedback
CQC Comment Cards	People reported the premises as nice and comfortable. They were happy with the service provided, said the GPs were knowledgeable and helpful and that they felt included. They said that reception staff were helpful.
Speaking with patients on the day of inspection	<p>A new patient reported they were happy with the service. They said they felt listened too and not rushed and thought the GP really listened to their concerns and took appropriate action.</p> <p>Comments from patients we received told us they were very satisfied with the service, the premises and the staff and thought they received the care they believed they should get.</p>

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8AM to 6PM
Tuesday	8AM to 6PM
Wednesday	8AM to 6PM Colton, Branch 8AM to 8PM
Thursday	8AM to 6PM Colton, Branch 8AM to 8:30PM
Friday	8AM to 6PM
Saturday	8AM to 12PM Colton

Appointments available	
	Mon 8:10AM to 5:20PM Tue 8:10AM to 5:20PM Wed 8:10AM to 7:20PM Branch Grange 5:20PM Thurs 8:10AM to 7:50PM Fri 8:10AM to 5:20PM
Extended hours opening	
	Sat 8:10AM to 11:20AM

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	Y
If yes, describe how this was done	
<p>90 home bound patients were recorded on the clinical system.</p> <p>The practice used a triage system which looked at:</p> <ul style="list-style-type: none"> <li>• The symptoms being experienced</li> <li>• The age and frailty of the patient</li> <li>• Whether the patient was on end of life care</li> <li>• Age of the patient</li> </ul> <p>This information was reviewed by the clinicians who were to complete the home visits</p>	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12909	281	111	39.5%	0.86%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	96.7%	95.3%	94.8%	Comparable with other practices
<b>Any additional evidence or comments</b> N/A				



## 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 responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	55.5%	74.4%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	56.7%	68.9%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	51.6%	67.3%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	58.5%	73.7%	74.4%	Comparable with other practices
<b>Any additional evidence or comments</b> <p>The managing partner told us that this survey was conducted just as the practice were installing a new phone system where they were experiencing a number of problems with the system. They regularly updated the website with any problems.</p> <p>The practice had registered patients online which was the highest in Leeds at 39%. The new system plays messages whilst patients wait and signposts them to the website or to walk in without requiring an appointment.</p> <p>The practice was purchasing another system to try and improve this patient satisfaction with 'E Reception' where patients can use an online system to make requests and get advice rather than calling. This will be installed in the next three weeks. Patients had previously asked about this type of system availability and the practice have agreed to trial this as another option for patients.</p> <p>The managing partner told us that the low figures were very disappointing for the appointment system as at this time the practice offered a very wide range of appointment options that was displayed for patients in leaflets, website, phone message and practice leaflet:</p> <ul style="list-style-type: none"> <li>• Walk in everyday – no appointment required and positive patient feedback in the summer of 2018</li> <li>• Appointments released on the day after walk in to ensure appointments later in the day for children or working age who become unwell during the day</li> <li>• Late urgent extras when all appointments were taken, they are added to an urgent extra list if needs</li> </ul>				

Indicator	Practice	CCG average	England average	England comparison
to be dealt with the same day <ul style="list-style-type: none"> <li>• Appointments released 48hrs in advance every day</li> <li>• Evening clinics twice a week with GP, Nurses and physio assessments up to 8.30pm</li> <li>• Saturday clinics with GP, Nurse, HCA, Blood clinics, Pharmacists and Health Trainer 8-12pm</li> <li>• Telephone appointments with GP, Nurse and Pharmacists every day</li> <li>• Started a late visiting GP as these requests were increasing from audits for afternoon requests</li> </ul>				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	There were eight comments on NHS Choices and the overall rating was 4.5 stars out of 5. There was one not so positive comment and the provider had responded to this.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	17
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	17
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
<p>The practice continued to learn from complaints and have:</p> <ul style="list-style-type: none"> <li>• Created standard operating protocols to help with the embedment of practice processes</li> <li>• Increased protected learning time.</li> <li>• Performance was monitored and staff were offered support if failing to meet standards.</li> <li>• External training was being offered when available.</li> <li>• Regular SEA/Complaints meetings were held and all staff were encouraged to attend.</li> <li>• Complaints training has been set as mandatory via e-learning and all staff were emailed when an update was required</li> </ul>	

Example of how quality has improved in response to complaints
See above.

Any additional evidence
Patients said if they had a reason to complain, they felt it would be dealt with professionally and a full explanation and assurances would be given by staff.

# Well-led

## Leadership capacity and capability

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

There was a strong, clear vision and a credible strategy to deliver high quality, sustainable care shared and recognised by all members of staff.

There was a clear mission statement and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.

The practice was forward thinking and pro-active and was involved in many pilot schemes. The lead GPs were on committees that endeavoured to create better health outcomes for the community.

### Any additional evidence

Policies, procedures and other systems, such as regular liaison with the local commissioning body and other stakeholders, indicated that the provider had the leadership capacity to promote the positive philosophy of the practice.

## Vision and strategy

### Practice Vision and values

The practice aimed to provide a high standard of care to patients and support patients to be healthy and live well.

## Culture

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

Staff said the culture in the practice was great and they felt well-led.

They knew what their roles and responsibilities were.

They knew how to help their patients, some who were struggling to come to terms with the changes in culture.

They said they felt supported by their leaders to support their patients.

They said communication was good and they felt involved in the running and development of the practice.

They said they felt part of a team and were valued.

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

Source	Feedback
Feedback from administration and clinical practice staff.	All staff received support and appraisals. Staff who felt they did not have adequate skills to do their job were provided with extensive training and support. A training log was set up reminding staff when mandatory training was required and quizzes were introduced at meetings to promote the continuous evaluation of staff

	competencies.

Any additional evidence
N/A

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	<ul style="list-style-type: none"> <li>Disaster handling and business continuity policy - this was a detailed policy.</li> <li>Complaints policy – this policy was followed by the practice.</li> <li>Safeguarding children and adult's policy - the information complied with best practice guidance and was readily available.</li> </ul>
Other examples	Health and safety policy for the building. Control of substances hazardous to health (CoSHH) policy for the building.
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
The provider had assured themselves that the buildings and facilities risk assessments met the needs of the practices patients and staff.

## Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Y
Staff trained in preparation for major incident	Y

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

Risk	Example of risk management activities
Patients with sepsis	All staff had completed an appropriate level of recognising and dealing with sepsis training. Next training booked for February 2019.
Evidence reviewed at inspection	Aggressive patient -Training provided to all reception staff about what to do (in the best interests of the patient) should the same thing happen in the future. This included referral to a GP to assess whether mental health problems may exist and further consideration to be given to the patient's overall care. CCTV was installed to further safeguard staff.

Any additional evidence
The practice was in the process of refreshing the risk assessment program based on the clinical governance of the practice. An improvement plan was in place and this had been developed in

consultation with the clinical commissioners.

## Appropriate and accurate information

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

### Any additional evidence

The practices incident policy highlighted that in certain circumstances notifications to the CCG were required and we noted that the provider gave feedback and updates to the CCG.

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

### Feedback from Patient Participation Group;

#### Feedback

Feedback from the PPG was positive the PPG suggested a small barrier at reception and this was put in place.

The practice also held:

- First flu party for 2&3-year olds, last held on 20 October 2018.
- Boxing class for patients with LTC
- Patient led walking groups
- Sunday stress buster GP and practice manager radio talks

The practice sought and acted on feedback from users, public and staff. The PPG very much felt part of the practice. The PPG engaged with patients during immunisation days and actively supported its membership to include people from all backgrounds. This level of engagement was very high, and supported effective relationships and service developments within the practice.

### Any additional evidence

The practice demonstrated that it had worked hard to engage its patients and as a result, provided an innovative range of services.

There was an active patient participation group for the practice with representatives from different cultures of the population. The leaders attended the meetings to listen to patient concerns, engaged in patient surveys and provide feedback of improvements made and had brought about positive and continuous change. A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.

The practice had a business plan about how they would engage with and create a safe place where all patients and the public would be navigated to the service they required.

All staff said they felt involved and valued and worked as a whole team to ensure the practice delivered holistic services for patients. They felt empowered and encouraged to put forward their suggestions for



change and improvement.

The practice worked with all the stakeholders and external partners to create a holistic environment for their patients particularly with regards to the social departments, police, schools, ambulance services and many others.

## Continuous improvement and innovation

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

Audit area	Improvement
Prescribing and monitoring DPP4 Inhibitors (used to treat diabetes).	Reduction from 63% to 57% of patients on this medication.
B12 Anaemia prescribing	145 patients on B12 injections, reduced to 88 patients.

Any additional evidence
The lead nurse was a finalist in the general practice nurse awards in March 2018.
The managing partner was a finalist in the general practice nurse awards for peoples awards in March 2018.
The senior clinical pharmacist was an entrant at the primary care awards in June 2018.
The practice took part in the collaborative nurse and policy development improvement programme in April 2018.

### 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" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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

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

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](#)).