

Care Quality Commission

Inspection Evidence Table

Shevington Surgery (1-550805535)

Inspection date: 20 November 2018

Date of data download: 07 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Safety systems and processes

Safeguarding	Y/N
There was lead members 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
<p>Explanation of any answers:</p> <p>The practice had a GP clinical lead and one of the advanced nurse practitioners as deputy for the practice, with bespoke templates, checklist and active communications documented with external organisations. Patients who could be a future risk were coded on their internal system.</p> <p>All front house staff were trained in domestic abuse with two staff being Domestic Abuse Champions for the practice.</p>	

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.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 23rd May 2018	Yes
There was a record of equipment calibration Date of last calibration: 23rd May 2018	Yes
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	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: September 2018	Yes
Health and safety Premises/security risk assessment? Date of last assessment: February 2018	Yes
Health and safety risk assessment and actions Date of last assessment: February 2018	Yes
Additional comments: The practice held an inventory list of all electrical items within the practice, with audits presented.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: June 2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The audit had identified the blinds and slats in some of the rooms were fabric. Discussions on replacing the ones highlighted had taken place and were being actioned.</p> <p>The practice nursing team took full responsibility for all aspect of infection control, with the advanced nurse practitioner manager taking a strategic role for policy development and changes to ensure the practice keeps up to date with best practice.</p> <p>There was an infection control protocol in place which reflected the practice's process.</p> <p>Only clinical nursing staff took responsibility for managing the cold chain process within the practice and each clinical room was audited on a room by room process.</p>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

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
Explanation of any answers:	
The practice had multiple processes and policies which had been adapted and implemented from clinical reviews and meetings to ensure all relevant guidelines was reflected, from care plans and risk assessments, medical records and investigation and test results.	

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 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 answers:	
We saw examples of regular audit checks to ensure practice protocols were being adhered to. For example, the practice had a clinician buddy system for patients test results to ensure patients results were always actioned effectively.	
The practice had developed coping strategies for staff. For example, how to deal with inappropriate medication requests and more challenging situations such as dealing with upset relatives.	

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)	1.00	1.03	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)	10.5%	8.3%	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.	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.	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 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.	Yes
Both were checked regularly and this was recorded.	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
<p>Explanation of any answers:</p> <p>The practice employs a full time Clinical Pharmacist, which was a result from reviewing the clinical needs and demands of the practice. Their role was to deal with all hospital discharge and amendment letters, running clinics and medication reviews for the practice.</p> <p>The practice had designed a bespoke intense induction for their clinical pharmacist. They were given a clinical mentor, protected tutorial time, clinical supervision and were supported by their GP mentor in clinics. There were clear learning objectives set and an auditable trail of ongoing support provided. They were also provided with protected reflection time.</p> <p>All medicines stored within the practice were overseen by the nursing team and were regularly audited.</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.	6
Number of events that required action	5

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

Event	Specific action taken
Patient with Sepsis	The incident showed the practice protocol was followed on Sepsis and the correct treatment and advice was provided to the patient. However, the practice felt the learning point was to develop a practice "Quick Examination" template, which was done. This has proven to work effectively in clinics.
Aggressive Patient	Identified a lack of a clear protocol for dealing with this kind of situation. And review of keeping staff and patients safe. The practice is currently involved in working with CCG to create a CCG wide protocol for dealing with violent patients and procedures for 'locking down' a practice.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice held educational meetings where alerts were discussed. Any alerts which resulted in amendments to the practices protocol or procedures would be assigned to the clinician lead responsible. Who would oversee all amendments, communication and failsafe procedures to practice staff.</p> <p>Alerts actioned had a full auditable trail of all actioned and outcomes.</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)	0.63	0.95	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 (01/04/2017 to 31/03/2018) (QOF)	83.9%	80.8%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.6% (142)	15.1%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	79.4%	81.2%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.4% (76)	8.5%	9.8%	

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 (01/04/2017 to 31/03/2018) (QOF)	83.4%	79.6%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.2% (203)	13.8%	13.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	75.1%	76.7%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.6% (121)	9.7%	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 (01/04/2017 to 31/03/2018) (QOF)	91.2%	91.7%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (12)	10.1%	11.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	84.2%	84.7%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (93)	4.2%	4.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	92.4%	90.5%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (24)	5.0%	6.7%	
Any additional evidence or comments				

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)	102	116	87.9%	Below 90% minimum (variation negative)
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)	113	117	96.6%	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)	113	117	96.6%	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)	112	117	95.7%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				
We were told on the inspection; all practice figures were inline or above National Targets.				

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)	82.4%	74.8%	72.1%	Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	78.7%	70.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	66.6%	57.3%	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)	77.2%	70.1%	71.3%	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)	48.8%	40.7%	51.6%	Comparable with other practices
Any additional evidence or comments The practice had four Cancer Champions within the practice, who monitored bowel screening uptake, showing the practice achieved over 70%, higher than the local target. The four champions also ensured that cancer signposting information was on display for patients.				

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 (01/04/2017 to 31/03/2018) (QOF)	91.7%	91.0%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.7% (9)	15.7%	12.7%	
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 (01/04/2017 to 31/03/2018) (QOF)	88.2%	92.9%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (8)	12.2%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	72.8%	84.6%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (4)	8.1%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	537		537
Overall QOF exception reporting (all domains)	6.2%	5.9%	5.8%
Any additional evidence or comments			
The practice had a dedicated advanced nurse practitioner and manager, who was responsible in all quality outcome framework (QoF) within the practice. Part of this role involved one full day a week dedicated to reviewing the clinical care for all QOF patients, including liaising with the administrative team, updating and reviewing of the clinical templates and following up patients who have not attended.			

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 (01/04/2017 to 31/03/2018) (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 (01/04/2017 to 31/03/2018) (QOF)	95.0%	96.1%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (25)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
This was verbal and recorded on the clinical IT system.

Any additional evidence
The practice dedicated two sessions every week to review patients at home or in residential/nursing care homes.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	19
Number of CQC comments received which were positive about the service	19
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12653	231	109	47%	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)	90.6%	89.6%	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)	85.5%	88.0%	87.4%	Comparable with other practices
The percentage of respondents to the GP	98.3%	96.3%	95.6%	Comparable

Indicator	Practice	CCG average	England average	England comparison
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)				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)	90.9%	87.7%	83.8%	Comparable with other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
Multiple throughout the year	The PPG were very active in finding the voice of the patients and actioning this direct with the practice.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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)	94.2%	93.2%	93.5%	Comparable with other practices
Any additional evidence or comments				

Indicator	Practice	CCG average	England average	England comparison

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

Carers	Narrative
Percentage and number of carers identified	518 carers were identified, which is 4% of the practice population.
How the practice supports carers	The practice's computer system alerted GPs if a patient was also a carer. The practice had a carers' policy that promoted the care of patients who were carers. The practice had also identified veterans.
How the practice supports recently bereaved patients	Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

Any additional evidence
The practice invited all carers for an annual health check, whilst constantly reviewing and updating their carers register. Carers were signposted or referred to appropriate services including the PPG carers dementia support group.

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	<p>Staff made sure that conversations were not overheard by talking discreetly and a private room was also available for any patients that wanted to discuss sensitive issues.</p> <p>All patient information would be none identifiable and passed to the patient in an envelope.</p>

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

Examples of specific feedback received:

Source	Feedback
Practice patient survey	Overall patients were happy with the service and described the staff as caring.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am – 8pm
Tuesday	8am – 8pm
Wednesday	8am – 6.30pm
Thursday	8am – 8pm
Friday	8am – 6.30pm
Saturday	8am- 12 noon

Appointments available	
GP	Nurses
Monday 8:30am - 11:20am 2:30pm – 7pm	Monday 8:30am – 12:15am 2:00pm – 7.30 pm
Tuesday 8:30am - 11:20am 2:30pm – 7pm	Tuesday 8:30am - 12:15am 2:00pm – 7.30pm
Wednesday 8:30am - 11:20am	Wednesday 8:30am - 11:20am 2:00pm – 4pm
Thursday 8:30am - 11:20am 2:30pm – 7pm	Thursday 8:30am - 12:15am 2:30pm – 7.30pm
Friday 8:30am - 11:20am 2:30pm – 5.50 pm	Friday 8:30am - 12:15am 2:30pm – 7.30 pm
Saturday 8:00am - 11:20am	Saturday 8:00am - 11:20am
Extended hours opening	
	Monday, Tuesdays Thursdays and Saturday.

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
Home visits requested were screened by the clinician and then the patient or care home, received a visit by the clinician after morning surgery.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12653	231	109	47%	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)	98.9%	96.0%	94.8%	Variation (positive)
Any additional evidence or comments				

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)	82.2%	77.7%	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)	66.2%	74.0%	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)	60.5%	72.6%	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)	71.9%	78.5%	74.4%	Comparable with other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	There were mixed reviews on NHS choices. The practice did review and reply to patient comments online.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	6
Number of complaints we examined	6
Number of complaints we examined that were satisfactorily handled in a timely way	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The complaint process documented verbal and written complaints with clear learning outcomes documented and reviewed.	

Example of how quality has improved in response to complaints
Staff were made aware of the process for pharmacy ordering medicines for vulnerable patients.

Well-led

Leadership capacity and capability

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

There was a well-established, leadership, governance and culture formed within the practice. This was reflected in the systems and processes used to deliver high-quality person-centred care, with a true holistic approach to patients and staff.

Any additional evidence

The practice opens on Saturdays morning and offers a range of GP, nurse and HCA clinics. The practice also provides three late night clinics until 8pm.

Vision and strategy

Practice Vision and values

The practice vision and values was:

“Our aim is excellence in all we do, achieved through a highly motivated, well-trained team that is committed to providing a reliable, accessible service by working in partnership with our patients.

We will achieve this by:

- Creating and maintaining a friendly, stress free environment for our staff and our patients.
- Communicating effectively with our staff and patients.
- Encouraging and sharing feedback at all levels resulting in the creation of a learning organisation.
- Actively seeking suggestions for improvement from our staff and our patients and listening and acting on the feedback we receive.
- Positive, forward thinking that encourages innovation, creativity and the pursuit of best practice.
- Working effectively as a team by actively seeking to understand the needs of others and helping everyone to achieve our common goals.
- Earning the respect of our community and being regarded above all as a caring Practice”.

Culture

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

The practice pride themselves on being a proactive learning environment and thrived on evaluating learning and sharing. This was found throughout the practice and was demonstrated not only in written evidence but by all the staff spoken to during the inspection.

The practice had designated clinical leads in areas such as safeguarding, medicine management, reliance and finance, who were empowered to suggest and make changes to keep staff working to best practice.

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

Source	Feedback
Various staff clinical and non-clinical	Staff said they felt happy, respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
Non clinical staff	Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
Team Meetings	There were a variety of clearly communicated team meetings, including education meetings.
Annual business/ team away days	The practice held two business team away days, where future planning and team moral building took place.

Any additional evidence

Team outings were organised by the practice.

Governance arrangements

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

Practice specific policies	<p>There was a strong overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.</p> <p>Governance and performance management arrangements were proactively reviewed and reflected best practice.</p>
Other examples	The provider was highly aware of and complied with the requirements of

	<p>the duty of candour. The partners encouraged a culture of openness and honesty.</p> <p>The practice had robust systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.</p>
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
The practice proactively sought feedback from staff and patients, which it acted on. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Managing risks, issues and performance

Major incident planning	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
Clinical staff	The practice has a Complex Care register which was managed by a clinician and reviewed regularly. This includes all appropriate alert and reviews were up to date for all vulnerable patients in the practice. Staff were also aware that this register was to be considered when the pharmacy was ordering patients medication.
Quality Outcome Framework (QOF)	The practice had a nurse manager whose role one day a week was solely to work on the practices QOF. This role was to ensure good clinical care was maintained, which included liaising with staff, adjustment and review of templates and following up patients who have not attended.
Succession planning	We witnessed clinical partners planning long-term (3-5 years). Plans were already in place, openly discussed to ensure a smooth transition for the practice and patients.

Any additional evidence
The practice reviewed and amended clinical templates to support the clinical staff to provide more hands-on care using both local, national guidelines and to reflect the practices own processes and procedures.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>The practice patient participation group (PPG) showed a person-centred culture for the patients and care they received. We spoke with the chair of the PPG and one further member. The PPG are actively involved within the community and have been established for well over 10 years:</p> <ul style="list-style-type: none">• They have a very proactive chair and members.• The practice provided annual funding to help support the PPG initiatives.• Provide hands on support to the practice. For example, attending flu clinics at weekend, whilst using the time to engage with patients and explore their experiences and thoughts on the practice.• Actively support and share good practice with wider peers and CCG.• Works collaborative with community to help support local events.• Historic and current action plans, patient surveys and outcomes demonstrated.• PPG has a vast age and diversity within the group. For example, one member is also a member of the Wigan's youth committee. <p>The group also has well-established and attended support groups, where guest speakers attend. The most recent was a paramedic. These sessions are open to the local community.</p> <ol style="list-style-type: none">1. Dementia Carers Support Group - which has been running since October 2012 by the PPG. Which offers a support group for carers of patients suffering from dementia.2. Diabetes Support Group - Working with Diabetes UK run a diabetes support group, offering help and support to patients.

Continuous improvement and innovation

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

Audit area	Improvement
The practice's audit programme had evolved from two cycle audits into regular cycles of quality measurement and control with safety audits being rerun regularly to make sure no new risks to patients were appearing.	

Clinical Correspondence – are letters being handled by the agreed protocol for scanning and action? 2018	This was a GP lead audit two cycle audit. The first cycle 50 letters were reviewed, seven did not follow the protocol for coding and action, of which two were high priority issues. These results were fed back to the scanning and coding team. The second cycle took place in September 2018.
Security - Are acceptable levels of smart card security in place? 2018	<p>This was a GP lead audit two cycle audit.</p> <p>Day 1; 16% of smart cards were left unattended one of which was in an unlocked room.</p> <p>Day 2: 13% were unattended but were in locked rooms.</p> <p>Learning communicated to all staff was:</p> <ul style="list-style-type: none"> • Computers should be locked when not present • Smart card should be removed when the absence is more than 15 minutes or the computer is not secure • Smartcards should be stored securely when not in use <p>Re-audit September 2018</p> <p>10% of smart cards were left unattended by the clinicians All clinicians were given individual feedback and further re-audit is planned.</p>
Minor surgery Audit 2018	<p>This was a clinical nurse lead audit.</p> <p>This reviewed infection control, abnormal histology reports and lost reports.</p> <p>Outcome identified introduction of a Minor Operations log book or spread sheet to ensure all histology results are checked and acted upon. The log would also aid future audit by having all info available in one place.</p>
Multiple clinical audits	The practice had produced multiple audits in various cycles of the audit cycle. With clearly documented learning outcome and changes to practice as a result.

Any additional evidence

There had been multiple clinical audits completed in the last two years. We received and reviewed multiple comprehensive audits, some included case studies and detailed learning and changes implemented within the practice from these audit findings.

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
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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](#)).