

# Care Quality Commission

## Inspection Evidence Table

### Monarch Medical Centre (1-548124267)

Inspection date: 1 July 2020

**Overall rating: good**

#### Well-led

**Rating: good**

At the inspection on 14 May 2019 the practice was rated as requires improvement for providing well led services The practice is now rated as good for providing well led services as the provider has made improvements to the systems and processes to ensure good governance in accordance with the fundamental standards of care.

#### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
The provider had now arranged for the equipment held in the doctors' bags to be tested and calibrated. The test results showed that the equipment was in good order. A calibration / maintenance and PAT testing policy was now in place to ensure the equipment was regularly maintained.	
An induction programme for clinical and non clinical staff had been drawn up so that staff were clear on their role and knew what was expected of them.	

## Governance arrangements

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
The complaint procedure had been updated. Evidence showed that complaint investigations were carried out and that patients had received a written response to their complaint. There was evidence of complaints being monitored and discussed amongst the staff team for the purpose of learning.	
An update safety alert system was in place which outlined how staff should manage safety alerts. Information was available about how staff were kept informed about the safety alerts that had taken place so they could review their working practices to ensure safe services.	

## Managing risks, issues and performance

### There were effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:  Arrangements had been made to provide staff with READ code training, however this had been cancelled because of COVID 19. In the interim, the practice manager arranged to provide staff with informal READ coding training to ensure they were up to date with current ways of working.  There was an updated cancer care review protocol which demonstrated a more robust system of reviews. There was evidence to show that patients had opportunity to prepare for their review and comment on the quality of their consultation after it had taken place.	