

Care Quality Commission

Inspection Evidence Table

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Inspection date: 25 October 2022

Date of data download: 19 October 2022

Overall rating: Good

We carried out an inspection of Monton Medical Centre on 26 April 2022. It was rated inadequate overall with the following rating for individual key questions:

Safe – inadequate
Effective – requires improvement
Caring – good
Responsive – requires improvement
Well Led – inadequate

We issued a warning notice for a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. We also issued requirement notices for breaches of Regulation 16 (receiving and acting on complaints), Regulation 17 (good governance), Regulation 18 (staffing) and Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

We carried out a follow-up inspection on 4 August 2022, to check if the provider had complied with the warning notice. We found improvements had been made and the practice had complied with the warning notice.

This inspection of 25 October 2022 was a full comprehensive inspection. All key questions were inspected. We have rated the practice good overall with the following ratings for individual key questions, reflecting the significant improvements that had been made:

Safe – good
Effective – good
Caring - good
Responsive – good
Well-led – good

Safe

Rating: Good

At the last inspection in April 2022 we rated the practice as inadequate for providing safe services because:

- Recruitment checks were not carried out in accordance with regulations.
- Evidence of staff vaccination was not maintained in line with current Public Health England (PHE) guidance.
- There was no system for summarising of new patient notes.
- The practice did not have a system to monitor and record use of prescription stationery.
- Staff using Patient Specific Directions (PSDs) did not have the appropriate authorisations to administer medicines.
- There was no effective system for recording and acting on significant events.
- There was no effective system for recording and acting on safety alerts.

At this inspection, on 25 October 2022, we found that all the required improvements had been made. We have rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The service had added flags to patient records if patients were vulnerable. Staff gave an example of raising a concern with the practice safeguarding lead and appropriate notes being added to the patient record to alert staff.• At the last inspection DBS checks were not evidenced for all staff. At this inspection all staff had appropriate DBS checks carried out.	

Recruitment systems	Y/N/Partial
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Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> At our last inspection in April 2022 recruitment checks were not carried out in accordance with regulations and staff vaccination data was not evidenced. At this inspection the practice provided a new recruitment policy that detailed the checks required to meet the regulations. We saw evidence this was followed. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 19 April 2022	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 17 February 2020 Actions from fire risk assessment were identified and completed.	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 7 March 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Monton medical Centre was a purpose-built medical centre over three floors. The clinical rooms we saw had appropriate sinks and waste facilities and were visibly clean. The waiting area was visibly clean with wipeable seats. The lead practice nurse was the infection control lead. She had taken on the role in February 2022 and reviewed all staff IPC training needs and asked staff to complete a refresher training in February 2022. 	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes

The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice recruited a salaried GP in July 2022 and had plans to recruit a second salaried GP to aid access to appointments for patients. • Administration staff were trained and able to support reception during busy periods or staff absence. 	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. ¹	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • At the warning notice follow up inspection in August the practice had put in place a summarising of medical records protocol and process that included risk priority for summarising. The practice had hired external support to help clear the backlog of notes and had plans to train existing staff to complete this task when needed. This process was now embedded, and the current backlog of patient notes were historical and posed no risk to patients. 	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.93	0.86	0.82	No statistical variation
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). (01/07/2021 to 30/06/2022) (NHSBSA)	13.5%	9.9%	8.5%	Variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2022 to 30/06/2022) (NHSBSA)	5.64	5.10	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	183.1‰	202.7‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.67	0.52	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	8.8‰	7.4‰	6.8‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines. ¹	Yes
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

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. ²	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> As part of our inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor onsite. The records of patients prescribed certain high-risk medicines were checked to ensure the required monitoring was taking place. These searches were visible to the practice. Following the inspection in April 2022, the practice was issued a warning notice for not always having systems for the appropriate and safe use of medicines, including medicines optimisation. At the warning notice follow up inspection in August 2022, the practice demonstrated improvements. At this inspection we saw the improvements had been maintained and embedded. Blank prescriptions were kept securely, and their use monitored in line with national guidance. A new policy was in place for the use of Patient Specific Directions PSDs and we saw this was effective. A Patient Specific Direction (PSD) is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by that prescriber. Patients were being reminded that medicine monitoring was needed, and staff were using a variety of approaches to contact people to attend for review. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes

Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded since our last inspection:	11
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> At the warning notice follow up inspection in August the practice had put in place a significant event management procedure. This document detailed the steps staff needed to take to report a significant event. Staff were asked to alert their line manager, practice manager or GP when an event took place staff then completed a significant event template and send this to their line manager or GP for action. Staff were also asked to report the event in the electronic system. At this inspection we saw that the process was embedded. We examined two significant events. Both had initial actions documented, learning identified, evidence of discussion and further actions taken and learning shared. The practice had trained all staff to use the electronic incident reporting system. The practice had set up monthly significant event meetings to discuss events and learning. All staff involved in the event were invited to this meeting in addition to management and the partners. Any learning identified was then shared at the monthly practice meeting. The significant event management procedure also detailed a review would take place three to six months following the event being closed. This was not able to be tested at this inspection as not enough time had lapsed. 	

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

Event	Specific action taken
An agency staff member was hired for a period of time. Their work was audited by the nursing lead to find that their work was not up to standard. Their professional registration was checked & it was noted they were under sanction. This information was not released by the locum agency.	The practice informed the locum agency and the staff member's shifts were cancelled. Some patients were contacted & their reviews were done again. The professional body was informed.
A referral sent to the hospital was cancelled by the hospital.	Practice contacted the hospital to find out why the referral was cancelled. Referral was sent to the hospital again.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> At the inspection in April, the practice had a system for acting on safety alerts, but it was not documented and was not consistently applied. At this inspection the practice had a policy in place and a spreadsheet that detailed actions taken following a safety alert. 	

Effective

Rating: Good

At the last inspection in April 2022 we rated the practice as requires improvement for providing **effective** services because:

- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- There was limited monitoring of the outcomes of care and treatment.

At this inspection, on 25 October 2022 we found that the required improvements had been made. We rated the practice as good for providing **effective** services.

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. ¹	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. ²	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated. ³	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes

Effective care for the practice population

Findings
<ul style="list-style-type: none">• As part of the inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor onsite. The GP specialist advisor was satisfied with the results from the searches undertaken of Monton Medical Centre.• Health checks, including frailty assessments, were offered to patients over 75 years of age.

- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group. The practice nurse sent birthday cards to patients as an opportunity to invite them in for health checks and shingles vaccinations.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. All clinicians were encouraged to attend the three-monthly gold standard framework (GSF) (end of life care service improvement programme) meeting during which, patient's wishes were discussed and recorded.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had policies and protocols available on the intranet for staff. Local and national care pathways were accessible from the computer system.

Management of people with long term conditions

Findings

- As part of the inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor onsite. The GP specialist advisor was satisfied with the results from the searches undertaken of Monton Medical Centre.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice kept a register of patients with long term conditions and this was used for annual checks.
- The practice had a dementia review lead.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three	113	115	98.3%	Met 95% WHO based target

doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)				
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	111	119	93.3%	Met 90% minimum
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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	109	119	91.6%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	111	119	93.3%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	114	125	91.2%	Met 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

- In July 2020 the practice started to provide their own child immunisation clinics, previously this was outsourced to another practice. Staff told us this helped to build relationships with families.
- Parents and their children were offered a joint nurse and GP appointment for the child's 8-week check.
- Before the baby clinic the practice nurse would call families, who were due to attend to check they could still attend and answer any queries. This resulted in higher attendance and utilisation of the appointments and those who could no longer attend were rearranged.

Cancer Indicators	Practice	SICBL average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	77.2%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	56.0%	57.2%	61.3%	N/A

Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	60.3%	59.1%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	45.5%	49.9%	55.4%	No statistical variation

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Any additional evidence or comments

- Cervical screening uptake was just below target. To try to improve uptake the practice had started to send out pink letters inviting patients for their cervical cancer screening, offering early evening appointments and made a noticeboard feature for cervical screening awareness week.
- In addition, the practice could refer patients to a local health centre cervical screening clinic on Saturdays to increase uptake.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

In July 2022, following guidance, the practice conducted an audit of all patients who were on a specific diuretic medicine to ensure they had been counselled about the risks of skin cancer when taking this medicine.

A small number of patients were identified where action was required and the practice contacted them. They then did another audit in October 2022. The reaudit identified that for some patients the risks had been discussed and changes made, but others remained on the medicine with no clear documentation as to why. For this reason the practice decided to regularly monitor patients on this medicine to ensure the risks are highlighted to them.

Any additional evidence or comments

- At the inspection in April there was limited monitoring of the outcomes of care and treatment. Since April 2022 the practice had completed two audits and re-audited one of the audits. The practice explained their future audit plans and that they used the CQC clinical searches to help them audit care and treatment.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At the inspection in April 2022 the practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles. At this inspection the practice had put in place a training matrix that monitored staff training completion. We reviewed staff files and found appraisals were completed. The practice had recruited new reception staff and had plans in place to train them to appropriately navigate patients and book the appropriate appointments for them. 	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial

The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Staff could refer patients to a social prescribing scheme in the area. The scheme identified community services to help with patients' needs. This was done through an online request form that all staff could use. 	

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. ¹	Yes

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people but negative about access to care and treatment.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgmental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The acting practice manager explained they spent time in the waiting room every week to gain feedback from patients about their experience. The practice was aware there were issues with patients waiting a long time on the phones. The practice had a contract in place with a new phone system company. The practice hoped the new system would create better access for patients and better monitoring of calls. 	

Patient feedback	
Source	Feedback
NHS Choices	There had been six reviews since April 2022. One was positive the rest were negative. There was a theme of poor access to appointments, long waits on the phones and the messaging system on the website being turned off.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice		SICBL 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 (01/01/2022 to 30/04/2022)	78.0%		85.7%	84.7%	No statistical variation
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	78.8%		84.5%	83.5%	No statistical variation

Indicator	Practice	SICBL average	England average	England comparison
treating them with care and concern (01/01/2022 to 30/04/2022)				
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 (01/01/2022 to 30/04/2022)	89.0%	92.8%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	70.0%	72.4%	72.4%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> The practice conducted a patient survey over four weeks between June and July 2022. Approximately 800 patients were sent the survey, of which 46 replied. The results of the survey showed that patients were unhappy with the service provided. The practice planned to repeat the survey in six months or after the new phone system was installed, whichever was sooner. The practice held their first virtual patient participation group (PPG) meeting in July 2022. The practice had plans to meet again in November.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their	91.7%	90.0%	89.9%	No statistical variation

Indicator	Practice	SICBL average	England average	England comparison
last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)				

	Y/N/Partial
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 about support groups was available on the practice website.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice website had links to charities and community groups that patients may go to for support. 	

Carers	Narrative
Percentage and number of carers identified.	4.04% or 386 registered carers at the practice.
How the practice supported carers (including young carers).	Carers were offered general health monitoring examinations and blood tests yearly.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The reception desk was located by the entrance to the building. People entering and leaving the building would pass by people at the reception desk and could hear conversations. However, the practice had put up a sign stating that patients could be spoken to in a private room if they wanted. There was a room to the side of reception that could be used for privacy if needed. 	

Responsive

Rating: Good

At the last inspection in April 2022 we rated the practice as requires improvement for providing **responsive** services because:

- People were not always able to access care and treatment in a timely way.
- Complaints were not investigated and there was no evidence that necessary and proportionate action was taken, or learning had taken place or was used to improve the quality of care.

At this inspection, on 25 October 2022 we found the required improvements had been made. We have rated the practice as good for providing **responsive** services:

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:00 – 18:30
Tuesday	8:00 – 18:30
Wednesday	8:00 – 18:30
Thursday	8:00 – 18:30
Friday	8:00 – 18:30
Appointments available:	
Monday	7:00 – 18:30
Tuesday	7:00 – 18:30
Wednesday	8:00 – 18:30
Thursday	8:00 – 18:30
Friday	7:00 – 18:30

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none">• Patients had a named GP who supported them in whatever setting they lived.

- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- All parents or guardians calling with concerns about a child under five were offered a same day appointment when necessary.
- The practice had appointments available from 7.00am on a Monday, Tuesday and Friday.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice had funding and plans to offer an international literacy program to children. Qualifying children would be registered for the service at their eight-week check.

Access to the service

People were not always able to access care and treatment in a timely way.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Partial
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Patients were able to book appointments through the website, in person, through a mobile phone application and on the phone. • The online appointment request form was available between 08.30 and 10.00 am Monday – Friday. • Text messages were being used to remind patients of their appointments. • Early GP morning clinics were available every day from 8.15am with clinics starting at 7am on Tuesday and Friday. The practice did not offer late appointments. • At the inspection in April 2022 47.6% of respondents to the GP patient survey responded positively regarding how easy it was to get through to someone at their GP practice on the phone. At this inspection this had dropped to 28.4%. This was lower than the England average and a negative variation. 	

- At the inspection in April 2022 62.6% of respondents to the GP patient survey responded positively to the overall experience of making an appointment at Monton Medical Centre. This was lower than both the England and local average. At this inspection this had dropped to 45.7%. Although lower than the averages, statistically there wasn't any variation.
- At the inspection in April 2022 67% of respondents to the GP patient survey were very satisfied or fairly satisfied with their GP practice appointment times. At this inspection this dropped to 53.7%, this was lower than the local average. Although lower than the averages, statistically there wasn't any variation.
- At the inspection in April 2022 76.7% of respondents to the GP patient survey were satisfied with the appointment (or appointments) they were offered. At this inspection this had dropped to 68.1%, this was lower than both the England and local average. Although lower than the averages, statistically there wasn't any variation.
- One of the partners conducted a piece of work to improve access for patients to the right healthcare professional. This piece of work aimed to improve uptake of appointments with other healthcare professionals who would be more appropriate than a GP. For example, a patient seeing a physiotherapist for a sore back or a pharmacist for medication reviews.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL 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 (01/01/2022 to 30/04/2022)	28.4%	N/A	52.7%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	45.7%	55.6%	56.2%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	53.7%	55.0%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	68.1%	69.9%	71.9%	No statistical variation

Any additional evidence or comments

- Since the inspection in April 2022 the practice had reviewed the phone system and found faults in the system. At this inspection the practice had a contract in place with a new phone company, the practice believed this would improve access on the phones by increasing the number of lines

into the practice and enabling better monitoring of calls. The practice had an installation date in November 2022 confirmed.

Source	Feedback
NHS Choices	There had been six reviews since April 2022. One was positive the rest were negative. There was a theme of poor access to appointments, long waits on the phones and the messaging system on the website being turned off.

Listening and learning from concerns and complaints

Complaints were listened to and used to improve the quality of care, but they were not always responded to in line with the practice policy.

Complaints	
Number of complaints received since April 2022.	40
Number of complaints we examined.	five
Number of complaints we examined that were satisfactorily handled in a timely way.	unclear
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> At the inspection in April 2022 not all complaints were recorded or responded to. At this inspection all complaints were being recorded and the majority were being investigated. The practice manager and/or GP spoke to patients directly and staff told us they had positive feedback from patients about this. However, the practice policy states that patients would have a written acknowledgement and a written response. Complaints were now an agenda item at each practice meeting. Complaints were recorded in patient's clinical records and meeting minutes did not include the discussion that took place about the complaint. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
A complaint was received through a social media website about difficulties contacting the practice and the patient was un-happy that online services were not fully operational.	The practice discussed this in the practice meeting and spoke to the patient. The practice explained the telephone situation and that they had plans to release online appointment booking soon.
A patient complained about the long wait times on the phone, confusion about an appointment and 111 letter regarding an appointment.	The practice discussed this in the practice meeting. They had tried to call the patient to discuss the complaint but had not managed to make contact. The practice told us they had now written to the patient but did not have a copy of the letter and this was not recorded on the complaint tracker.

Well-led

Rating: Good

At the last inspection in April 2022 we rated the practice as inadequate for providing **well-led** services because:

- There was not always effective leadership at all levels, for this reason, the practice had plans to recruit to leadership positions.
- The practice had a clear vision and strategy to provide high quality sustainable care, but it was not clear how this was monitored.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always have systems in place to continue to deliver services, respond to risk and meet patient's needs during the pandemic.
- The practice did not always act on appropriate and accurate information.
- The practice did not always involve the public and external partners to sustain high quality and sustainable care.
- There was little evidence of systems and processes for learning, continuous improvement and innovation.

At this inspection, on 25 October 2022 we found that the required improvements had been made. We rated the practice as good for providing **well led** services.

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:	
<ul style="list-style-type: none">• At the inspection in April the practice had plans to recruit more clinical staff and GPs, with a view to joining the partnership. They had recruited a salaried GP.• A partner at the practice had taken part in the general practice improvement leaders programme and the Senior General Practice Leadership Programme (CMI Level 7).• The nursing lead had taken part in the Care Leadership Programme.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At the last inspection the practice had a clear and realistic strategy called the learning and action plan, but there was no evidence that it was monitored and regularly reviewed. At this inspection the practice provided evidence that the learning and action plan was regularly reviewed and used as a working document to track progress. 	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At the inspection in April the recruitment records we reviewed did not contain evidence that staff had appraisals or one to one meetings. At this inspection these were in place. At the inspection in April it was not always documented in incident and complaint investigations that duty of candour had been considered, this was now in place in procedures/policies. 	

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

Source	Feedback
Staff Feedback Form	Monton Medical Centre is a nicer place to work. I enjoy my job, making sure patients are getting the best treatment and care.
Staff Feedback Form	Since the last inspection more structured processes and policies have been put in place. There is a better atmosphere in the medical centre now.

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
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> At the last inspection the overall governance arrangements were ineffective. Since the inspection in April the partners and other leads had taken on responsibilities within the practice. The partners and management consultant had created a new management structure which they were still recruiting to. At the last inspection evidence of compliance with the regulations including recruitment records, incident investigations and complaint investigations were not available. This was all in place at this inspection including an improved computer system that staff were able to use to access policies and procedures in a timely manner. 	

Managing risks, issues and performance

There were clear and 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 quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice had a risk assessment that identified seven risks and actions taken. The risks identified were; the phones, long waits for some services and the impact of GP workload, delays to prescriptions, access to GP and nurse appointments, delays with discharge information from hospitals, high turnover of staff and increased workload and demand from patients on wait lists. The learning and action plan developed by the practice detailed actions taken for the risks within the practice's control. Both documents were last reviewed in October 2022. Appraisals were in place at this inspection. The practice provided evidence of completed quality improvement work of which they planned to repeat. 	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was evidence that performance information was used to hold staff and management to account, within the appraisals, quality improvement work and the learning and action plan. 	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	

- At the last inspection only management attended the practice meetings. All staff were encouraged to attend the staff meetings at this inspection.
- The practice could evidence they had begun to build better relationships with the local pharmacy and primary care network (PCN).
- The practice held a virtual patient participation group meeting in July 2022 and conducted a patient survey to gain the views of those using the service. The acting practice manager also told us they spent time in the waiting room in order to talk to patients about their experiences.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • At the last inspection learning from incidents and complaints was not documented or shared in meetings. This was now documented, discussed and shared in meetings. We reviewed five complaints, they had been discussed in the practice meetings, however the full discussion had not been documented. • At the inspection in April the practice provided one complete audit. This inspection the practice provided two clinical audits and one non-clinical audit about access. The audits evidenced improvements made for patients. 	

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 practice's 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 no statistical variation, 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 no statistical variation 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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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 uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a SICBL average.
- 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). This indicator does not have a SICBL average and is scored against the national target of 80%.

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: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **QOF:** Quality and Outcomes Framework.
- **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.
- $\%$ = per thousand.