

# Care Quality Commission

## Inspection Evidence Table

### Denton Medical Practice (1-553779820)

Inspection date: 17 May 2018

Date of data download: 30 April 2018

## Safe

### Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They 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
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. 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
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current 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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: September 2015	Yes
There was a record of equipment calibration Date of last calibration: August 2017	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: May 2018	Yes
Actions were identified and completed.  New report conducted, outcomes not yet available	N/A
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: March 2018 – reviewed quarterly	Yes
Health and safety risk assessment and actions Date of last assessment: March 2018 – reviewed quarterly	Yes
Additional comments:  All policies, procedures and risk assessments had been reviewed since the new practice manager came into post.	

Infection control	Y/N
<p>Risk assessment and policy in place  Date of last infection control audit: December 2017  The provider acted on any issues identified</p> <p>Detail: The new practice nurse carried out a review of infection control policies and procedures in conjunction with the new practice manager and carried out an audit to ensure the practice were up to date with current guidance.</p>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

## Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	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 NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	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

## Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHSBSA)	0.77	1.05	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	8.3%	7.9%	8.9%	Comparable to other practices

Medicine 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 PGDS or PSDs).	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).  There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.  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. 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 GMC 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 The practice had a defibrillator Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	
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### 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.	17
Number of events that required action	14

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

Event	Specific action taken
Patient attended for ring pessary fitting with GP. Correct pessary size not available	<ul style="list-style-type: none"> <li>To put in place a clear recall system for all patients with ring pessaries, which will include size of ring required.</li> <li>Two admin staff to be able to monitor and update as necessary, to provide cross cover as necessary. They will be responsible for ensuring pessaries are then given to GP with whom the patient has an appointment with the EMIS (clinical system) number on it.</li> </ul>
Fridges checked in the morning and both vaccine fridges noted to be above the 2-8oC limit.	<ul style="list-style-type: none"> <li>GMSIT contacted and vaccines were quarantined.</li> <li>All manufacturers were contacted, informed and advice sought, on off label/license use. Unstable vaccines on the advice of the manufacturer were destroyed</li> <li>Patients were informed of the vaccine incident prior to administration and informed of the off-license use. Vaccines were then administered under a PSD rather than a PGD. Stock was rotated until all the affected vaccines had been used.</li> </ul>
Children Halloween flu party. Younger patients were invited to dress up in their best fancy dress costumes, and also to enter the design a pumpkin competition. A corner of the waiting room into a spooky area where they coloured in their pumpkins.	Promote the nasal flu and get the local community protected.

Safety Alerts	Y/N
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There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place:  A GP took the lead on monitoring, summarising and actioning alerts within the practice and details were shared during clinical meetings. An audit was completed to ensure action had been taken where appropriate.	



# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.57	1.11	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	85.9%	79.9%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.8% (57)	8.2%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	81.5%	79.2%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (14)	6.0%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QoF)	87.0%	81.4%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.5% (46)	11.3%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. <b>(01/04/2016 to 31/03/2017)</b> (QoF)	75.3%	76.0%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (8)	8.2%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	93.7%	90.2%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (7)	11.5%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QoF)	87.7%	82.6%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (23)	2.7%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. <b>(01/04/2016 to 31/03/2017)</b> (QoF)	94.0%	88.9%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.8% (20)	6.5%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	83	86	96.5%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	83	86	96.5%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	85	86	98.8%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	84	86	97.7%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	72.9%	73.3%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	68.7%	67.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	51.6%	54.2%	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)	92.6%	79.7%	71.2%	N/A

<b>Mental Health Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	93.8%	88.3%	90.3%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (2)	11.4%	12.5%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	91.3%	88.0%	90.7%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.0% (4)	9.0%	10.3%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	78.9%	82.1%	83.7%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6% (5)	6.0%	6.8%	

### Monitoring care and treatment

<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>
Overall QOF score (out of maximum 559)	559	541	539
Overall QOF exception reporting	4.2%	4.7%	5.7%

## Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, 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

## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	96.2%	95.2%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.0% (1)	0.4%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
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)	49.0%	50.6%	51.6%	Comparable to other practices

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	1
Number of CQC comments received which were positive about the service	1
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	Feedback on NHS choices was in the main positive Feedback from the Friends and Family test were positive and 89% of patients would recommend the practice.

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
7,539	313	4%	122	38.98%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	79.9%	75.4%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	87.1%	88.6%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	97.2%	95.0%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	84.6%	86.1%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	92.6%	93.6%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	93.0%	92.3%	90.7%	Comparable to other practices

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



## Involvement in decisions about care and treatment

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	84.6%	84.9%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	82.6%	81.6%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	92.7%	91.4%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	88.7%	86.8%	85.4%	Comparable to other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	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	The practice had identified (112) approximately 1.5% of patients as carers. The practice was looking to increase the number of carers registered.
How the practice supports carers	The practice proactively identified patients who were carers and all new patients were asked if they were a carer as part of the registration process. The practice's computer system alerted GPs if a patient was also a carer. We saw information for carers was readily available in the waiting area which was up to date and there was information on the practice website.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement a sympathy card would be sent and the GP best known to the family contacted them where appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We noted throughout the practice there was also information about a baby loss bereavement group displayed.

## 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	A private room was available if patients were distressed or wanted to discuss sensitive issues. Incoming phone calls were not taken at the reception desk and where staff needed to make contact with patients this was done wherever possible away from the reception desk.

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

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	07:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	07:00-18:30

Appointments available: The practice holds morning and afternoon surgeries which are a combination of pre-bookable and urgent on the day appointments. All urgent on the day appointments were triaged by the on call GP.

Extended hours opening: Tuesdays and Fridays from 7:00am - 8:00am for pre-booked appointments. Patients could access appointments with a GP, Nurse or HCA at a local seven day access hub evenings and weekends.

Home visits	
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	
<p>The practice had a system to assess:</p> <ul style="list-style-type: none"> <li>whether a home visit was clinically necessary; and</li> <li>the urgency of the need for medical attention.</li> </ul> <p>Home visits were automatically booked in for those who were known by the practice to be housebound or a clinician would telephone the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.</p>	

## 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 were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. <b>(01/01/2017 to 31/03/2017)</b>	78.4%	79.4%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" <b>(01/01/2017 to 31/03/2017)</b>	70.0%	68.8%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment <b>(01/01/2017 to 31/03/2017)</b>	77.4%	71.9%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment <b>(01/01/2017 to 31/03/2017)</b>	68.2%	68.9%	72.7%	Comparable to other practices

## Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i> )	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	14
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
We noted all complaints were appropriately investigated in a timely manner and learning shared with staff and the wider organisation where appropriate.	

# Well-led

## Leadership capacity and capability

### Vision and strategy

Practice Vision and values
<ul style="list-style-type: none"> <li>• Work together as a practice team and in partnership with our patients.</li> <li>• Involve families and carers in decision making by listening and supporting them.</li> <li>• Keep a motivated team who feel valued and supported by the GP Partnership.</li> <li>• Encourage the team to achieve the aims and objectives while meeting their own personal and professional goals.</li> <li>• Treat all patients and staff with dignity and respect in a safe and accessible environment.</li> <li>• Prevent ill health, improve wellbeing and provide services that improve local health outcomes.</li> <li>• Follow agreed care pathways and practice evidence based medicine to the highest standard.</li> <li>• To deliver value for money and be a financially sustainable Medical Practice.</li> </ul>

### Culture

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

Source	Feedback
Staff	Many staff had worked for the practice for a long period of time and although there had been changes within the management team staff felt supported and they worked well as a team. Speaking with new members of staff they were very positive about working within the practice and felt welcomed and already part of the team.
Staff	Staff reported that the morale within the team was high and that all staff worked together as a team and felt supported by managers.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	We were told staff felt supported and were able to report any problems to managers and they would have support, examples included support to manage difficult patients.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff	Open door policy – managers were always available should they be needed.

## Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Training	All staff had completed Equality and Diversity training.
LGBT award	The practice achieved a gold award from the LGBT foundation, Pride in Practice scheme.

## Examples of actions to improve quality in past 2 years

Area	Impact
Audit	The practice had an audit programme in place which including, clinical audits, referral audits and medication audits. We saw three examples of full cycle audits including management

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	There was a clear system in place for investigating, reviewing and learning from complaints and significant events. A RAG rating system was in place and both complaints and SEAs were standard agenda items for discussion. The practice manager monitored actions identified had been completed and reviewed.
Practice specific policies	There was a range of policies and procedures in place accessible to staff via the internal IT system. There was a system in place to review and update policies as required.
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

## Managing risks, issues and performance

Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes



## Appropriate and accurate information

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

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

### Examples of methods of engagement

	Method	Impact
Patients	Suggestion box Friends and Family survey. NHS Choices.	There are various ways a patient can input their thoughts about the practice which the practice then reviewed and developed an action plan to address any issues.
Public	PPG (Community health care champions)	The practice have initiated a new patients engagement scheme, Community health care champions in March 2018, with the aim of finding out what patients want, but also involving patients in health and wellbeing community initiative.
Staff	Meetings	Regular meetings were held with staff in which they could input into the agenda. Minutes of meetings were circulated to all staff.
External partners	Meetings	The practice meets with various external partners to input and engage in local developments, learning opportunities and improve outcomes for patients.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Training practice	The practice is looking to build as a training practice and offer placements for nurses.
Community health care champions	As a result of this new initiative, patients are working with the practice to secure funding to develop a gardening group.
Health promotion events	Following the success of the Denton Diabetes Diverters 100 Day Challenge, and children's flu parties the practice plan to continue looking at new health promotion activities.

## Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Lifestyle Advice in Obesity Audit	A retrospective audit looking at the management and follow up of patients who have been diagnosed with Obesity. Results from the second cycle showed 100% of patients having been given lifestyle/dietary advice.
Impaired Glucose Regulation Audit	<p>Audit looking at the management and follow up of patients who have been diagnosed with Impaired Glucose Regulation (IGR). As a result the practice used a risk score tool assess people at risk of diabetes and when a patient is then identified as high risk from the score they are offered the relevant blood tests, to enable an appropriate care and treatment plan to be developed.</p> <p>A patient information leaflet was also developed which provides information about IGR, including lifestyle and diet advice. The information also has a reminder about the importance of an annual blood test.</p>

### Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

#### Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

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

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>