

# Care Quality Commission

## Inspection Evidence Table

### Dalefield Surgery (1-552935755)

Inspection date: 12 June 2018

Date of data download: 29 May 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

\*The practice manager had been in post since February 2018 and did not have access to any files including policies and procedures from the previous management and had requested that the safeguarding team from the CCG assist with writing a policy for the practice. This ensured that it was up to date and followed current guidelines and included all up to date contact information.

\*\*The practice had changed its clinical system 6 days prior to the inspection and was in the process of building up the register. Vulnerable patients were coded appropriately and pop up alerts were used to bring details to the attention of staff.

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
The new practice manager had written a new recruitment policy ensuring that it followed current guidelines.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: December 2016	Yes
There was a record of equipment calibration Date of last calibration: December 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	Yes July 2015*
Actions were identified and completed.	Yes
Additional observations: *The building belonged to NHS Properties who contracted out for fire safety assessments and reviews. The present company responsible told the buildings manager that a full assessment need only be carried out every 3 years. However the buildings management carried out their own weekly check and recorded their findings.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	No
Health and safety risk assessment and actions Date of last assessment:	Yes May 2018
The premises and security were the responsibility of NHS Property Services who had not carried out a risk assessment.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail:</p> <p>One of the practice nurses was the infection control lead for the practice and ensured that all policies procedures were up to date with current guidance.</p>	<p>Yes</p> <p>April 2018</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

## 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)	1.26	1.14	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)	7.2%	7.7%	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).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	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 – This was on site and belonged to NHS properties. Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

### 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.	2
Number of events that required action	2

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

Event	Specific action taken
Blood samples had been sent to the pathology laboratory without the bottles being labelled and had not been processed.	The practice had held a meeting with all clinical staff to discuss this and remind them of the process. They informed the patients affected, apologised to them and asked them in to the surgery to take another sample.
A patient had died in a care home during the afternoon and the death had not been certified by one of the GPs. The out of hours service called at 8pm to ask why a GP from the practice had not attended.	Staff were told that upon notification of a death, particularly from a care home they should always ask if a GP is required.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The GPs and nurses would receive the safety alerts and a copy would be given to all other members of the clinical team. This was discussed at the inspection and the new practice manager agreed to register to receive the alerts also and to manage the process to ensure that any required actions had been carried out.</p>	

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.21	1.10	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)	83.1%	76.7%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.6% (66)	8.9%	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)	88.7%	76.4%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (22)	6.3%	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)	78.8%	74.8%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.8% (50)	11.7%	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)	80.2%	74.3%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (3)	5.6%	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)	94.1%	88.8%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (1)	7.3%	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)	88.6%	83.8%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (12)	3.1%	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)	98.3%	92.2%	88.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.7% (11)	6.0%	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)	73	76	96.1%	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)	72	76	94.7%	Met 90% Minimum (no variation)
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)	74	76	97.4%	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)	72.5%	72.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	73.5%	71.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	53.0%	52.0%	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)	84.0%	71.8%	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)	93.3%	89.1%	90.3%	Comparable to other practices
<b>QoF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (3)	7.6%	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)	95.6%	91.0%	90.7%	Comparable to other practices
<b>QoF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (3)	6.9%	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)	81.8%	90.4%	83.7%	Comparable to other practices
<b>QoF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.4% (3)	5.7%	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	530	539
Overall QoF exception reporting	4.3%	4.4%	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 and pharmacists.	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)	96.5%	94.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.1% (2)	0.6%	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)	50.0%	49.6%	51.6%	Comparable to other practices

## Description of how the practice monitors that consent is sought appropriately

The practice gained written consent for patients requesting travel vaccination and childhood immunisation. These were READ coded on the clinical system.

They monitored the process for seeking consent appropriately and undertook checks of patient records to ensure this was recorded in an accurate and consistent manner.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	15
Number of CQC comments received which were positive about the service	15
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
Comment cards	Really helpful and friendly staff. Good service. Understanding and caring.
NHS Choices	Can always get an appointment the same day. There was a 20 minute wait to get through on the phone. The doctors and the team are very good.

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
6,690	315	5%	117	37.14%

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)	88.4%	79.8%	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)	90.6%	89.0%	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)	95.3%	96.0%	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)	92.6%	86.0%	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)	92.1%	91.8%	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)	96.0%	91.2%	90.7%	Comparable to other practices

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes
Any additional evidence	
<p>The practice constantly reviewed its appointment system in response to patient feedback and made changes as appropriate.</p> <p>Changes to the letter sent out to patients who did not attend their appointment had been amended to make it more user friendly.</p>	

## 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)	91.1%	86.8%	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)	91.4%	83.6%	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)	97.1%	90.2%	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)	94.6%	86.4%	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	3% (181)
How the practice supports carers	<p>The practice had 2 members of staff who were the Carer Leads and ensured that carers were given relevant information and signposted to services available.</p> <p>A carers board was available the reception area with up to date information including “What’s On” events in the local area.</p> <p>With carers consent, they were registered with the wider Bolton Carers Team.</p> <p>All carers were offered an annual health check and at the time of the inspection 153 health checks had been carried out.</p>
How the practice supports recently bereaved patients	<p>A sympathy card was sent by the practice and the GP known to the family would phone the bereaved family and follow this up with an appointment or home visit whichever was most convenient to them. If it was recognised that further support was needed, this would be arranged or the family would be signposted to other services as they required.</p>

## 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	There was a private booth at the end of the reception desk or a room would be made available for anyone wishing for some privacy.

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

Source	Feedback
CQC comment cards	Patients said they felt their privacy and dignity was always respected during clinical consultations.

# Responsive

## Responding to and meeting people's needs

<b>Practice Opening Times</b>	
<b>Day</b>	<b>Time</b>
<b>Monday</b>	<b>08:00-20:00</b>
<b>Tuesday</b>	<b>07:30-18:30</b>
<b>Wednesday</b>	<b>08:00-18:30</b>
<b>Thursday</b>	<b>08:00-18:30</b>
<b>Friday</b>	<b>08:00-18:30</b>

<b>Appointments available</b>	
<b>Monday</b>	<b>08:00 – 12:30    14:20 – 19:30</b>
<b>Tuesday</b>	<b>07:30 – 11:40    14:30 – 15:10 telephone consultations follow</b>
<b>Wednesday</b>	<b>08:30 – 11:40    14:30 – 17:40</b>
<b>Thursday</b>	<b>08:00 – 11:40    13:50 – 17:10</b>
<b>Friday</b>	<b>08:00 – 11:40    14:30 – 17:40</b>
<b>Extended hours opening</b>	
<b>Monday</b>	Evening last appointment 19:30
<b>Tuesday</b>	Morning from 07:30

<b>Home visits</b>	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
<b>If yes, describe how this was done</b>	
Staff recorded requests for home visits on the clinical appointment system with as much information as possible about the reason for the request. The GP then triaged each request and the urgency of the request.	

## 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>	95.7%	84.3%	80.0%	Variation (positive)
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>	87.5%	78.0%	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>	84.9%	75.1%	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>	90.9%	76.0%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
CQC comment cards	Generally patients were happy with access to the service.

## 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.	3
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
<b>Additional comments:</b>	
<p>We noted all complaints were appropriately investigated in a timely manner and learning shared with staff and the wider organisation as appropriate.</p> <p>The practice recorded verbal complaints and comments.</p>	

# Well-led

## Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
<p>The practice had a clear mission statement which was shown on the practice website.</p> <p>We aim to provide a safe and clinically sound environment, where the immediate and urgent needs of individuals using the surgery is recognised, and suitably skilled staff are available to see and treat the users of this service. To ensure that we meet the needs and expectations of the patients we provide a culture of continuing learning and development.</p> <p>We are an equal opportunities employer. We operate an equal opportunities policy and expect staff to have a commitment to equal opportunities policies in relation to employment and service delivery.</p>

## Vision and strategy

Practice Vision and values
Staff told us that the practice were forward thinking. They said that they valued all patients and tried to work to their expectations.

## Culture

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

Source	Feedback
Staff	Staff told us that they enjoyed working at the practice and that they felt respected and supported by management.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Yes

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

Source	Example
Staff	Staff told us that the practice had an open door policy and they would approach management if they had any concerns.

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

Source	Example
Practice	All staff had received equality and diversity training.
Pride in Practice	The practice had been achieved Gold standard in the LGBT Pride in Practice.

Examples of actions to improve quality in past 2 years

Area	Impact
Bolton CCG	The practice was working towards the Bolton Quality Standards and could evidence an improvement in the quality of care.

Examples of service developments implemented in past 2 years

Development area	Impact
IT system	The practice had switched its clinical system six days prior to the inspection. This

### 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. The practice manager monitored that the actions identified had been completed and reviewed. The practice was going to review their criteria for reporting significant events due to the low number reported.
Practice specific policies	The new practice manager was in the process of writing new practice policies and made them available to all staff.
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	Practice own survey and Family and Friends, Suggestion box	Ongoing monitoring and assessment.
Staff	Meetings, one to ones, appraisals	The new practice manager had introduced a system of one to ones and appraisals. Staff told us that the management team were open to ideas and discussed plans for the practice in an open and transparent way.
External partners	CCG and other local practices in the neighbourhood	The practice had changed their clinical system along with other practices in the Bolton area in order to facilitate working together.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Pharmacist review	There is now a system for calling patients in to the practice for a medication review to ensure compliance by the patient.

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

Audit area	Impact
End of life audit	Patients were identified that should be on the Gold Standards Framework register.
Antibiotics	To ensure that the practice are working within the Bolton CCG antibiotic guidelines

### 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>