

Care Quality Commission

Inspection Evidence Table

Marybone Health Centre (1-4375609504)

Inspection date: 17 October 2018

Date of data download: 14 August 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data is for the ODS code noted above has been used to populate this Evidence Table. Sources are noted for each data item.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member(s) of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers: Systems and processes were in place to protect people from abuse, neglect, harassment and breaches of their dignity and respect. However, on the day of inspection we found policies and procedures for safeguarding had not been updated. These updated documents were sent to us immediately following the inspection.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: November 2017	Yes
There was a record of equipment calibration - There was no inventory of all equipment so for new equipment there was no evidence that it had been calibrated.	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 14 November 2017	Yes
Actions were identified and completed.	Yes
Additional observations: At the time of inspection, the air conditioning was broken. We were shown evidence that meetings had taken place about this and a plan of action was in place.	

Health and safety Premises/security risk assessment? Date of last assessment: November 2017	Yes
Health and safety risk assessment and actions Date of last assessment: November 2017	Yes
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: November 2017 The practice acted on any issues identified</p> <p>Detail: The result of the audit was the practice achieved 99.5% compliance. Issues raised related to some walls in consulting rooms had chipped paint and required maintenance. Plans were in place for this.</p>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

Any additional evidence
No.

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	0.65	0.99	0.95	Variation (positive)
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). (01/04/2017 to 31/03/2018) (NHSBSA)	6.4%	8.5%	8.8%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes

The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

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.	15
Number of events that required action	5

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

Event	Specific action taken
Unexpected death of patient	The practice undertakes an SEA for all expected and unexpected death of patients at and outside of the practice. This is reviewed in a clinical meetings and staff look to see if care and treatment could have had an impact on the death or patient experience.

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> <ul style="list-style-type: none"> • Patient safety incidents and reports are cascaded to staff via email centrally. Data is captured to show that the practice have received and reviewed each notification and a record was made of any actions needed to be taken. 	

Any additional evidence

Nil

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) (01/04/2017 to 31/03/2018) (NHSBSA)	0.99	1.17	0.84	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	82.9%	79.6%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.3% (22)	10.8%	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)	78.0%	79.8%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (9)	8.0%	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)	80.7%	83.6%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.2% (18)	11.0%	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, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	74.9%	75.8%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.7% (9)	8.0%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.6%	89.1%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.8% (7)	8.4%	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 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	84.7%	84.1%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.7% (13)	4.2%	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 (01/04/2016 to 31/03/2017) (QOF)	88.0%	88.3%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	7.5%	8.2%	
Any additional evidence or comments				

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	26	28	92.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	27	32	84.4%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	29	32	90.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	27	32	84.4%	Below 90% minimum (variation negative)
Any additional evidence or comments				
<p>Childhood immunisation uptake rates were below the target percentage of 90% or above. The practice was aware of this and a detailed action plan was put in place to improve this.</p>				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	58.4%	67.6%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	57.1%	62.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	46.7%	49.4%	54.5%	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)	66.7%	77.4%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	75.0%	44.8%	51.6%	Comparable with other practices
Any additional evidence or comments				
Cervical screening uptake rates were below the local and national achievement rates. The practice was aware of this and a detailed action plan was put in place to improve this.				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	90.0%	88.8%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (2)	5.9%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	90.0%	89.9%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (2)	4.4%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	84.5%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.3% (1)	5.3%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550	540	539
Overall QOF exception reporting (all domains)	7.3%	5.6%	5.7%

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 any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.2%	95.6%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (3)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>Systems were in place to support patients to give their consent and make decisions in line with legislation and guidance.</p> <p>The practice obtained consent to care and treatment in line with legislation and guidance. Systems were in place to randomly monitor patient records and whilst doing this monitor that patient consent had been sought when appropriate.</p>

Any additional evidence
Nil.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	30
Number of CQC comments received which were positive about the service	30
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	<p>100% of patients gave positive comments about the practice. reoccurring comments included:</p> <ul style="list-style-type: none">• The overall care etc and the medical centre is excellent• Always friendly smiling faces• Reception staff are very helpful• The quality of care at our practice is excellent• The car for my husband was second to non• GPs listen, care and always treat you with respect and dignity• Incredible dedication and professionalism• Fabulous always appointments available• I appreciate the quick response when I ask for an appointment• Very friendly atmosphere

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,058	383	43	11.23%	0.7%

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 (01/01/2017 to 31/03/2017)	81.5%	81.9%	78.9%	Comparable with 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 (01/01/2017 to 31/03/2017)	84.5%	90.6%	88.8%	Comparable with 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?" (01/01/2017 to 31/03/2017)	100.0%	96.1%	95.5%	Variation (positive)
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 (01/01/2017 to 31/03/2017)	69.0%	88.5%	85.5%	Variation (negative)
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 (01/01/2017 to 31/03/2017)	94.9%	92.0%	91.4%	Comparable with 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 (01/01/2017 to 31/03/2017)	94.9%	91.9%	90.7%	Comparable with other practices

Any additional evidence or comments

The practice had an action plan in place for the results of the GP national patient survey. Measures put into place by the practice to improve results included less use of locums and recruited permanent GPs for continuity.

The practice produced evidence that in the 2018 GP survey they had scored higher than the other practice across the CCG for every question.

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

Date of exercise	Summary of results
June/July 2017	The report showed positive results for patient access, professional and caring staff. Improvements were required for continuity of care with the same clinician

Any additional evidence
Nil

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients/PPG member CQC comment cards	<p>Feedback from patients either via comments cards or during the inspection was positive about how involved they felt in decision making.</p> <p>Patients told us that staff listened to them.</p> <p>Doctors and nurses gave them time and explained everything to them in an easy to understand manner.</p> <p>The PPG reported that clinical staff explained care, treatments and options well. They felt they were involved in their care and treatment.</p>

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 (01/01/2017 to 31/03/2017)	89.8%	89.2%	86.4%	Comparable with 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 (01/01/2017 to 31/03/2017)	71.2%	84.4%	82.0%	Comparable with 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 (01/01/2017 to 31/03/2017)	95.0%	91.6%	89.9%	Comparable with 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 (01/01/2017 to 31/03/2017)	95.9%	87.9%	85.4%	Variation (positive)
Any additional evidence or comments				
Nil				

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	There were 62 Carers on the practice register, which is 1% of the practice population.
How the practice supports carers	<p>The practice had long standing members of staff that were very familiar with patients and their families.</p> <p>There was evidence that staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment. This was confirmed to us by a patient who was also a carer. We saw examples of when staff had supported patients by calling them and their carers when a patient had been discharged from hospital.</p> <p>Patients told us they felt listened to and respected.</p> <p>The practice had a carer's notice board with relevant leaflets and information which was updated by a designated member of staff.</p>
How the practice supports recently bereaved patients	The practice had a death notification protocol. We were told that the practice would contact the family to see if support was needed.

Any additional evidence
Nil

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 larger waiting toom with open access to reception. The desk had a small window which blocked some of the conversation between patients and receptionists.

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

Examples of specific feedback received:

Source	Feedback
CQC patient comments cards	<p>Comments we received were:</p> <ul style="list-style-type: none"> • Always friendly smiling faces • Reception staff are very helpful • The car for my husband was second to non • GPs listen, care and always treat you with respect and dignity • Very friendly atmosphere

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am:6.30pm
Tuesday	8am:6.30pm
Wednesday	8am:6.30pm
Thursday	8am:6.30pm
Friday	8am:6.30pm

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Staff told us that home visit requests were logged by admin staff and reviewed by the GPs.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,058	383	43	11.23%	0.7%

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 practice opening hours (01/01/2017 to 31/03/2017)	87.3%	83.6%	80.0%	Comparable with 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?' (01/01/2017 to 31/03/2017)	97.2%	75.4%	70.9%	Variation (positive)
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 (01/01/2017 to 31/03/2017)	83.4%	75.7%	75.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	94.7%	76.8%	72.7%	Variation (positive)
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	<p>Comments we received included:</p> <ul style="list-style-type: none"> • Always friendly smiling faces • Reception staff are very helpful • Fabulous always appointments available • I appreciate the quick response when I ask for an appointment • Very friendly atmosphere

- | | |
|--|----------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none">• Patients said GPs listened to them and they did not feel hurried during consultation |
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Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	18
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<ul style="list-style-type: none"> • The complaint policy and procedures were in line with recognised guidance. • Staff we spoke with indicated the practice took complaints and concerns seriously and responded appropriately to improve the quality of care. • Some of the complaints information we viewed did not have an action plan to show that actions had been developed in response to the issues raised. • All complaints were discussed at team and governance meetings. 	

Example of how quality has improved in response to complaints
<p>All patient complaints were reviewed by the practice and the wider governance team at Brownlow Health. Actions taken by the practice when needed were monitored by Brownlow. An example of a complaint made was the following:</p> <ul style="list-style-type: none"> • After concerns raised about following up on patient scans and x-rays the practice introduced a 3-week code for results so nothing is overlooked and delayed results can be chased.

Any additional evidence
Nil.

Well-led

Leadership capacity and capability

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

Staff reported to us they felt that the merge with Brownlow Health had given them confidence that the management team had the skills, knowledge, experience and integrity to develop the practice. They told us they felt listened to and they felt supported through the changes that were required to merge the systems and processes.

Senior managers told us they were available but they had a 'hands off' approach to support the practice to enable staff to develop.

There were clear action plans and monitoring systems by Brownlow Health to support the management team at Marybone Health Centre. New staff roles had been developed to strengthen the management team at the practice.

Any additional evidence

Nil.

Vision and strategy

Practice Vision and values

The provider (Brownlow Health) and the practice had a clear vision and a set of values, with quality and sustainability as the top priorities. We saw strategies and planning documents to show how the organisation could achieve this. Staff we spoke with knew and understood what the vision, values and strategy were and how this would impact on patient care at this practice.

Culture

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

There was an open and transparent culture demonstrated during the inspection. The culture was centred on the needs and experience of people who use services. For example, the support given to newly arrive students with diabetes.

Staff told us they felt positive and proud to work in the organisation. They were aware of how to raise concerns if needed and they would do so without fear of recrimination.

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

Source	Feedback
Staff interviews and patient comments cards	<p>Staff told us the practice was a good place to work. They told us they felt supported by the new provider and they had been supported when personal circumstances required this. We heard that staff were caring and everyone working here cared about each other.</p> <p>Training and support within the practice was good. The practice had an open culture and staff told us they would not be concerned to raise concerns and issues.</p> <p>Staff told us they were treated as a respected member of the team.</p>
Staff records	Staff were offered an annual appraisal to assess learning needs and were given protected time to undertake training.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	There was a mix of central and corporate policies and procedures in place. At the time of inspection some of these required updating and merging. The practice was aware of this.
Other examples	<p>The practice was part of a larger organisation and governance and risk management processes were universal across each of the other practices registered. The provider had a board of directors, a senior management team and a management structure across each practice providing different layers of leadership and support. Staff we spoke with could describe the systems in place for reporting incidents, responding to complaints and how performance was monitored.</p> <p>There were effective structures, processes and systems of accountability to support the practice. Newly developed monitoring systems were in place and required time to embed. At the time of inspection, the management team at the practice were clear about their roles and what they were accountable for. All staff expressed the view that they felt more supported since the merger of Brownlow Health. At the time of inspection, the practice required further support to put in place actions plans when patient complaints and incidents were reported.</p> <p>Regular meetings took place for all staff levels. Staff told us they were encouraged to take time out to work together to resolve problems and to review individual and team objectives, processes and performance. Nurses attended updating and training events across the organisation to give them the opportunity to share learning and improve practice through supervision and benchmarking.</p>

	Y/N
Staff could describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Infection control	Infection control audits undertaken annually.
Environmental risk assessments	Environmental risk assessments undertaken annually.

Any additional evidence
<ul style="list-style-type: none"> • The provider had established a quality and risk framework and committee to oversee how this was managed across each practice. • We looked at minutes of these meetings and found that measures of performance were monitored and honest and open reporting was taking place and reviewed. • Centralised teams were monitoring the practice to ensure key performance indicators and targets were met and communications were taking place when actions were required for improvements.

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback		
Patients	Survey/friends and family test / Healthwatch	Responses monitored by management team.
Staff	Staff annual appraisals, regular staff meetings.	Staff suggestions are regularly discussed and implemented where appropriate. Appropriate training identified by staff has been provided.
External partners	Clinical commissioning group, Neighbourhood meetings/.	The practice met regularly with the CCG at regular intervals. The clinicians all attended neighbourhood meetings with external partners across the CCG.
PPG	PPG	The practice held regular meetings with a newly formed PPG. The member we spoke with spoke positively about staff engagement for this process and how their views and experiences were valued.

Any additional evidence
Nil

Continuous improvement and innovation

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

Audit area	Improvement
Secondary care referral audit	The audit was undertaken to identify the number of inappropriate referrals to secondary care with a view to reducing this number in the future. Results were discussed in detail and changes made to the referral process in line with best practice and addressing issues raised in some of the audit

	findings.
Snapshot audit of the practice lists for long term conditions	Results showed that lists were not valid and appropriate actions were taken. The nurse reviewed all the patient long term lists and reviewed each of the records disease codes. A summarising plan was developed and a improved recalling process was established.

Any additional evidence
Nil

DO NOT DELETE THE NOTES BELOW

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.

- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).