

Care Quality Commission

Inspection Evidence Table

Firdale Medical Centre (1-551647415)

Inspection date: 12 March 2019

Date of data download: 06 March 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	N/A
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Partial
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<p>The safeguarding policies had been reviewed and updated. The procedures contained details about and included links to external organisations for further guidance on safeguarding concerns such as modern slavery, Prevent (support to people at risk of joining extremist groups and carrying out terrorist activities), child sexual exploitation and female genital mutilation (FGM).</p>	
<p>There was a safeguarding lead and a safeguarding administrator. Monthly meetings were held between the safeguarding team and the Starting Well Team Health Visitor. The safeguarding team attended regular workshops delivered by the CCG's safeguarding lead GP. All safeguarding cases were discussed at weekly clinical meetings. The practice team had also received training in recognising and responding to domestic abuse.</p>	
<p>We found that overall alerts were in place for vulnerable adults and children, however, alerts concerning domestic abuse were not available to staff booking appointments. Following the inspection, the provider told us how this had been addressed.</p>	

Recruitment systems	Y/N/Partial
<p>Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).</p>	Partial
<p>Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.</p>	Y
<p>There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.</p>	Y
<p>Staff had any necessary medical indemnity insurance.</p>	Y
<p>Explanation of any answers and additional evidence:</p> <p>We looked at a sample of two recruitment files of staff employed since the last inspection. This indicated that all the required information had been obtained.</p> <p>An in-house counselling service was provided at the practice and had been provided for a number of years. The practice had contracted two counsellors to work on a self-employed basis. We saw that overall the required information was available such as evidence of indemnity insurance, DBS checks and professional qualifications. However, evidence of identity had not been retained. This was addressed following the inspection and the provider also told us that they had updated their recruitment procedures.</p> <p>We reviewed a sample of five staff files which demonstrated vaccination checks, checks of registration of clinical staff with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) were taking place and that staff had liability insurance.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 18/04/2018	Y
There was a record of equipment calibration. Date of last calibration: 18/04/2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 17/09/2018 – annual maintenance	Y
There was a log of fire drills. Date of last drill: July 2018 and 05/03/2019	Y
There was a record of fire alarm checks. Date of last check: 28/02/2019	Y
There was a record of fire training for staff. Date of last training: Various	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 27/03/2015	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	
The fire risk assessment was completed in 2015, all actions had been completed and the assessment had been subject to an annual review to ensure compliance. A new risk assessment was scheduled to be completed in the next 12 months. The practice demonstrated that the fire systems were serviced and that there was a system to carry out in-house checks.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 11/02/2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 01/03/2019	Y
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 17/05/2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The practice carried out annual audits of infection control and produced an action plan to address any shortfalls identified. The last audit was carried out by the Infection Prevention and Control Team (CCG). The practice was 95% compliant. A system was in place to record daily cleaning checks of treatment rooms and equipment. Hand hygiene and clinical waste audits had also been completed in the last 12 months.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
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.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	

Sepsis identification flow charts were in all clinical rooms and in the reception area. In-house training had been provided in identifying patients with possible sepsis and the action to take.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y
Explanation of any answers and additional evidence: There was a robust system in place to manage two week wait referrals.	

Appropriate and safe use of medicines

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

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) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.76	0.89	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	8.2%	6.8%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	5.24	5.17	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	1.53	1.97	2.22	No statistical variation

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

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Blank prescriptions were kept in printer trays overnight in rooms that were lockable. Following the inspection, we were informed that to increase the security of blank prescriptions these were removed from the printers when the practice closed and locked away. A new protocol was in place to support this and daily monitoring was taking place to ensure staff followed this procedure. There was a system to manage uncollected prescriptions however, this was not documented. Following the inspection, we were provided with an updated prescription management protocol which demonstrated how uncollected prescriptions would be reviewed at clinical meetings. The changes to prescription management were discussed in the weekly clinical meeting. Minutes of these were sent to all staff. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	15
Number of events that required action:	15
Explanation of any answers and additional evidence:	
<p>Staff spoken with knew how to report an incident. They were confident it would be dealt with appropriately and the outcome communicated. Significant events were discussed at weekly clinical meetings which were recorded and sent to all practice staff. We looked at a sample of these minutes and found they provided clear information on the learning and actions taken/to be taken. We found that the over-arching spreadsheet did not list all the significant events recorded at the practice. This should be put in place to allow the practice to monitor the progress of significant event actions and identify patterns and trends more easily. We looked at a sample of significant event recording forms and found they documented any learning and action to be taken.</p>	

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

Event	Specific action taken
Delayed two-week wait referral.	This was discussed at a clinical meeting. The two week wait referral process was reviewed. The induction pack and information provided to clinicians revised. An audit of two week wait referrals was introduced.
An injection was given too early	This was discussed at a clinical meeting. Reception staff were provided with further guidance and training about this specific medication and when appointments could be booked.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	

There was a clear system in place for notifying staff about safety alerts. We looked at a sample of safety alerts and discussed the action taken with the clinicians. A record listing each alert and the action taken would make it easier to review this information.

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

Prescribing	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) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.67	0.51	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice followed up on older patients discharged from hospital.
- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty and a system was in place to assess their physical, mental and social needs.
- The practice worked closely with complex care practitioners and community matrons. These professionals were invited to attend the weekly clinical meetings attended by all GPs and the practice lead nurse to discuss any patients of concern.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Clinicians visited a local nursing home once a week to review patient health and respond to any concerns identified. All new care home patients had an initial assessment and a care plan put in place. Six monthly reviews were carried out for these patients.
- The practice had access to two community intervention beds (based in a community hospital) which meant patients could be supported in the community rather than go to hospital. The practice

visited and reviewed the needs of these patients.

People with long-term conditions

Population group rating: Good

Findings

- There were systems in place to enable patients with long-term conditions to have an annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice now provided a FeNO testing service, assisting clinicians with the diagnosis and management of asthma patients.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions. The practice had developed a register of patients with pre-diabetes with a recall system in place for these patients to attend an annual review.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- The practice had reviewed patients who were prescribed high dose opiates alongside the practice's musculoskeletal practitioner providing alternative ways to manage patients chronic pain

Diabetes Indicators	Practice	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 (01/04/2017 to 31/03/2018) (QOF)	88.5%	82.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	23.8% (114)	18.7%	13.2%	N/A
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 (01/04/2017 to 31/03/2018) (QOF)	87.8%	82.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.0% (29)	12.3%	9.8%	N/A

	Practice	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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	79.9%	78.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	16.0% (77)	20.1%	13.5%	N/A

Other long-term conditions	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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	76.9%	73.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.8% (10)	12.3%	7.7%	N/A
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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.9%	88.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.9% (3)	18.3%	11.5%	N/A

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 (01/04/2017 to 31/03/2018) (QOF)	86.1%	83.3%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.4% (18)	5.5%	4.2%	N/A
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 (01/04/2017 to 31/03/2018) (QOF)	89.2%	89.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.2% (14)	6.3%	6.7%	N/A

Any additional evidence or comments

The provider told us that they monitored the exception reporting rates. There was a clear protocol in place to ensure that engagement with patients took place as much as possible before they were exception reported to ensure patients were offered appropriate care and treatment. Unverified data from QOF (2018/2019) indicated that improvements had been made to exception reporting for diabetes care and treatment.

Families, children and young people

Population group rating: Good

Findings

- The practice offered weekly contraception clinics. Postnatal follow-up and six weekly baby health checks. For the past nine years the practice had continued to have the highest uptake of chlamydia screening in the CCG.
- The practice told us they had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and liaised with health visitors when necessary.

Child Immunisation	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) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	100	102	98.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	94	99	94.9%	Met 90% minimum (no variation)
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) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	74	99	93.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	96	99	97.0%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

- Childhood immunisation uptake rates were overall in line with the World Health Organisation (WHO) targets. They significantly fell below the target rate in one area. The practice identified that their achievement was higher in this area than indicated in the NHS England data and they had taken action to address this. They had been advised by NHS England that this was a coding error due to a change in computer system.
- The lead nurse told us how they reviewed immunisation rates and took action to ensure that the target rates were reached for immunisations by offering opportunistic screening, flexible appointment times and contacting the health visiting service when appointments were missed to encourage attendance.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.

- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. They could also view medical records. Telephone consultations were offered.
- The practice offered extended hours appointments every Wednesday morning from 7am with the GPs, Practice Nurse and musculoskeletal practitioner.

Cancer Indicators	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) (01/04/2017 to 31/03/2018) (Public Health England)	80.7%	75.7%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	71.2%	71.5%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	57.5%	56.1%	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. (01/04/2017 to 31/03/2018) (PHE)	77.4%	65.3%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	51.3%	51.5%	51.9%	No statistical variation

Any additional evidence or comments

- The practice's uptake for cervical screening was 81%, which was above the CCG and national average. To increase coverage of cervical screening the practice offered flexible appointments, opportunistic screening and a system was in place for a clinical member of staff to telephone patients not responding to cervical screening recalls.
- The practice's uptake for breast and bowel cancer screening whilst in-line with local and national averages was low.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held meetings and communicated with health and social care professionals to ensure that the care of vulnerable patients, such as those receiving end of life care was delivered in a coordinated and planned way.
- The practice held a register of patients with a learning disability and offered annual health checks to these patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- Alerts were placed on the records of patients who needed additional support, for example, if they had a learning disability or needed an interpreter service.
- Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health an annual health check and a medication review.
- In addition, the practice had set up a weekly mental health clinic for patients newly diagnosed with poor mental health or those who required close follow up. Patients were seen in an extended 20-minute appointment with a GP.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The practice had the highest prevalence rate for dementia in the CCG. Patients were contacted to attend for a dementia review by telephone and also by letter and where appropriate by liaising with relatives/carers as a safety net.
- The practices performance on quality indicators for mental health were overall in line with local and national averages.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

Mental Health Indicators	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 (01/04/2017 to 31/03/2018) (QOF)	95.5%	92.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	6.4% (3)	18.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.2%	92.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.4% (3)	14.6%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	77.3%	81.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.6% (2)	6.3%	6.6%	N/A

Any additional evidence or comments

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	557.1	552.0	537.5
Overall QOF exception reporting (all domains)	4.7%	7.1%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of quality improvement and used information about care and treatment to make improvements.	Y

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

past two years

- An initial audit to monitor the postnatal and follow up care of patients who had a previous diagnosis of gestational diabetes showed that improvements were needed to the coding of patients to organize the appropriate follow up and testing. A re-audit identified an improvement in that patients were appropriately coded and annual monitoring was helping to detect patients who may go on to become diabetic/pre-diabetic.
- The practice was implementing The Macmillan Cancer toolkit looking at diagnosing and managing cancer. This involved a number of quality improvement activities from which there were a number of outcomes and changes made. One of the quality improvement changes implemented had been introducing a safety netting template which was a useful tool for diary management of repeat tests. The provider told us that the CCG cancer lead fed back the work undertaken and systems introduced to the CCG.
- An audit of records was carried out to see if clinicians were recording who accompanied children under 16 to consultations. This identified improvements were needed. A template was developed to capture this information. A re-audit identified a slight improvement in recording. Problems were identified with the use of the recording tool. This had been addressed and a further audit was planned.
- An audit of patient deaths was carried out which identified that 93% of patients died in their preferred place.
- Audits in the last 2 years also included audits of gastro-oesophageal reflux disease in children and urinary tract infections in children and males.
- The practice was also undertaking quality monitoring work around appropriate prescribing. For example, looking at opiate prescribing and undertaking polypharmacy reviews.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	
<p>The provider had a training in plan in place for both clinical and non-clinical staff. Learning events were regularly held.</p> <p>A system was in place for GP registrars to access support. A nominated GP was available for each session the GP registrars worked. The registrars were also supported by the daily meeting held at the practice between 9.30am and 9.50am which looked at complex patients, referrals and reviews.</p> <p>The salaried GP had an external appraisal but had not had an in-house appraisal in the last 12 months. The practice manager told us a system was in place for this and a annual appraisal of the salaried GP would be scheduled for the next 12 month period.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y

Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	

Smoking 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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.7%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (4)	0.7%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence:	
Clinicians told us how they supported patients to make decisions. Where appropriate, they told us they assessed and recorded a patient's mental capacity to make a decision.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was overall positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	6
Number of CQC comments received which were positive about the service.	3
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Positive comments indicated that reception staff were helpful, that patients were happy with the service and that the GPs were well informed and caring. The mixed comments concerned difficulty in getting an appointment and continuity of GPs.
Healthwatch	Healthwatch had received feedback from 13 patients over the last 12 months which had been shared with the practice. Seven comments were positive and indicated patients could get an appointment when they needed one, clinicians were good at giving information, they got good support, health reviews were regular and referrals for support had been appropriately made. Two comments were positive but indicated the service provided by reception staff could be improved and the services offered to carers could be made clearer. Four responses were negative with comments concerning diagnosis, referral and access.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9048	234	103	44%	1.14%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	91.7%	87.6%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	88.6%	86.9%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	94.6%	94.1%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	83.5%	82.9%	83.8%	No statistical variation

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

Any additional evidence
A survey had not been completed within the last 18 months. A plan was in place to seek patient views about the changes to the appointment system that had been made.

The practice was currently seeking patient feedback on behalf of the Clinical Commissioning Group (CCG) about the extended hours service and the service provided by the muscular-skeletal practitioner. A suggestion box was in reception which was regularly checked for any feedback.

Involvement in decisions about care and treatment

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

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

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	96.0%	93.6%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	On request
Information about support groups was available on the practice website.	Partial
Explanation of any answers and additional evidence: The website was in the process of being updated and a plan was in place to add additional information. The practice also had access to the new Carehub (information developed by a number of health and social care services) which allowed a range of information, including information about community resources to be given to patients.	

Carers	Narrative
Percentage and number of	

carers identified.	375 (4.1%)
How the practice supported carers.	There was a carer's lead who identified carers and provided them with relevant information about GP and local services. Representatives from the Cheshire Carers Association visited the practice to advertise their services. There was a carer's information notice board in the waiting area. A carers register was maintained. Alerts were placed on carers records so they could be offered appropriate support. For example, offered a flu vaccination.
How the practice supported recently bereaved patients.	Bereaved relatives had contact from the most appropriate member of staff soon after bereavement and an appointment was offered. There were counselling services which the GPs and nursing staff were able to refer patients on to.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

At this inspection the practice was rated as requires improvement for providing a responsive service. The population groups were also rated as requires improvement. This was because the provider had not demonstrated that there had been an improvement to patients' experiences of access to the service as indicated in the National GP Patient Survey.

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice monitored access and patient feedback regarding this and adjusted the services provided to better meet the needs of patients. The practice had altered the services it offered to meet the needs of patients. There was an appointment system to prevent child health emergencies. Unwell children were seen in the morning and if the GP decided the child needed to be seen again in the afternoon an appointment was factored in. As a consequence of long waiting times for Improving Access to Psychological Therapies (IAPT) support for patients and in response to a significant event, the practice had created a specific mental health longer appointment time with a GP to provide a more in-depth consultation. Acute appointments were also available weekly with the in-house counselling team. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	7am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Appointments available:	
Monday	8.30am – 6pm
Tuesday	8.30am – 6pm
Wednesday	7am – 6pm
Thursday	8.30am – 6pm
Friday	8.30am – 6pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9048	234	103	44%	1.14%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	94.5%	94.1%	94.8%	No statistical variation

Older people

Population group rating: Requires Improvement

Findings
<p>The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.</p> <p>Clinicians visited a local nursing home once a week to review patient health and respond to any concerns identified. All new care home patients had an initial assessment and a care plan put in place. Six monthly reviews were carried out for these patients.</p> <p>Firdale had organised and led the Nursing Home Mentorship meetings over the last 12 months with a number of different specialists delivering education to staff on a variety of topics. The practice mentored care home staff to help improve communication and skills regarding patient care.</p>

People with long-term conditions

Population group rating: Requires Improvement

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment where possible. The practice liaised regularly with the local district nursing team and community matrons to discuss

and manage the needs of patients with complex medical issues.

- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice had reviewed patients who were prescribed high dose opiates alongside the practice's musculoskeletal practitioner providing alternative ways to manage patients chronic pain.

Families, children and young people

Population group rating: Requires Improvement

Findings

- We were informed that the practice had systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment with the nurse prescriber or on-call GP. The on-call GP had review appointments available in the afternoon session. These were for patients who had been seen earlier in the day, including children, as a safety net to assess their condition and reduce unnecessary admissions.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. They could also view medical records. Telephone consultations were offered. The practice offered extended hours appointments every Wednesday morning from 7am with the GPs, practice nurse and musculoskeletal practitioner.
- The practice publicised self-care and directed patients with minor ailments to a pharmacy.
- An extended hours service provided by a hub of local GP practices provided evening and weekend appointments to patients unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The register was used to offer patients with a learning disability an annual health check to see the practice nurse and GP in an extended appointment. The GP and lead nurse had received training on providing health checks to patients with a learning disability. The practice told us that they had completed 100% of health checks in the last 12 months.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. The practice was recognised as an autism friendly practice with all staff having received training in this area. An alert had been added to the records of patients with a learning disability or autism which acted as a prompt for staff to make adjustments to the service when required.
- The practice referred patients to appropriate services such as drug and alcohol support, domestic abuse services, counselling services and to services for support with finances and employment issues.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- A counselling service was provided by the practice (self-employed counsellors) which clinical staff could refer patients to. This ensured local access and shorter waiting times for this service.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	64.0%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	53.7%	67.6%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	49.7%	64.7%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	73.3%	75.3%	74.4%	No statistical variation

Any additional evidence or comments

The National GP Patient Survey indicated that patient satisfaction was below the England average for getting through to the practice by telephone and below the CCG and England averages for experience of making an appointment and satisfaction with opening times.

The practice had reviewed patient feedback from the National GP Patient Survey and had produced an action plan. They had reviewed the appointment system and as a result they had implemented a new, simpler, appointments system, which provided more appointments to be booked on the day, as well as appointments to be booked seven days ahead. This also included more appointments to be booked on-line. They had introduced a new telephone system in April 2018. The practice had introduced a text messaging service to communicate reminders of appointments and information to patients. South

Cheshire and Vale Royal GPs were also now offering extended hours appointments at selected practices in the evening and at the weekend (GP hub). However, the practice had not taken action to demonstrate that patient satisfaction with access had improved, for example by undertaking a patient survey. Following the inspection we were informed that a quality improvement survey would be undertaken in 3-4 months time to assess the impact of the changes made and to plan for further changes if needed.

Customer Care training, which included conflict resolution had been provided to the reception staff in October 2018. The practice had also reviewed how it signposted patients to other services and reception staff had also completed care navigation training, ensuring patients were directed to appropriate clinicians/resources to ensure that patients received the right service in a timely manner.

The practice continued to offer a sit and wait clinic. Patients were triaged by the practice nurse and were provided with an appointment with a clinician. Telephone consultations were provided. The nurse prescriber provided a minor illness clinic. Home visits were undertaken and the practice could also use the community rapid response team who undertook a small number of home visits on behalf of the practice.

The Patient Participation Group was planning to review patient satisfaction with access to ascertain the impact of the changes made.

Source	Feedback
Comment cards	Positive comments indicated that reception staff were helpful, that patients were happy with the service and that the GPs were well informed and caring. The mixed comments concerned difficulty in getting an appointment and continuity of GPs.
Healthwatch	Healthwatch had received feedback from 13 patients over the last 12 months which had been shared with the practice. Seven comments were positive and indicated patients could get an appointment when they needed one, clinicians were good at giving information, they got good support, health reviews were regular and referrals for support had been appropriately made. Two comments were positive but indicated the service provided by reception staff could be improved and the services offered to carers could be made clearer. Four responses were negative with comments concerning diagnosis, referral and access.

Listening and learning from concerns and complaints

Improvements were needed to show that all complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	14
Number of written 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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The complaint policy and procedures were in line with recognised guidance. • We reviewed a sample of written complaints which had the investigation and outcome recorded. • The practice kept a log of verbal complaints. These records did not always record the investigation and learning. Following the inspection, we were informed that verbal complaints had been written up from the spreadsheet viewed to retrospectively mirror the procedures already in place for written complaints. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Short use date on medication.	Smaller amounts to be issued more frequently to prevent this happening.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The staff spoken with felt able to approach the GP partners and the non-clinical management team. A leadership development and succession plan were in place. There was a managerial structure in place to ensure that managerial tasks and oversight was shared. Staff were clear about their roles and responsibilities and there were clear lines of accountability.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> • Staff stated they felt supported and valued. • Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. • They told us there was good communication between all staff.

Governance arrangements

Overall, there were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Staff had responsibility for different areas. For example, there was a lead member of staff who monitored the quality indicators, lead for safeguarding, medicines management, carers and complaints. There was also a management team with responsibilities for different areas.</p> <p>The practice held a range of meetings. There was a monthly meeting of all partners and the practice manager, a monthly meeting for all practice staff which often incorporated learning events. A weekly clinical meeting was held which included all GPs and the lead nurse and practice manager. All issues that had an impact on the running of the service were discussed at these meetings including significant</p>	

events and complaints. A record was made and distributed to the staff team. The nurses had opportunities to meet on a regular basis, however these meetings had been informal until recently when a meeting structure and forward plan had been put in place.

A system was in place for GP registrars to access support. A nominated GP was available for each session the GP registrars worked. The registrars were also supported by the daily meeting held at the practice between 9.30am and 9.50am which looked at complex patients, referrals and reviews.

The practice had two self-employed counsellors which it could refer patients to. The GPs described the remit for these referrals and a flow chart was in place, however a procedure was not recorded for all staff to follow to ensure that appropriate referrals were made. There was a verbal agreement between the patient and counsellor which identified who would have access to the consultation notes made by the counsellor. A written agreement outlining this was not in place. Following the inspection, we were informed that a written agreement had been developed which detailed who had access to counselling records which was required to be signed by patients.

Managing risks, issues and performance

Overall there were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<p>Written complaints were responded to, action taken and learning discussed. Verbal complaints were not managed in the same way and did not record the investigation and learning. Following the inspection we were informed that verbal complaints had been written up from the spreadsheet viewed to retrospectively mirror the procedures already in place for written complaints.</p> <p>Overall, significant events were appropriately managed. We found that two had not been recorded on the spreadsheet that acted as a way of overseeing these events, actions taken and identifying any patterns and trends.</p>	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice sought patient feedback by utilising the NHS Friends and Family test (FFT). The FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Patients at the practice were able to feedback by on-line message or written comments. The practice manager reviewed the comments to identify areas for improvement. Results from September 2018 to February 2019 showed there had been five hundred and forty-five responses completed and four hundred and ninety four (91%) of the respondents were either extremely likely or likely to recommend the practice. The practice used a range of resources to obtain feedback from patients, including My GP, Friends and Family test (FFT) and patient satisfaction questionnaires. The practice had identified that a frequent theme from patient feedback was the challenge that patients were finding with the appointment system, they commented on the confusing nature of when appointments became available and said they had difficulty obtaining a non-urgent/routine appointment. In response to this the practice undertook a review of the appointments system, involving the clinical team and representatives from the reception team. Following this review, the practice agreed and implemented a new, simpler, appointments system, which provided more appointments to be booked on the day, as well as appointments to be booked seven days ahead. This also included more appointments to be booked on-line. The practice planned to undertake a patient survey of the revised appointment system. 	

Feedback from Patient Participation Group.

Feedback
We met with one member from the Patient Participation Group (PPG) and received a letter from another member. They told us that they were kept informed about changes at the practice, asked their opinion and felt listened to. They said that changes had been made at the practice as a result of their feedback. For example, improvements were made to the car park, the telephone system had been improved and cards with contact telephone numbers for different services at the practice had been printed and made available for patients.

The PPG assisted the practice to help the flu clinics run smoothly, carried out surveys and were looking at working with the local community to support the practice.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

- Staff told us how they were supported to undertake additional training to support and develop their roles.
- The practice provided a FeNO testing service in accordance with NICE guidelines and recommendations. This assisted clinicians with the diagnosis and management of asthma patients.
- The practice was involved in pilots to improve patient care. For example, they were planning to pilot a computerised heart monitoring system that sent information directly to a hospital consultant.
- A muscular-skeletal practitioner was based at the practice two days per week. Patients could be referred to them directly which freed up GP appointments.
- The practice had introduced software to improve services for patients. For example, Patient Chase to improve call and recall systems.
- Firdale had organised and led the Nursing Home Mentorship meetings over the last 12 months. They had arranged information giving events which were attended by nursing home staff and staff from local GP practices. The practice mentored care home staff to help improve communication and skills regarding patient care.
- The practice was part of a primary care network and attended monthly meetings to look at the provision of primary care and community services. For example, the primary care network had been successful in setting up the Northwich Leg Club to enable patients with leg ulcers to attend a community dressing clinic to gain medical care, social support and prevent isolation.



Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
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.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG 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:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.