

# CQC Inspection 6 July 2016

## Sharrow Lane Medical Centre

On 6<sup>th</sup> July 2016 the Care Quality Commission inspected Sharrow Lane Medical Centre and we were given an overall rating of “Requires Improvement”.

We are in the process of appealing against this decision and strongly contest some of the comments in the report, which we believe are factually incorrect. These comments have resulted in a rating of “requires Improvement” which we believe does not represent a fair assessment of our Practice.

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There were three areas which required action to meet CQC essential standards and these are set out below together with our response:

- a) ***“Significant event reporting was not routinely shared across the whole practice team to drive improvement”*** and;
- b) ***“Practice governance meetings were not held regularly”***

Our Response: We explained to the inspectors that significant events and practice governance are discussed between the necessary members of staff involved, but as a result of the CQC comments we have taken the advice given and will discuss these at our regular practice meetings as well.

- c) ***“Not all administrative staff had access to regular appraisals”***

Our Response: Although most of the staff members had their appraisals before the date of the inspection, not all staff appraisals had been completed. We have taken the advice of the CQC as a result of the inspection and we will ensure that all staff have their appraisals on an annual basis.

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# Comments in the Final Inspection Report

## 1) Patients with Diabetes (page 5 under “Summary of Findings”)

The initial report submitted by the CQC in relation to patients with Diabetes stated:

***“Review performance for diabetes related indicators and consider a strategy to address this situation”***

On the day of inspection our strategy which Sharrow Lane Medical Centre had put in place for caring for patients with diabetes was explained in great detail to the CQC inspectors. We strongly contested this statement and the CQC have since revised their statement in the Final Report to read:

***“Since the inspection, the practice told us they have a strategy to increase the performance of diabetes related indicators i.e. patients that are identified with high HbA1C blood tests are offered care planning and input by the Consortia Diabetes team.”***

This is still incorrect as this strategy was not put in place “since the inspection” but had in fact been introduced in May 2016, some two months before the inspection. We have again contested this statement and provided evidence to the inspectors, but to date the report remains unchanged and a formal complaint is now being made to the Care Quality Commission.

## 2) Information about how to complain (page 5 under “Are services responsive to people’s needs”)

***“Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. However, NHS Parliamentary and Health Service Ombudsman (PHSQ) contact details were not in their complaints documentation and verbal complains were not being recorded”.***

The Practice has taken the advice of the CQC and has now made available the contact details for the NHS Parliamentary and Health Service Ombudsman in reception and on our website.

The CCG advice currently on complaints is:

*“Complaints that have been made orally and are resolved to the complainant’s satisfaction within one working day do not have to be dealt with as a formal complaint or reported as complaint in complaints reports.*

*When a verbal complaint is not resolved within one working day a written record should be made and this should be shared with the complainant.”*

On the day of inspection we showed the inspectors one verbal complaint which had been recorded in line with the above procedure. We contest this statement.

### **3) Six Population groups and what we found (pages 7, 8 and 9)**

The comments in the left hand column of each category are positive and suggest a rating of Good. No advice is given on what “requires improvement” and in response to our query the CQC have commented:

*“The practice governance and the management of quality and performance required improvement which impacted on this population group.”*

### **4) The practice did not appear to have a vision and strategy in place (page 20)**

On the day of inspection we presented a slide show to the inspectors outlining our vision and strategy for the future. This also showed that following the responses from our own patient questionnaire we had introduced a new telephone system, with two extra lines and a call holding system. We feel this unfairly represents the practice.

### **5) Governance arrangements (page 20)**

*“Incident reporting was not shared across the whole practice team to drive improvement.”*

We have commented on the incident reporting at the start of this report.

*“There was minimal evidence of quality improvement including clinical audit”.*

On the day of inspection evidence was given of two audits that the practice has recently carried out but we also acknowledged that more audits are necessary in the year ahead.