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CQC PMS Inspections

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Gallowgate

Newcastle upon Tyne

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**www.cqc.org.uk**

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| --- | --- |
| Jason M Page  Dr Jason Mckinley Page  Sough Hall Road  Thorpe Hesley  Rotherham  South Yorkshire  S61 2QP | Your account number: 1-3898157101  Our reference: INS2-4173286461 |

8 January 2018

**Care Quality Commission**

**Health and Social Care Act 2008**

**Factual accuracy check**

Location name: Thorpe Hesley Practice

Location ID: 1-3898157101

Dear Dr Page

**Comments on Draft Inspection Report (Factual Accuracy)**

Following our recent inspection of Thorpe Hesley Practice we have drafted the inspection report which is enclosed for your information.

If you have any comments about factual inaccuracies or the completeness of the evidence in the report, please send them to us by 22/01/2018. Any factual accuracy comments that are accepted may result in a change to one or more ratings. You should record your comments using the categories set out in the factual accuracy comments form provided. Please do not send in a pdf format.

If you do not have any comments to make and are happy for the report to be published, we would be grateful if you could please advise us of this prior to the deadline for comments. We can then publish the inspection report on our website.

We would prefer you to send this information to us by email, to this address: [HSCA\_Compliance@cqc.org.uk](mailto:HSCA_Compliance@cqc.org.uk). If you are unable to do so, please send it by post to the address shown below.

Please include your account number (1-3898157101) and our reference number (INS2-4173286461) in your letter or email as it may cause delay if you do not.

We will review your comments and amend the report if we consider it appropriate to do so. If we do not accept your comments we will explain why.

If we do not receive any comments from you by the date shown above, we will finalise the report and publish it on our website.

**Ratings used in Draft Inspection Report**

Your draft inspection report has been produced using our new approach to regulating and inspecting. For NHS GP practices, part of the new approach will be the publication of ratings for each location, at both key question and population group level. Ratings are awarded on a four-point scale; ‘Outstanding’, ‘Good’; ‘Requires Improvement’, or ‘Inadequate’.

The table below shows the ratings this location has been awarded:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Safe** | **Effective** | **Caring** | **Responsive** | **Well-led** |  | **Overall population group** |
| **Older people** | **Requires Improvement** | **Good** | **Good** | **Good** | **Requires Improvement** |  | **Requires Improvement** |
| **People with long term conditions** | **Requires Improvement** | **Good** | **Good** | **Good** | **Requires Improvement** |  | **Requires Improvement** |
| **Families, children and young people** | **Requires Improvement** | **Good** | **Good** | **Good** | **Requires Improvement** |  | **Requires Improvement** |
| **Working age people and the recently retired** | **Requires Improvement** | **Good** | **Good** | **Good** | **Requires Improvement** |  | **Requires Improvement** |
| **People in vulnerable circumstances** | **Requires Improvement** | **Good** | **Good** | **Good** | **Requires Improvement** |  | **Requires Improvement** |
| **People experiencing poor mental health** | **Requires Improvement** | **Good** | **Good** | **Good** | **Requires Improvement** |  | **Requires Improvement** |
|  |  |  |  |  |  |  |  |
| **Overall Key Question** | **Requires Improvement** | **Good** | **Good** | **Good** | **Requires Improvement** |  |  |
| **Overall location** | **Requires Improvement** | |  |  |  |  |  |

If you have any questions about this letter, you can contact our National Customer Service Centre using the details below:

Telephone: 03000 616161

Email: [HSCA\_Compliance@cqc.org.uk](mailto:HSCA_Compliance@cqc.org.uk)

Write to: CQC PMS Inspections

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

Yours sincerely,

Kate Emmerson

CQC Inspector

Enclosed:

* Draft report
* Factual accuracy comment log

**Factual Accuracy Comments Form**

You are invited to provide comments on the accuracy of this report and the completeness of the evidence on which the ratings are based.

We will be able to respond to your comments more effectively if they are received on this form.

Please note this is your last opportunity to provide evidence that you consider should be taken into account in the report, or comment on the interpretation of evidence or the impact of evidence on the judgement. (This must be limited to evidence that was available at the time of inspection).

**Challenging the evidence and ratings**

Factual accuracy process (before report publication)

Ratings can be changed if the evidence on which they are based is wrong or incomplete. Most concerns about ratings errors should be dealt with through this factual accuracy process.

Rating review process (after report publication)

A rating review involves checking whether or not CQC followed its published methodology (the guidance in the provider handbook and appendices) in making judgements and awarding the rating(s). We will explain how and when you can request a review of your ratings in the letter we send with the final report. A rating review does not involve a reconsideration of the evidence and ratings awarded, unless we find the process has not been followed.

**Warning Notices/Enforcement Action**

Representations should be directed to [HSCA\_Representations@cqc.org.uk](mailto:HSCA_Representations@cqc.org.uk) using the appropriate forms. They will not be considered as part of the factual accuracy process or a rating review.

**Factual accuracy comments form**

Please fill in **all parts** of this form and return:

By email to: [HSCA\_Compliance@cqc.org.uk](mailto:HSCA_Compliance@cqc.org.uk) or

By post to: CQC PMS Inspections, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

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| --- | --- |
| **What does your challenge relate to?** | **Go direct to:** |
| Typographical/numerical errors | Section A |
| Accuracy of the evidence in the report | Section B |
| Completeness of the evidence | Section C |
| Representations against a Warning Notice | Representations via email to [HSCA\_Representations@cqc.org.uk](mailto:HSCA_Representations@cqc.org.uk) |

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| --- | --- |
| **Account Number:** | 1-3898157101 |
| **Our reference:** | INS2-4173286461 |
| **Location name:** | Thorpe Hesley Practice |
| **Location address:** | Sough Hall Road Thorpe Hesley Rotherham South Yorkshire S61 2QP |

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| --- | --- | --- | --- | --- | --- | --- |
| Completed by (name(s)) | | |  | | | |
| Position(s) | | |  | | | |
| Date | | |  | | | |
| **Section A: Typographical / numerical errors in the report** | | | | | | |
| **Page No** | | **Key Question**  *e.g. Safe* | **Please set out any typographical or numerical errors**  *E.g. Operations Director not Operations Manager*  *If the same error occurs more than once, it is sufficient to identify the first occasion, adding “(throughout the report)”.* | | **CQC decision**  ✓or X or Partial | **CQC response** |
|  | |  |  | |  |  |
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| **Section B: Challenges to the accuracy of the existing evidence in the report** | | | | |
| **Page No** | **Key Question**  *e.g. Safe* | **Please set out any other challenges to the accuracy of the evidence in the draft report (providing evidence demonstrating the inaccuracy) and describe any impact on the rating(s).** *Challenges to the interpretation of evidence/importance attributed to the evidence should be included here.* | **CQC decision**  ✓or X or Partial | **CQC response**  *If you agree to make amendments you must confirm any impact on breaches or the rating.*  *If you choose not to make any amendments you must provide a rationale.* |
|  |  |  |  |  |
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| **Section C: Additional relevant evidence that should be taken into account (“completeness”)** | | | | |
| **Page No** | **Key Question**  *e.g. Safe* | **Please describe (and provide copies of) any additional evidence which you consider should be taken into account in the report.** | **CQC decision**  ✓or X or Partial | **CQC response**  *If you agree to make amendments you must confirm any impact on breaches or the rating.*  *If you choose not to make any amendments you must provide reasons.* |
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**CQC use only**

|  |  |
| --- | --- |
| Responses prepared by (name) |  |
| Role |  |
| Date |  |
| Responses reviewed by (name) |  |
| Role |  |
| Date |  |