

Care Quality Commission

Inspection Evidence Table

Umar Medical Centre (1-583513367)

Inspection date: 31 July 2018

Date of data download: 31 July 2018

Safe

Safety systems and processes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	No
Staff who require medical indemnity insurance had it in place	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	No
<p>Explanation of any answers:</p> <p>A new practice nurse and two new non-clinical members of staff had been recruited and commenced employment with the practice since our previous visit in March 2018. We asked to view any documentation the practice held relating to their recruitment and found no pre-employment checks had been documented, including evidence of conduct in previous employment and DBS checks. The practice had not documented any checks regarding the nurse's professional registration. The inspection team assured themselves during the visit that the nurse was appropriately registered with the NMC.</p> <p>Shortly after the inspection the practice submitted further evidence demonstrating that appropriate DBS checks for the new staff had been completed since the inspection, and that a system of logging clinicians' professional registration had been implemented. The provider also submitted additional evidence following the visit demonstrating assurance of conduct in previous employment had been sought in the form of references. However, we did note from the documentation supplied, the time period to which the reference related was not always clear.</p> <p>During this inspection we saw appropriate recruitment checks had been carried out for locum GPs employed by the practice since our previous visit.</p>	

Safety Records	Y/N
Fire risk assessment Date of completion: 23 April 2018	Yes
Actions were identified and completed.	No
Additional observations: The practice had undertaken thorough fire risk assessments for both practice sites. These risk assessments included a number of recommendations of actions required to mitigate the risks posed by fire in the premises. We saw the practice manager had formulated an action plan to address these, but at the time of inspection the resources required to implement these actions had not been approved by the provider.	
Additional comments: The provider had also completed legionella risk assessments for both premises on 4 July 2018. At the time of our inspection evidence was not available to demonstrate recommended actions had been commenced.	

Infection control	Y/N
Risk assessment and policy in place	Yes
Date of last infection control audit: 31 May 2018	
The practice acted on any issues identified	No

Detail:

We saw documentation demonstrating an infection prevention and control audit had been completed for the main site since our previous inspection in March 2018 for the main practice site. However, the practice had not produced an action plan following completion of this audit in order to monitor the progress of actions required to mitigate risks. We were told approval was awaited from the provider with regards to the resources required to complete actions identified as part of the audit process.

The arrangements for managing waste and clinical specimens kept people safe?	Yes
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Information to deliver safe care and treatment

Question	Y/N
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
<p>Further information: The provider had implemented a new protocol for managing incoming correspondence to the practice. We saw evidence during our inspection that this was working effectively, with correspondence and test results being actioned in a timely manner. We saw evidence the practice had completed recent audits of this new process in order to be assured it was working as intended. Staff we spoke with were able to describe the new protocols around the management of incoming correspondence.</p>	

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 since our previous inspection in March 2018.	5
Number of events that required action	5

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

Event	Specific action taken
Repeat prescription not available to patient in a timely manner.	Medicines management receptionist maintained a log of prescription requests to provide improved oversight of progress in their processing and to ensure patients at risk received timely notification of their availability.
Appointment not made following the completion of an urgent onward referral to secondary care.	The practice implemented a daily audit of all urgent referrals processed to ensure patients received appointments as required.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>A new policy for managing safety alerts had been implemented by the practice since our previous inspection in March 2018. Alerts that we had previously identified as having not been actioned by the practice had been audited, with any required action taken as necessary.</p>	

Well-led

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	We saw a range of new and updated practice-specific policies and protocols had been implemented. Staff we spoke with were aware of these and their responsibilities in relation to them.
Meeting structure	We saw evidence from meeting minutes demonstrating a more structured schedule of meetings had been put in place to facilitate improved communication channels in the practice and support effective information flow.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Fire, legionella and infection prevention and control	We saw evidence that risk assessments had been completed in all of these areas since our previous inspection. However, the practice could not evidence that action identified as a result to mitigate these risks had been completed.

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 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](#)).