

Care Quality Commission

Inspection Evidence Table

Ashley Centre Surgery (1-571264174)

Inspection date: 31 October 2018

Date of data download: 30 October 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
Disclosure and Barring Service checks were undertaken where required	Y
Additional comments: The practice was only using nursing staff as chaperones. It had been decided to extend this to non clinical staff. Staff had completed their training, but were waiting for their DBS checks to be returned before starting the role.	

Safety Records	Y/N
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Additional comments: There was an effective system to manage the cleaning of the general environment. The practice manager and external cleaning company lead monitored the standard of cleaning on a monthly basis. A communications book was also used to ensure any concerns of the standard of cleaning or extra requirements could be quickly passed on to the cleaning team. We reviewed the cleaning equipment used. We noted there were risk assessments (Control of Substances Hazardous to Health) for the cleaning substances used.	

Appropriate and safe use of medicines

Medicines Management	Y/N
Prescriptions (pads and computer prescription paper) were kept securely and monitored	Y
Additional comments: The practice was keeping records of prescription stationery stock received and when distributed to the different clinical rooms within the practice. The practice held folders for the individual rooms / GPs and recorded into a book the prescriptions used within each of the rooms. When the rooms were not in use the prescriptions were removed and stored securely.	

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	Y
Staff understood how to 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.	12
Number of events that required action	12

Examples of significant events recorded and actions by the practice;

Event	Specific action taken
An osteoporosis audit identified patients that required a medicines review	A patient search was completed and patients contacted to review their medicine requirements
Concerns of patient at nursing home	Safeguarding raised

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: The lead GP and practice manager received alerts via e-mail. Alerts would be disseminated to all of the GPs and any searches of patients completed. Alerts were recorded onto a central spreadsheet which included the date received, the action required and the date completed. Alerts were also discussed at GP meetings where action required was discussed. These meetings were minuted.	

Any additional evidence
Spreadsheets were used to record all significant events (critical incidents), safeguarding concerns, and alerts including MHRA. Spreadsheet recorded the date received, any action required and the date the action was completed. These were also discussed at the weekly partner meetings.

Question	Y/N
The registered person provided assurances that 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 provider had a programme of learning and development	Y
Additional comments: The practice had recently changed their training to an online provider. Staff had received the mandatory training that the practice required its staff to complete. We reviewed the training matrix and certificates of training completed.	

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).