Care Quality Commission

Inspection Evidence Table

27 Beaumont Street Medical Practice (1-549771639)

Inspection date: 14 December 2018

Date of data download: 18 December 2018

Overall rating: add overall rating here

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

Safe   Rating: Good

Safety systems and processes

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

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
We found that there was a system for routinely checking staff registration with professional bodies such as the nursing and midwifery council. We saw records indicating that staff immunity was checked to ensure they were safe to work with patients.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out.	Y
The premises had undergone some improvements. The practice had put high visibility strips along steps on narrow and steep staircase to reduce the risk of patients missing a step. A ramp to the rear of the property had been altered so its gradient was gentler and therefore enabled easier usage for wheelchairs and buggies. A handrail had been installed next to the ramp to assist patients less confident in their footing. The practice locked the rear door and enabled access via a bell. We spoke with one of	

the partners regarding this and they informed us they would assess the need for the door to be locked during opening hours.

The clinical waste bin was locked and chained to a wall externally to ensure it could not be removed.

Appropriate and safe use of medicines

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

Medicines management	Y/N/Partial
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 system for reviewing patients on high risk medicines had improved. We saw inbuilt data searches on the clinical system which enabled the practice to easily run searches for patients on medicines such as lithium and methotrexate. We found that the majority of patients were up to date with any blood tests or other reviews they needed according top the clinical record system. Where patients were overdue a medication review the practice had prompted the patient to attend for a review. There was one patient on warfarin who was overdue a blood test but the GP we spoke with was aware of the reasons for this and demonstrated that the patient was being monitored appropriately.	

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
The practice had implemented a new medication alerts system. This enabled clinicians to assess the potential action required when a medication alert was received. We saw one recent alert had prompted the practice to write to relevant patients and ask them to attend the practice for a review of their medicines.	

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 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 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 ≤-3
2	Variation (positive)	-3 < Z ≤ -2
3	No statistical variation	-2 < Z < 2
4	Variation (negative)	2 ≤ Z < 3
5	Significant variation (negative)	Z ≥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:
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.