

# Care Quality Commission

## Inspection Evidence Table

### Old Hall Surgery (1-554022476)

Inspection date: 10 June 2019

Date of data download: 11 June 2019

**Overall rating: Good**

**Safe**

**Rating: Good**

#### Safety systems and processes

**The practice had systems, practices and processes to keep people safe and safeguarded from abuse.**

Safeguarding	Y/N/Partial
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
Explanation of any answers and additional evidence: At the last inspection we found that training records did not demonstrate that all clinical staff had completed safeguarding adults training for their role. Following the inspection, the practice manager provided us with dates when this would be attended. At this inspection we reviewed the training records which showed that all clinical staff had completed this training.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Explanation of any answers and additional evidence: At the last inspection, we found evidence of physical and mental suitability of staff for their role was not recorded. A template was now available to ensure this information was recorded for future employees. The recruitment procedure had also been revised to ensure that the provider carried out its own DBS checks and did not use them from a previous employer unless the criteria for this was met.	

Safety systems and records	Y/N/Partial
<p>There was a record of fire training for staff. Date of last training: Various dates</p>	Y
<p>Explanation of any answers and additional evidence: At the last inspection the training records indicated that not all clinical staff had completed fire safety and information governance training. At this inspection the training records showed this had been completed.</p>	

Health and safety	Y/N/Partial
<p>Premises/security risk assessment had been carried out. Date of last assessment:</p>	Partial
<p>Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 30/05/2018</p>	Y
<p>Explanation of any answers and additional evidence: At the last inspection we found that patient records were contained on open shelves. A risk assessment was in place to ensure that the room where they were stored was kept locked. However, the security of these documents needed to be reviewed to protect from risk of damage and inappropriate access to patient information. At this the inspection, the provider informed us that West Cheshire CCG had successfully applied for funding from NHS England to enable all practices to have their records scanned and uploaded onto the EMIS system. This would be taking place over the next 12 months and the practice had been identified as a priority.</p>	

## Infection prevention and control

**Overall appropriate standards of cleanliness and hygiene were met.**

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection the training records indicated that not all clinical staff had completed infection control training. At this inspection the training records showed all clinical staff had received this training and updates were planned.</p>	

Medicines management	Y/N/Partial
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>At the last inspection the provider told us that they recognised that improvements were needed to the number of medication reviews carried out and had employed a clinical pharmacist to manage patient medication and reviews. At this inspection the provider told us that the pharmacist was continuing to undertake medication reviews and this was being monitored on a monthly basis.</li> <li>At the last inspection we found that although the provider monitored the consultations, referrals and prescribing of locum and salaried clinicians they did not record this. At this inspection the provider told us that a recording template had been introduced to ensure these checks were recorded.</li> <li>At the last inspection we found prescription security should be reviewed. At this inspection the provider had reviewed their procedure so that all prescriptions were removed from printers outside of working hours.</li> </ul>	

### 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 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 Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG 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.