

Care Quality Commission

Inspection Evidence Table

Beccles Medical Centre (1-545593868)

Inspection date: 19 December 2019

Date of data download: 09 December 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe

Rating: Good

At the previous inspection in January 2019, we rated the practice as requires improvement for providing safe services because:

- Not all staff had received training in areas including safeguarding, infection prevention and control, fire safety and chaperoning.
- Although the practice reported the immunisation of staff was checked on employment, there was not documented evidence for all clinical staff.
- The health and safety risk assessments completed were not comprehensive and did not address all risks within the practice.
- The practice did not share the learning of all significant events.

At this inspection, we rated the practice as good for providing safe services because these issues had been addressed.

Safety systems and processes

The practice had clear 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.	Yes
Staff who acted as chaperones were trained for their role.	Yes
Explanation of any answers and additional evidence: The practice had appointed an education and training officer who had comprehensive oversight of the training needs and compliance of staff. There was protected time for staff to complete training, including during induction. We saw that all staff were up-to-date with safeguarding training appropriate to their role or were working towards the appropriate level. We saw there was a new chaperone policy being drafted for staff and that 28 staff members were trained as chaperones. The practice was also implementing a mandatory training policy to ensure staff were	

Safeguarding	Y/N/Partial
clear about their roles and responsibilities for training.	

Recruitment systems	Y/N/Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence: The practice had oversight of staff immunisation records and a member of staff within the practice had responsibility for ensuring this was maintained.	

Safety systems and records	Y/N/Partial
There was a record of fire training for staff. Date of last training:	Yes Various
There were fire marshals.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes December 2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes Various
Explanation of any answers and additional evidence: Identified actions from the health and safety risk assessment had been completed. For example, old furniture and boxes had been removed from the practice. The practice had appointed a site facilities officer who continually risk assessed the practice and updated the risk register to ensure the practice was appropriate for staff and patients. For example, the site facilities officer reviewed an area of the practice in detail, formulated an action plan and completed this for each area of the practice. This included the exterior of the premises and we saw that moss had been removed and uneven ground signs had been implemented as a result of the risk assessments. Three members of staff had completed enhanced health and safety training to enable them to effectively carry out the risk assessments.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	54
Number of events that required action:	54
<p>Explanation of any answers and additional evidence:</p> <p>All significant events were reported immediately to the line manager who escalated to the senior management team and appropriate team lead for investigation. Where appropriate, the Data Protection Officer was notified. All significant events were a standing item at all clinical and non-clinical staff meetings. Learning outcomes and any actions required were identified at these meetings and minutes were distributed to all employees so they gained an oversight of all events within the practice.</p> <p>The practice was a member of the Data Protection Cluster and attended quarterly training workshops, GP training sessions and online training webinars. All learning from these sessions was disseminated to staff via the relevant clinical or non-clinical forum.</p>	

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

Event	Specific action taken
Data breaches	The practice had noted a trend in data breaches. As a result, six breaches were discussed in a meeting with administration staff. With the staff, the practice formulated an action plan following a discussion of why the event had happened, the impact of the event and contributing factors. Patients and the Data Protection Officer were informed. Staff were given more training, tidied work stations and were encouraged to ensure patient details were correct. Since this meeting, there had been one minor data breach.
Patient not given medicine as outside formulary	The clinicians within the practice reviewed the event and the formulary for prescribing to ensure the correct decision was made. The patient was immediately referred to, and seen by, a consultant to prescribe the medicine. This enabled the practice to re-prescribe the medicine in the future. The practice also liaised with other external agencies regarding this matter.

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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.