

Care Quality Commission

Inspection Evidence Table

Westcroft Health Centre (1-1155049766)

Inspection date: 27 January 2020

Date of data download: 21 January 2020

Overall rating: Good

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

We carried out an announced inspection at Westcroft Health Centre on 9 July 2019. The overall rating for the practice was good with the practice rated as requires improvement for being safe.

We rated the practice as requires improvement for providing safe services because:

- Systems and processes to reduce risks to patient and staff safety needed strengthening.
- Risks to patients and staff had not adequately been assessed, in particular those relating to staff immunity status and the availability of appropriate emergency medicines.

This inspection was an announced focused inspection undertaken on 27 January 2020 as part of our inspection programme to follow up on concerns identified at our previous inspection.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as good overall and good for all population groups.

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and 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 if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Explanation of any answers and additional evidence:	

During our inspection in July 2019, we saw the practice had experienced a period of high recruitment, with 12 new employees recruited since January 2019 and ongoing recruitment efforts continuing at the time of our inspection. We reviewed the recruitment files for six members of staff and found that the majority were maintained in accordance with regulations. However, we noted references were not available for all staff. We saw the practice had a standard reference request proforma that was sent for all new employees and those that were completed were filed. We were advised by the practice that when references were not received following a request no evidence was kept in the staff record. Following our inspection, the practice advised they would file evidence of a request for references in all new employee records.

During this inspection, we saw the practice maintained an up to date recruitment policy and requested references as standard for all new starters. We reviewed a staff file for the most recently employed member of staff and found all required documentation was available for review.

During our inspection in July 2019, we found staff records of vaccinations were incomplete. Whilst records were maintained for clinical staff, the practice had not consistently sought assurance on the immunity status of non-clinical staff. The practice had not assessed the resulting risks to patients and staff. Immediately following our inspection, we were informed the practice had reviewed risk assessments for staff immunity to the varicella virus. We were informed the practice was developing a plan of action and schedule for ensuring all staff received appropriate vaccines and blood tests as soon as possible.

During this inspection, we reviewed the practice's records for staff vaccinations. We saw all staff had been subject to a risk assessment. Appropriate blood tests had been arranged for staff where needed and records of individual immunity were maintained in a central folder. At the time of our inspection, the practice was awaiting blood results for four members of administrative staff. These staff had been subject to a risk assessment.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: July 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2019	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in July 2019, we saw the practice had a health and safety policy and a checklist of activities to review for both health and safety and premises security. However, on the day of inspection the practice was unable to provide evidence of risk assessments for health and safety and premises/security. Immediately following our inspection, the practice submitted evidence to demonstrate risk assessments had been appropriately undertaken.</p> <p>During this inspection, we reviewed the practice's health and safety, premises and security risk assessments and saw they were readily available and subject to regular review.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Y Ongoing audit
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: During our inspection in July 2019 We noted that there were some areas of carpeting throughout the building, including in some consultation rooms and the practice had not incorporated deep cleaning of the carpets into its cleaning schedules. Immediately following our inspection, the practice advised it was arranging routine deep cleaning of the carpets and regular meetings with the contractors to ensure cleaning was undertaken as agreed. During this inspection, we were informed the practice was in the preliminary stages of having all carpeting removed from the practice. It was proposed appropriate clinical flooring would be installed throughout the premises to support appropriate infection prevention and control (IPC) measures.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	0.55	0.89	0.87	Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2018 to 30/09/2019) (NHSBSA)	6.8%	7.4%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) (NHSBSA)	4.86	5.99	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)	1.21	2.07	2.08	Tending towards variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	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
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in July 2019, we noted that whilst staff were able to describe the process for clinical supervision and safety measures in place to monitor appropriate prescribing and competence of non-medical prescribers, evidence through formal documentation to demonstrate the system</p>	

Medicines management**Y/N/Partial**

developed was lacking. Immediately following our inspection, the practice submitted a clinical supervision policy and a template for recording discussions and clinical reviews in the future.

During this inspection, we saw evidence to support these systems had been appropriately embedded. We saw the practice system required a GP to review at least five individual patient records weekly, for patients who had received appointments with non-clinical prescribers. All records of supervision were held centrally in a digital file.

During our inspection in July 2019, we found the practice did not keep stock of emergency medicines in line with recommendations. Risk assessments for the absence of specific emergency medicines had not been undertaken. Immediately following our inspection, the practice advised all outstanding emergency medicines had been ordered and would be available in the practice for use if required.

During this inspection, we saw the practice held stock of emergency medicines as required. We noted one recommended emergency medicine was not available. This medicine was used to treat patients experiencing heart failure. Staff we spoke with explained the practice had assessed that they did not need to maintain stock of this medicine, due to the practice's proximity to the hospital. Following our inspection, we were sent a formal risk assessment to support this. Routine checks were undertaken of all emergency equipment, including reviews of stock of emergency medicines and expiry dates.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

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
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in July 2019, the practice was able to demonstrate that safety alerts were received and that there was a system for ensuring all appropriate staff had reviewed alerts. However, the practice had not assigned clear roles and responsibilities for ensuring alerts were actioned and recording actions taken in response to alerts. We reviewed patients affected by a recent alert regarding sodium valproate. The practice had two patients affected by the alert and whilst appropriate action was taken for one patient, the practice was unable to demonstrate that the remaining patient had been contacted as required. Immediately following our inspection, the practice submitted a policy for the management of safety alerts which defined responsibilities for actioning alerts. A template to be used for recording actions taken was also submitted, with alerts and actions taken since January 2019 populated. We were advised the practice would take appropriate action to ensure historic alerts had been actioned as required.</p> <p>During this inspection, we saw the practice had assigned responsibility for the dissemination of alerts to a member of the administrative team. Alerts were received and shared with staff as required. Actions taken were recorded on a central spreadsheet, with details of patient searches and any other appropriate action available for review. The practice also advised they planned for the recently appointed practice pharmacist (shared with other practices in their Primary Care Network) to manage safety alerts in the future. We reviewed action taken in response to a recent alert relating to Emerade. (Emerade is an adrenaline auto-injector used for the emergency treatment of severe acute allergic reactions). We saw the alert had been distributed to all GPs and that the practice had contacted the local pharmacy, who advised they were already following the required protocols.</p>	

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.