

Care Quality Commission

Inspection Evidence Table

The Grove Surgery (1-553852689)

Inspection date: 1 October 2020

Date of data download: 30 September 2020

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Safe

Rating: Good

We previously rated the practice as requires improvement for providing safe services following our inspection in October 2019 because:

- Risks to patients and staff had not adequately been assessed, in particular those relating to staff immunity status and infection prevention and control.

The practice is now rated as good for providing safe services as evidence submitted demonstrated the risks previously identified had been reduced.

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
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: During our inspection in October 2019 we found: <ul style="list-style-type: none">• Staff records of vaccinations were incomplete. Whilst records were maintained for staff immunity to some infectious diseases in line with Public Health England (PHE) guidance, the practice had not consistently sought assurance on the immunity status of all staff for all specified diseases. The practice had not assessed the resulting risks to patients and staff. Immediately following our inspection, 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. We were sent evidence of an updated policy to support this.	

During our inspection in October 2020:

- The practice submitted a spreadsheet to demonstrate staff records of vaccinations had been compiled. We were informed that for some staff specific dates of their vaccinations were not available (due to vaccines being provided in alternative countries). The spreadsheet submitted showed no evidence of any gaps in immunisation status for current staff. The practice advised if there was any ambiguity around staff vaccinations in the future individual blood tests would be arranged to provide assurance.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
The practice had acted on any issues identified in infection prevention and control audits.	Yes
Explanation of any answers and additional evidence:	
During our inspection in October 2019 we:	
<ul style="list-style-type: none"> • Saw the Milton Keynes Clinical Commissioning Group (CCG) infection prevention and control (IPC) lead had visited the practice in May 2019 to undertake an IPC audit. The practice scored 72% in the audit suggesting urgent action was needed to rectify IPC concerns identified. We saw the practice had taken action to rectify some of the concerns identified. However, required actions in relation to the flooring in the treatment rooms and the assessment and assurance of staff immunity to various infectious diseases in line with PHE guidance had not been completed. We saw an action plan had been developed and whilst there were details of when some actions had been completed, specific deadlines for the completion of remaining items was lacking. Immediately following our inspection, the practice provided an up to date action plan which specified when all outstanding actions would be complete. 	
For this inspection:	
<ul style="list-style-type: none"> • We reviewed information provided by the Milton Keynes Clinical Commissioning Group IPC lead who had visited the practice on 29 November 2019. They reviewed and confirmed actions taken to improve IPC standards in the treatment room, including repairs to the flooring, improvements to the layout of the room and removal of blinds from windows. • We were shown the treatment room through use of a webcam facilitated by the practice. Through this technology we were able to see the changes and improvements made to meet IPC standards. We saw blinds had been removed, repairs had been made to the flooring and the layout had been redesigned to enable access to both sides of the treatment couch. • The practice submitted a copy of their minor surgery protocol and a spreadsheet of staff vaccinations. 	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes

Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in October 2019 we:</p> <ul style="list-style-type: none"> Noted that whilst all clinical staff had received training in sepsis management and awareness, non-clinical staff had not. The practice advised all non-clinical staff would complete sepsis training by 30 October 2019. Information on sepsis was available throughout the practice. <p>During this inspection we reviewed a spreadsheet record of completion for staff training in sepsis management.</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.