

Care Quality Commission

Inspection Evidence Table

Park Road Group Practice (1-550978152)

Inspection date: 26 & 30 July 2021

Date of data download: 30 July 2021

Overall rating: Good

At the previous inspection the practice was rated Good overall and Good for all populations groups and the safe, effective, caring and responsive key lines of enquiry. The practice was rated RI for well-led key line of enquiry because we found a breach of Regulation.

Well-led

Rating: Good

At the previous inspection, we rated the practice requires improvement for well-led because there was a breach of regulation. The rating has improved from requires improvement to good because:

- The requirement notice had now been met for the breach of Regulation 17 Good governance: a comprehensive system was now in place for ensuring emergency drugs and equipment met requirements.

However:

- At the time of the inspection the registered manager had a planned absence of more than 28 days, and had nominated another GP partner in her absence. The statutory notification for the Care Quality Commission (Registration) Regulations 2009, Regulation 14: Notice of absence, had not been submitted in a timely manner. The practice had plans in place for an additional registered manager to ensure cover arrangements were in place going forward.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	P
There were effective arrangements for identifying, managing and mitigating risks.	Y
Explanation of any answers and additional evidence:	
<p>At our last inspection we saw that the system for ensuring emergency medicines and equipment was not robust as there were two expired emergency medicines found during our checks. Following our inspection an emergency drugs protocol was put in place and the hard copy record checks were replaced with an electronic recording system. However, the protocol stated, "<i>expired medication should be disposed of when new stock is received</i>". Staff told us this did not happen, and the protocol wording would be changed to reflect the expired medication should be disposed immediately.</p> <p>At our last inspection none of the sinks in the clinical rooms complied with best practice guidance. Following our inspection, the uncovered overflow outlets in the clinical room sinks were covered and sealed to meet best practice guidance.</p> <p>At our last inspection the staff recruitment files did not contain photographic identification for two out of three files reviewed. Following our inspection, the recruitment files were checked, and photographic identification was requested where missing. An audit system had been set up to check staff files contained all the required documentation. We saw an audit had been completed on two administration staff files who had recently joined the practice. No missing information had been found.</p>	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The GP appointment triage system had been in place since 2015 which staff told us had made adapting to the needs of the pandemic easier. The practice told us they had maintained numbers for face to face appointments for the last two years.</p> <p>The needs of vulnerable people had been considered and nominated carer/point of contact had been identified to ensure appointments and repeat prescriptions could be made in a timely manner.</p> <p>The practice had systems in place to review back logs of activity such as patient reviews by completing weekly searches. The searches were completed by the clinical team and compiled into lists for the clinical team (doctors, practice nurses and pharmacy staff) to work through.</p> <p>Staff told us monthly reports were compiled to monitor access and make improvements.</p> <p>Staff told us infection prevention and control measures had been put in place as per national guidance.</p> <p>Staff had been supported to work remotely during the pandemic.</p>	

Governance and oversight of remote services

	Y/N/Partial
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The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Explanation of any answers and additional evidence:	
The practice website and information technology (IT) systems provided information for patients about record storage and privacy settings.	
The practice information leaflet informed patients all telephone calls made to and from the practice maybe monitored and used to improve the service and assist in staff training.	

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)	≤ -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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- ‰ = per thousand.