

Care Quality Commission

Inspection Evidence Table

Asquith Surgery (1-4306232713)

Inspection date: 19th and 24th May 2021

Date of data download: 20 April 2021

Overall rating: Good

Safe

Rating: Good

At the inspection on 21st and 30th October 2019 we rated the practice as requires improvement for providing safe services because:

- There was a lack of records to demonstrate that the provider had ensured that all staff were up to date with immunisations relevant to their role.
- Patient Group Directives were approved and signed prior to the date they were signed by some of the practice nurses.
- Staff recruitment practices were not consistently followed and there were gaps in the staff recruitment documents available in staff files.

At this inspection we rated the practice as good for safe services because:

- A system was now in place for staff recruitment and retention.
- Records were now kept in regard to staff immunisations.
- A revised system was in place in respect of Patient Group Directives to ensure they were signed before they were approved by the lead clinician.

Safety systems and processes

The practice had 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).	Yes
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:	

We saw records that demonstrated that since the last inspection the practice had improved their recruitment processes. Recruitment processes were still centralised at Spirit Healthcare Head office. A recruitment guide had been put in place along with an employee documentation pack which gave guidance to managers on what documents were required.

The practice ensured that their recruitment and selection procedures had the appropriate checks in place, along with current registration with a professional regulator where appropriate. Disclosure and Barring Service (DBS) checks were completed. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they have contact with children or adults who may be vulnerable). Non-clinical staff who undertook chaperone roles had DBS checks completed and had received chaperone training. A chaperone policy was now in place

We saw evidence in place which contained all staff information relevant to recruitment and staff immunisations relevant to their role. They had also carried out risk assessments where historic information was missing from staff files, for example, staff references, curriculum vitae, interview questions.

As this was a desktop review, we were not able to check individual staff files.

Medicines management	Y/N/Partial
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection we found that whilst blank prescriptions were removed from printers when the practice was closed and were locked away overnight, consultation rooms were not always locked during the day when not in use.</p> <p>At this inspection we were told all clinical staff were provided with a key to the clinical room they were assigned to and policy was to lock the room whenever it was vacated. The key was then returned to the admin area and secured in a key safe.</p> <p>At the last inspection we found that the provider did not have effective systems in place for the approval and signing of patient group directives (PGDs).</p> <p>At this inspection we were sent evidence that demonstrated that the practice had reviewed the system in place for PGDs. A PGD protocol was in place.</p> <p>The practice kept a log of PGDs which included version, valid from, review date and expiry date. All PGDs had been reviewed and separate sign off sheets were in place for each clinician. The practice manager reviewed the PGDs monthly to check for any that are due to expire or have been updated. We were able to review the PGDs sent as evidence but were not able to review each individual clinician sign off sheet.</p>	

Infection prevention and control

Responding to Covid 19 Pandemic

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Risk assessments had been carried out in relation to Covid 19	Yes
<p>Explanation of any answers and additional evidence:</p> <p>From the information reviewed at this desk top inspection we saw that the practice had continued to maintain services during Covid 19 and had reviewed its ways of working to respond to the pandemic. Standard Infection Control measures were in place to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection.</p> <p>Covid 19 and infection prevention and control were regularly discussed at provider level to ensure that resources were in place to implement and measure adherence to good IPC practice.</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 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](#)).

‰ = per thousand