

Care Quality Commission

Inspection Evidence Table

The Ivy Medical Group (1-3013237656)

Inspection date: 8 April 2021

Date of data download: 6 April 2021

Overall rating: inspected but not rated

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

Safe

Rating: inspected but not rated

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
Explanation of any answers and additional evidence: We received information prior to the inspection which stated that staff did not have contracts of employment. Staff we spoke to during our inspection confirmed that they had signed and received an employment contract.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met; however, infection control audits had identified some areas that required improvement to minimise the risk of infection.

	Y/N/Partial
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: April 2021	Y
The practice had acted on any issues identified in infection prevention and control audits.	Partial
Explanation of any answers and additional evidence: We received information prior to the inspection which raised concerns regarding the maintenance of the three premises used by the provider. The information also raised concerns regarding the curtains surrounding the treatment couches.	

During our inspection we saw that all curtains were visibly clean, however, some curtains needed replacing to minimise the risk of infection as they were not made of a material that would be easy to clean. It was also not clear when the curtains had last been replaced.

The provider sent us infection control audits for each of the three premises used. These had identified the infection control areas for improvement that we had seen and actions with clear timescales for completion were in place.

Effective

Rating: inspected but not rated

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had protected time for learning and development.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
Explanation of any answers and additional evidence: We received information prior to the inspection which stated that staff did not receive appropriate training or appraisal. We spoke to a range of clinical and non-clinical staff during our inspection and confirmed that they received regular appraisal and had access to training both online and in person (where appropriate). Staff told us that they felt very well supported by the provider who was accessible and approachable.	

Responsive

Rating: inspected but not rated

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The facilities and premises were appropriate for the services being delivered.	Y
Explanation of any answers and additional evidence: We received information prior to the inspection which stated that treatment couches were broken and equipment was not suitable. We checked all treatment couches and they were maintained and in working order. Staff had no concerns regarding the equipment available to them. We also received information prior to the inspection which stated that waiting room flooring was unsafe for patients. We inspected waiting room areas at all three premises and did not see any areas for concern. The provider sent us information setting out plans for the continued improvement of the practice environments at the main surgery and two branch surgeries.	

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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).
- **‰** = per thousand.