

Care Quality Commission

Inspection Evidence Table

Cranbrook Surgery (1-8887981459)

Inspection date: 01 September 2021

Date of data download: 01 September 2021

Overall rating: Good

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

Well-led

Rating: Good

At our last inspection held in February 2020, we rated the practice as requires improvement for providing well-led services. At that time we found that due to recent changes in staff, the practice did not have enough supporting evidence to show that some new processes and systems had been fully embedded within the practice, which impacted on the timely reviews of practice policies and procedures.

At this review carried out on 1 September 2021, we specially focused on those areas mentioned in the above paragraph and found that all the areas of concern had been addressed by the practice.

The key question of Well-led is now rated good.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
Explanation of any answers and additional evidence:	
<p>At our last inspection held in February 2020, we found that whilst the practice manager (who had been in post for one month) had made improvements, there was still work required to ensure that the systems and processes recently put in place were reviewed, where necessary modified and time given to see how these processes and systems would embed.</p> <p>At this review held on 1 September 2021, we found that the practice had addressed our concerns following the previous inspection and had the following procedures in place:</p> <ul style="list-style-type: none">• Protocols had been established and fully functioning to ensure that there was a consistent approach for referrals from the practice to secondary care and other healthcare providers. Protocols had also been established for the checking of test results received at the practice and the use of workflow systems to ensure timely allocation of work.• There was a system for the recording and reviewing of significant events. Significant events were discussed at practice staff meetings.• There was a daily check and recording of the vaccine fridge temperatures by staff. Staff were able to tell us what they would do in the event that the fridge temperature went out of range.• The practice had reviewed its recalled system for both child immunisations and cervical screening. We saw evidence (by sight of protocols) of how the system worked. Staff were able to talk through the process with the inspection team.• There was comprehensive staff training matrix held within the practice which detailed what training and when staff had received. This allowed the practice manager to identify any training gaps and arrange training accordingly.• Protocols had been put in place so that relevant staff how to follow-up and review children who regularly failed to attend appointments at the practice and/or regularly attended the accident and emergency department of their local hospital.	

Managing risks, issues and performance

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

There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Explanation of any answers and additional evidence:	
<p>At our last inspection, we found that there was a partial programme quality improvement and clinical audit in place at the practice.</p> <p>During this inspection we identified that the practice had conducted two clinical audits and two quality improvement activities. These audits and activities related to diabetes and B12 clinical audits and patient satisfaction and telephone appointment quality improvement activities.</p> <p>Staff we spoke with as part of this inspection were able to talk with us about how there were arrangements in place for identifying, mitigating and managing risk within the practice. For example, the practice told us they work with the other practice housed in the same location to ensure there are timely checks of fire alarms and that regular fire drills take place.</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](#)). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
-
- ‰ = per thousand.