

# Care Quality Commission

## Inspection Evidence Table

### Fitzalan Medical Group (1-559739083)

Inspection date: 04 April 2018

Date of data download: 03 May 2018

## Safe

### Safety systems and processes

Source	Y/N
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers: n/a	

Safety Records	Y/N
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire risk assessment Date of completion	Yes 3.4.2018
Actions were identified and completed.	Yes
Additional observations: At our December 2017 inspection we found that the fire risk assessment had not been reviewed since 2015 and there was no record of fire drills taking place within the practice. At this inspection in April 2018 we found that the practice had ensured an external fire risk assessment had been carried out in April 2018. There was also evidence of weekly fire alarm testing and two fire drills had been recorded as having been carried out in January 2018.	
Health and safety risk assessment and actions Date of last assessment: January 2018.	No
Additional comments: At our inspection in December 2017 we found that the practice had undertaken some safety risk	

assessments. However, a Legionella risk assessment that had last been carried out in 2013 had not been monitored to ensure that a repeat risk assessment due in 2015 was carried out.

A Legionella risk assessment had been carried out by an external water treatment company in January 2018. The risk identified from this was rated as a medium level risk and issues were identified with the hot water temperatures being too low. The risk assessment stated that if remedial action was taken to rectify the remedial actions identified then the potential site risk rating would reduce to low. However, there was no evidence that remedial actions had been taken.

We reviewed a water treatment log book and found that water temperatures were not compliant with recommendations from the risk assessment. For example, the water treatment company advice stated that the calorifier temperature should be at 60 degrees or above and the return pipe temperature should be at 50 degrees or above. Records of water temperature checks in February and March 2018 showed that the temperature of the water in the flow pipe was between 48 and 55 degrees and the water temperature of the return pipe was between 21 and 32 degrees. This was below the recommended water temperatures and had not been identified or addressed by the practice.

### Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	No
Explanation of any 'No' answers: There was some evidence of learning, however this did not always incorporate staff learning and there was no identification of themes or trends.	

### Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
Test results had been recorded for the wrong patient.	It had not been possible for the practice to identify if the error had been in the recording by the practice or in the delivery of the result from the lab. The action identified by the practice was to ensure that all calls were recorded so as to identify the origins of any future errors. However, training and learning for staff had not been identified as part of the process.
A patient at the end of life had been admitted to hospital following three appointments with clinical staff (including a nurse and a paramedic practitioner) with the same complaint.	As a result of a review of this event, the practice had made the decision that a patient having a third appointment for the same complaint should be seen by a GP. However, the incident report was not recorded clearly and a review of practice or learning for staff had not been identified.
A discharge letter from the accident and emergency department	Signposting training for reception staff was in progress with a GP observing practice.

suggesting that reception had inappropriately signposted the patient to the department.	
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# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.83	0.85	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	90.6%	83.8%	79.5%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	32.6% (346)	16.6%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	70.5%	77.6%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.5% (218)	14.2%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QoF)	81.0%	80.3%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	29.1% (309)	20.3%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	63.2%	71.6%	76.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	31.5% (350)	15.8%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	67.7%	84.0%	90.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.1% (64)	17.1%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)	81.5%	81.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.6% (439)	6.7%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	79.7%	86.0%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.8% (20)	8.4%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	176	192	91.7%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	168	181	92.8%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	167	181	92.3%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	166	181	91.7%	Met 90% Minimum (no variation)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	66.5%	74.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	67.5%	72.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	50.2%	61.2%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	55.3%	66.0%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	48.1%	82.5%	90.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	40.7% (74)	21.7%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	55.7%	85.1%	90.7%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	33.0% (60)	16.6%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	47.4%	80.9%	83.7%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.2% (48)	10.4%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	465	535	539
Overall QOF exception reporting	11.8%	7.2%	5.7%

## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	89.3%	93.5%	95.3%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (27)	0.7%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	55.7%	52.4%	51.6%	Comparable to other practices

Any additional evidence
<p>At the December 2017 inspection, we found that the most recent published Quality Outcome Framework (QOF) results were 83% (a drop from 98% the previous year) of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. Exception reporting was high at 20% compared with a national average of 10%, this had been consistently higher than average for the previous four years. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)</p> <p>At our April 2018 inspection, the published QOF data was the same as the data available in December 2017 so it was not possible to measure any changes based on this data. However, the practice provided us with unverified data during the inspection that showed improvement in performance with overall QOF performance at 95%. Exception reporting figures were not available; however, the practice was aware of areas where improvements could be made. For example, they were looking at collaborations with neighbouring practices around the use of a shared mental health worker to engage with and support their patients who were on the mental health register.</p>

# Well-led

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from significant events	<p>During the December 2017 inspection, we found that learning was not consistently shared and used to make improvements. While there was some evidence that improvements had been made as a result of complaints, there was little evidence to demonstrate that improvements resulted from a review of significant events.</p> <p>At the April 2018 inspection, we reviewed a number of significant events and found that insufficient action had been taken to identify learning, themes and trends. Minutes from a clinical meeting stated that 'no further review is required' relating to a number of incidents. While these were addressed as individual incidents with immediate action taken, there continued to be no overview of significant events as a whole and no identification of trends or themes. As a result, continuous improvement could not be assured and there continued to be a lack of oversight of significant events as a whole.</p>
Practice specific policies	<p>At the December 2017 inspection, we found there was no system to ensure regular review of practice policies.</p> <p>At our April 2018 inspection we found the practice had improved the management of policies and those we viewed had been reviewed. The practice had also changed the structure of their meetings and implemented a system where policies were discussed on a regular basis to ensure that they were reviewed and up to date. For example, fire safety, notification of death and Legionella policies had been updated. The practice had also developed new policies, for example in relation to undertaking Disclosure and Barring Service risk assessments and the development of supervision support meetings for clinical staff.</p>

## Managing risks, issues and performance

### Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Fire	A fire risk assessment had been carried out and the practice had conducted fire drills to identify and cascade learning to all staff.
Legionella	A Legionella risk assessment had been carried out. The practice were monitoring water temperatures as indicated by the risk assessment. However, they had not taken action in response to hot water temperatures that were below the temperatures recommended in the risk assessment.

## Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Asthma	Results showed that 46% of patients had not been reviewed. This had led to a letter had been sent to the patients inviting them for a review and the practice told us that a repeat audit was planned.
<b>Any additional evidence</b>	
<p>At our December 2017 inspection the practice did not have a comprehensive clinical audit plan in place and did not have consistent processes to manage current and future performance. Performance of employed clinical staff was not consistently demonstrated through audit of their consultations, prescribing and referral decisions. Learning from incidents was limited and the practice had failed to use learning opportunities to improve quality.</p>	
<p>At our April 2018 inspection, we found that a plan had been developed and that some audits had been undertaken. We also found that the practice had developed a policy for supervision support meetings for clinical staff. The GP partners had agreed a process of random case analysis and prescribing comparisons for non-medical prescribers. They were also planning joint consultations on an annual basis to provide feedback on performance and a focus on learning.</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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

#### Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>