

Care Quality Commission

Inspection Evidence Table

Drs Fazil, Buckley & Raghwani - Fieldhouse Medical Group (1-540766089)

Inspection date: 27 June 2017

Date of data download: 12 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	y
Policies were in place covering adult and child safeguarding.	y
Policies were updated and reviewed and accessible to all staff.	y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	y
Information about patients at risk was shared with other agencies in a timely way.	y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	y
Disclosure and Barring Service checks were undertaken where required	y
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	y
Staff who require medical indemnity insurance had it in place	y
Explanation of any answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 28/02/2018	y
There was a record of equipment calibration Date of last calibration: 03/08/2017	y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	y
Fire procedure in place	y
Fire extinguisher checks	y
Fire drills and logs	y
Fire alarm checks	weekly
Fire training for staff	September 2017
Fire marshals	All managers
Fire risk assessment Date of completion: 21/03/2018	y
Actions were identified and completed.	No action required
Additional observations: Weekly fire tests Last full evacuation: 22/06/2018	
Health and safety Premises/security risk assessment? Date of last assessment: 30/10/2017	y
Health and safety risk assessment and actions Date of last assessment: 25/06/2018	y
Additional comments: Legionella assessment: 08/06/2018	

Infection control	Y/N
Risk assessment and policy in place	y
Date of last infection control audit: 30 May 2018	
The practice acted on any issues identified	y
Detail: Result of 92% compliance. <ul style="list-style-type: none"> • Couch rolls not attached to walls. (Estates department to action within 6 months) • Dusty areas and black dirt on window frames (Immediate action by cleaning company) • Books, toys and notices to be of a wipeable material / laminated (Immediate action by practice) 	
The arrangements for managing waste and clinical specimens kept people safe?	y
Explanation of any answers:	

Any additional evidence

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	y
Comprehensive risk assessments were carried out for patients.	y
Risk management plans were developed in line with national guidance.	y
Staff knew how to respond to emergency situations.	y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	y
In addition, there was a process in the practice for urgent clinician review of such patients.	y
The practice had equipment available to enable assessment of patients with presumed sepsis.	y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	y
<p>Explanation of any answers:</p> <p>Sepsis training was undertaken by all staff (with exception of three nurses who are booked for upcoming session). Sepsis training undertaken together as a whole team, in a dedicated online session.</p>	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	y
Referral letters contained specific information to allow appropriate and timely referrals.	y
Referrals to specialist services were documented.	y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	y
<p>Explanation of any answers:</p>	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	0.98	1.04	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	7.9%	8.1%	8.9%	Comparable to other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Not applicable
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Not applicable
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Not applicable
Up to date local prescribing guidelines were in use.	y
Clinical staff were able to access a local microbiologist for advice.	y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	y
There was medical oxygen on site.	y
The practice had a defibrillator.	y
Both were checked regularly and this was recorded.	y
Medicines that required refrigeration were appropriately stored, monitored and	y

transported in line with PHE guidance to ensure they remained safe and effective in use.	
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Explanation of any answers:

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	y
Staff understood how to report incidents both internally and externally	y
There was evidence of learning and dissemination of information	y
Number of events recorded in last 12 months.	12
Number of events that required action	12

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

Event	Specific action taken
Patient waited more than three hours for an emergency ambulance while unwell at the practice.	Premises kept open and two nurses and a GP remained with patient. Reported on national system. Internal investigation carried out by the practice.
Mix up of documentation in patient records (two patients with same name)	Entry deleted as appropriate and all staff reminded of the need to check other identifiers when dealing with patient records.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	y
Staff understand how to deal with alerts	y
<p>Comments on systems in place:</p> <p>There was a matrix for recording all alerts. Alerts were disseminated to clinical staff who responded by email to indicate if the alert is relevant to the practice. Searches were run on EMIS electronic system to check for any relevance to practice's patients. Once completed a traffic light coding system was entered onto matrix. Information about alerts was also communicated on the practice intranet.</p>	

Any additional evidence

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)	0.44	0.81	0.90	Comparable to other practices

People with long-term conditions

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)	91.8%	77.7%	79.5%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.0% (163)	7.8%	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)	83.9%	80.1%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.2% (65)	5.2%	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)	80.0%	80.9%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	11.1%	(79)	10.3%	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. (01/04/2016 to 31/03/2017) (QOF)	78.2%	78.0%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (39)	2.3%	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 (01/04/2016 to 31/03/2017) (QOF)	91.3%	90.4%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (16)	7.4%	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 (01/04/2016 to 31/03/2017) (QOF)	87.9%	84.2%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (72)	3.1%	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. (01/04/2016 to 31/03/2017) (QOF)	83.6%	90.7%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.8% (37)	7.5%	8.2%	

Any additional evidence or comments

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	144	148	97.3%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	172	175	98.3%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	172	175	98.3%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	172	175	98.3%	Met 95% WHO based target Significant Variation (positive)
Any additional evidence or comments				

Working age people (including those recently retired and students)

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 (01/04/2016 to 31/03/2017) (Public Health England)	76.7%	75.7%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	66.3%	65.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	59.6%	53.3%	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)	83.3%	67.8%	71.2%	N/A

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) <small>(PHE)</small>	52.2%	55.2%	51.6%	Comparable to other practices
Any additional evidence or comments				

People experiencing poor mental health (including people with dementia)

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 (01/04/2016 to 31/03/2017) (QOF)	93.9%	94.2%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (4)	8.3%	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 (01/04/2016 to 31/03/2017) (QOF)	93.8%	95.6%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (5)	5.0%	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 (01/04/2016 to 31/03/2017) (QOF)	86.1%	87.7%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (2)	4.2%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	538	539
Overall QOF exception reporting	5.5%	4.7%	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) <small>(QOF)</small>	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) <small>(QOF)</small>	97.0%	97.2%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (16)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
All staff demonstrated awareness of different forms of consent (implied, verbal and written) and consent forms were used appropriately and recorded in patient records.

Any additional evidence

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

There was a business manager in place who was visible, and staff felt that the manager was approachable. The business manager invested time in upskilling existing capable staff to take on senior roles within the practice, with adequate support and supervision. Communication between staff at all levels was evidently effective and all aspects of leadership were discussed weekly at the 'clinical mix meeting'.

Any additional evidence

Vision and strategy

Practice Vision and values

The practice had a clear vision and values which were shared by all staff, not just at management level.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice was actively succession planning, and proactively trying to find new ways of working during a period of widespread GP recruitment shortages.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff member	GPs and managers were very supportive and staff were given a lot of opportunities to develop.
Staff member	The team working is so strong that some staff felt they were part of a family unit.

Any additional evidence

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Safeguarding, infection control, incident reporting, complaints, whistleblowing, mental capacity act, health and safety, fire, confidentiality.
Other examples	
	Y/N
Staff were able to describe the governance arrangements	y
Staff were clear on their roles and responsibilities	y

Any additional evidence

Managing risks, issues and performance

Complaints	Y/N
Major incident plan in place	y
Staff trained in preparation for major incident	y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Fire	Fire risk assessment undertaken, recent full evacuation, fire training in place. All managers were nominated fire wardens. Contingency plan in place.
Significant staff absence	Full contingency plan in place, spanning absence levels over time.

Any additional evidence

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	y

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
Consent for joint injections (minor surgery)	99% complete recording in records during first cycle of audit. Result maintained in second cycle.
Antibiotic stewardship	Reduction of trimethoprim prescribing (for empirical treatment of urinary tract infection) was reduced from 69% to 35% by completion of the second audit cycle.

Any additional evidence

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>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.

- **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. ([See NHS Choices for more details](#)).