

Care Quality Commission

Inspection Evidence Table

New Valley Practice (1-565362902)

Inspection date: 2 August 2018

Date of data download: 09 August 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(s) of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any answers: Since the last comprehensive inspection in 2015, the practice had updated the safeguarding children policy to take account of national guidance. Staff had direct access to the RCGP safeguarding tool via a link. Policies and procedures included the named lead GP as the person to go to for further guidance.	

Recruitment Systems	Y/N
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 and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes

Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>No new permanent staff had started employment since the last inspection but the recruitment of a salaried GP was underway. Staff told us personnel files had been totally re-organised. We looked at three files and found documentation verifying checks undertaken, induction, training and appraisal records were easy to find demonstrating a clear audit trail of the management of staff.</p> <p>We saw the contract the practice had with a consultancy firm for human resources, employment law and health and safety advice. Checks added to the recruitment process included: pre-employment health assessment, which included a review of their immunisation needs. After the last inspection, the practice sent the Care Quality Commission (CQC) evidence of pre-employment health assessments having been obtained for staff.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/Test: 30 July 2018. Records showed weekly checks had been completed since January 2018 after the fire safety system was commissioned on 10 January 2018.</p>	Yes
<p>There was a record of equipment calibration</p> <p>Date of last calibration: July 2017</p>	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
<p>Fire risk assessment</p> <p>Date of completion 16 January 2018</p>	Yes
<p>Actions were identified and completed.</p> <p>Since the last inspection, the fire risk assessment was reviewed to include information about the new fire safety systems. Fire marshal training had taken place in June 2016 and staff responsible for this role also verified this.</p>	Yes
<p>Additional observations:</p> <p>The practice had set up a prompt system for staff to remind them when fire safety checks were required as well as an electronic signing in register that was accessible on both sites.</p>	

This enabled the fire marshal to know when staff were on duty and in either building in the event of a fire.	
Health and safety Premises/security risk assessment? Date of last assessment: April 2018	Yes
Health and safety risk assessment and actions Date of last assessment: April 2018	Yes
<p>Additional comments:</p> <p>The practice had set up a contract with a health and safety specialist company and was working closely with them to review all health and safety policies and procedures at the time of the inspection. An example of actions included reviewing induction procedures for new employees including locum clinical staff.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: September 2017 The practice acted on any issues identified</p> <p>Detail: Documentation demonstrated Newcombes and Thorverton Surgery sites were assessed regularly throughout 2017 and where any shortfalls were identified these were risk rated with a clear plan in place to address them. Examples of actions required were: the replacement of bins to ones operated by foot pedal. A daily schedule put in place for cleaning toys in the waiting rooms. Longer term actions included the replacement of taps to sensor or elbow lever ones.</p>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any answers:</p> <p>In October 2017 waste management had been rated as a high priority as the company collecting this had not been providing the practice with a waste consignment note available for inspection. Staff told us this had been rectified with the company.</p>	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
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.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
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.	Yes
<p>Explanation of any answers:</p> <p>We saw information about the sepsis assessment pathway in clinical areas. This provided staff with guidance about early signs and symptoms and when and how to escalate care and treatment.</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.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
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.	Yes
<p>Explanation of any answers:</p> <p>In January 2018, we looked at how the practice was learning from significant events. The practice had reviewed administrative systems when dealing with correspondence or results for patients. A traffic light system was used to communicate when the correspondence or results needed urgent review. We found results were reviewed within 24 hours of receipt or sooner if identified as being urgent.</p> <p>The practice was able to track when referrals to specialist services were made and as a result in June 2017 had identified when a referral had been delayed. This was then used as learning and communication systems improved as a result.</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) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	0.85	0.94	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2017 to 31/03/2018) (NHSBSA)	8.2%	9.8%	8.8%	Comparable with 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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	NA
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes

Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any answers:	
<p>At the inspection in August 2018, we saw improvements to medicines management systems. We saw a system was put in place to ensure all the Patient Group Directions (PGDs) were signed off by an authorised manger. All of the PGDs had been authorised, were in date and signed by the prescribing lead and clinical staff had signed them. The system for authorising patient specific directives (PSDs) had been overhauled with a new policy to include full details of the medicine and dose to be given, and ensure that a pre-authorised list of patients was available. We saw the new standard operating procedures (SOPs) about PGDs and PSDs. Two examples of PSDs were seen giving authorisation for patients to being vaccinated with specific medicines.</p> <p>Access to the cupboard where controlled drugs (CD) were stored (medicines that require extra checks and special storage arrangements because of their potential for misuse) had been reviewed and the standard operating procedure about CD security was updated.</p>	

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patents. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Yes
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Yes
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
Explanation of any answers	
Any other comments on dispensary services:	
<p>The practice dispensary is situated at Thorverton branch surgery. A medicines delivery service was provided to some patients in their own homes who were unable to travel to the practice for collection. The</p>	

dispensary also offered some patients weekly blister packs to support them to take their medicines.

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	Yes
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
Unwell child with suspected early symptoms of sepsis	GPs diagnosed and admitted the child for further treatment. All significant events such as this were reviewed to identify learning. As a result of learning from this significant event the practice reviewed the content of the emergency trolley and equipment available. Paediatric equipment was purchased enabling the GPs to check a child's oxygen and heart rate levels.
A contraceptive coil device was found to be faulty whilst being fitted for a female patient.	The practice reported this matter to the manufacturer.
A review appointment was not set up for a patient found to be in the pre diabetic range.	All HbA1c (blood test for diabetes) results were now reviewed by the practice nurse responsible for management of patients with diabetes. Any patients requiring follow up were recalled by the practice nurse after reviewing their blood results.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>At the comprehensive inspection in January 2018, we saw safety alerts were received by the practice manager and reviewed by the registered manager GP. Actions were agreed as to how the safety alert should be dealt with and delegated to the most relevant member of staff to complete. We saw an audit carried out following a safety alert, which identified potential risks to women of childbearing age prescribed sodium valproate (medicine used to treat epilepsy). In 2017, the practice identified all childbearing female patients who were prescribed sodium valproate and reviewed them. GPs advised the patients of the associated risks during pregnancy and made changes to their treatment where necessary.</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 comparable, 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 comparable 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.

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](#)).