# **Care Quality Commission**

## **Inspection Evidence Table**

## **Dr Kumaran & Partners (1-570971696)**

Inspection date: 21 August 2018

Date of data download: 28 August 2018

### Safe

#### **Recruitment Systems**

#### Additional evidence

- At our previous inspection on 24/07/17 we were told verbal references were obtained for some staff, however the practice did not keep a record of this.
- Evidence obtained during this desk-based review on 21/08/18 showed there was now a system to record verbal references for new staff, including locums.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y

#### Comments on systems in place:

- At our previous inspection on 24/07/17 there was no evidence to confirm information from safety alerts was disseminated to all clinical staff.
- Evidence obtained during this desk-based review on 21/08/18 showed clinical staff received emails of safety alerts. A GP partner discussed urgent alerts over the phone with clinical staff who were not present at the practice. A safety alerts spreadsheet had been created to monitor all alerts internally and a 'safety alerts and clinical correspondences protocol' had been updated with this information.

# Caring

## Examples of feedback received:

Source	Feedback
Patient participation group	Feedback received was largely positive about the care received from clinical staff.
GP partner appraisal 2018	Comments described the GP as helpful, kind and professional.

## National GP Survey results 2017

	actice ation size	Surveys sent out	urveys sent out Surveys returned Response rate%		% of practice population
5	,016	334	102	30.54%	2%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	64.9%	75.8%	78.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	72.2%	85.5%	88.8%	Variation (negative)
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	86.3%	94.0%	95.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	67.9%	81.7%	85.5%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	86.4%	85.8%	91.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or	83.7%	85.7%	90.7%	Comparable with other

spoke to a nurse, the nurse was good or very good		practices
at treating them with care and concern (01/01/2017		
to 31/03/2017)		

### **National GP Survey results**

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	67.6%	82.9%	86.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	66.0%	78.6%	82.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	79.8%	84.4%	89.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	67.7%	79.5%	85.4%	Variation (negative)

#### Any additional evidence or comments

 The practice had reviewed feedback from the national GP patient survey 2016 and 2017 with staff and the PPG. They had acted where possible to improve performance. For example, carrying out patient feedback exercises on individual GPs consultations. We were also informed that a GP who had worked at the practice for some time had since left, and the practice were hopeful that patient feedback would improve.

The national GP patient survey methodology has changed in 2018 and the new survey data scores cannot be directly compared to the past survey data scores.

- The practice had also reviewed results from the national GP patient survey published on 07/08/18. An action plan had been created to improve areas of low performance.
- The practices GP patient survey results 2018 were mostly in line with local and national averages for questions relating to kindness, respect, compassion, and involvement in decisions about care and treatment.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Υ
Any additional evidence or comments	•
The practice monitored feedback via an annual inhouse survey, the friends and family tes	t, and GP

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Υ

### Any additional evidence

appraisals.

- At our previous inspection on 24/07/17 we found the practice did not advertise that a translation service was available to patients.
- Evidence obtained during this desk-based review on 21/08/18 showed the practice now advertised this service in the waiting area.

### Well-led

#### Vision and strategy

#### Practice Vision and values

- At our previous inspection on 24/07/17 we found the practice did not have a strategy or supporting business plans to support the strategy.
- Evidence obtained during this desk-based review on 21/08/18 showed there was now a business development plan which reflected the practice's strategy, vison and values. The development plan was shared with staff and the patient participation group.

#### **Governance arrangements**

# Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

# Other examples

- At our previous inspection on 24/07/17 we found staff were not aware of the practice's business continuity plan.
- Evidence obtained during this desk-based review on 21/08/18 showed the practice
  now made this document available on the home screen of all computers. Staff were
  required to sign the plan to confirm they had reviewed the information.

#### 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 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 ≤-3
2	Variation (positive)	-3 < Z ≤ -2
3	Comparable to other practices	-2 < Z < 2
4	Variation (negative)	2 ≤ Z < 3
5	Significant variation (negative)	Z ≥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 <a href="https://qof.digital.nhs.uk/">https://qof.digital.nhs.uk/</a>).
- 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).