

Care Quality Commission

Inspection Evidence Table

The Adderlane Surgery (1-3260984707)

Inspection date: 30 August 2018

Date of data download: 17 September 2018

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

Safe

Recruitment Systems	Y/N
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y

Safety Records	Y/N
Fire drills and logs	Y
Health and safety Health and safety risk assessment and actions Date of last assessment: 10 January 2018	Y

Infection control	Y/N
Date of last infection control audit: 26 January 2018 The practice acted on any issues identified: No actions were required following this audit.	N/A

Medicines Management	Y/N
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 had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y

Caring

Carers	Narrative
Percentage and number of carers identified	<p>10 patients had been identified as having caring responsibilities (approximately 0.5% of the practice patient population).</p> <p>Since our last inspection, staff had been reminded of the importance of being vigilant in identifying and then recording the status of patients who were also carers. However, we found that this approach had not resulted in any further patients being identified as carers. We were told an annual review of the carers' register was due to take place shortly, and those patients who had not had their needs reviewed during the previous 12 months, would receive an invitation for a healthcare review, and that this review would also include screening for depression.</p>

Responsive

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
<p>The provider had reviewed how they triaged the clinical needs of patients requesting home visits and had made improvements. Easily accessible written guidance had been provided to reception staff about how to handle home visit requests. The guidance stated that the GPs were to be made aware immediately if a patient requesting a home visit considered their needs to be urgent, so appropriate advice could be given promptly. Also, reception staff now entered relevant details concerning home visit requests on the practice's appointment system, which meant both GPs were immediately able to see them on their clinical screens.</p>	

Well-led

Vision and strategy

Practice Vision and values

The practice did not have a supporting business plan in place to help leaders achieve their priorities.
The GP partner told us they did not currently have a business plan for the practice. However, they acknowledged that a development plan could be beneficial in helping the practice achieve their priorities.

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)	$Z \leq -3$
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](#)).