

Care Quality Commission

Inspection Evidence Table

Dr Clarke & Partners, Wickersley Health Centre (1-540834460)

Inspection date: 13/09/2018

Date of data download: 30 August 2018

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

Well-led

Leadership capacity and capability

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

The practice manager had addressed requirements from the previous inspection.

They had continued to develop processes to assist in the management of the practice including development and implementation of an electronic management monitoring system.

The practice was aware of the challenges to the practice such as low levels of patient satisfaction with their experience with making an appointment. The practice had improved the telephone system and reception staffing to try to address this. However, the practice manager told us the challenges relating to clinical staffing vacancies had an impact on the availability of appointments and recruitment of additional staff was in progress.

Governance arrangements

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

Practice specific policies

The practice had improved the recruitment policy and procedure. The policies and procedures had been further developed and were sufficiently detailed to support and guide staff in ensuring fit and proper persons were employed. A check list had been developed and implemented for each member of staff file to ensure the process could be monitored and the procedure followed.

Only one person had been employed since the last inspection. We checked their recruitment file and records. The records included information relevant to their employment in the role including evidence of relevant DBS checks and satisfactory evidence of conduct in previous employment. However, the policy and procedure said all new candidates shall require a satisfactory occupation health check. The file we reviewed did not contain evidence of a

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|----------------|---|
| | health check. The practice manager explained this was due to changes in occupational health provision locally and they needed to register with a new provider which was in progress and the health check would then be completed. |
| Other examples | The practice had developed an electronic management monitoring system. This provided check lists and prompts for routine health and safety checks and quality monitoring. |

Examples of actions taken to address risks identified within the practice

| Risk | Example of risk management activities |
|------------------------------------|--|
| Health and safety | <p>The building was managed by NHS property services and they were responsible for carrying out all of the repairs and maintenance. At the previous inspections we found the practice had not assured themselves some health and safety risks had been appropriately managed.</p> <p>At the September 2018 inspection we found the practice manager had put systems in place to ensure they could monitor health and safety checks had been completed as due. They had developed and implemented an electronic management monitoring system which included prompts for due dates of health and safety checks.</p> <p>The practice manager had obtained records relating to health and safety checks to assure themselves these had been completed as required.</p> |
| Legionella | Since the last inspection the practice manager had confirmed the process to minimise the risk of legionella and the persons responsible for each related task. They had obtained copies of records to show the routine related tasks had been completed and set up reminders on the practice electronic management system to enable regular monitoring of these tasks. |
| Fire safety | The practice manager had assured themselves fire safety checks were being completed by the responsible persons and obtained copies of related records. They had set up reminders on the practice electronic management system to enable regular monitoring of these tasks. |
| Electrical installations | The practice manager had obtained evidence the required works on the system had been completed. |
| Health and safety risk assessments | The practice manager had completed health and safety risk assessments in February 2018 which included actions to mitigate risks. However, systems to ensure the risk assessments were regularly reviewed had not been implemented and the practice managed said they would address this. |

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Continuous improvement and innovation

Timely access to the service

National GP Survey results

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 7,043 | 221 | 114 | 51.58% | 1.5% |

| Indicator | Practice | CCG average | England average | England comparison |
|---|----------|-------------|-----------------|---------------------------------|
| The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours (01/01/2017 to 31/03/2017) | 63.0% | 79.5% | 80.0% | Variation (negative) |
| The percentage of respondents to the GP patient survey who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' (01/01/2017 to 31/03/2017) | 29.0% | 71.4% | 70.9% | Variation (negative) |
| The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017) | 57.3% | 75.3% | 75.5% | Comparable with other practices |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017) | 44.3% | 71.0% | 72.7% | Variation (negative) |

Any additional evidence or comments

We discussed these results with the practice manager. They told us they had increased the number of telephone lines into the practice from two to four and had four members of staff on reception during busy periods. They told us they were also in the process of trying to recruit an advanced nurse practitioner to improve availability of appointments.

Any additional evidence

The practice had developed an electronic management monitoring system. This provided check lists and prompts for routine health and safety checks and quality monitoring.

DO NOT DELETE THE NOTES BELOW

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](#)).