Care Quality Commission

Inspection Evidence Table

Boleyn Road Practice (1-537763824)

Inspection date: 13 December 2018

Date of data download: 29 November 2018

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Policies were in place covering adult and child safeguarding and were accessible to staff	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	No
Disclosure and Barring Service checks were undertaken where required	Yes
Additional information and explanation of any 'No' answers: The practice had effective safeguarding arrangements. There was a safeguarding policy in place which identified the lead GP as the practice safeguarding lead and included contact details for the Local Authority. Staff we spoke to told us that the safeguarding lead was the lead GP. We saw evidence of up to date adult and child safeguarding training for the healthcare assistant, and up to date adult safeguarding training for the practice manager; however, the practice manager's child safeguarding training was only valid until 27 June 2017. One member of non-clinical staff was working without a DBS check; however, all non-clinical and clinical staff had signed written declarations confirming they had no criminal convictions, had not been the subject of any criminal proceedings, and would inform the practice manager if any criminal proceedings were commenced against them.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
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
Explanation of any answers: The recruitment policy we were provided with did not specify what checks the practice would carry out	

to ensure new staff were appropriately qualified and safe. The practice manager told us that regular checks of the registration of clinical staff are completed, usually on a quarterly basis. However, these checks were not documented.

Safety Records	Y/N
There was a record of portable appliance testing by a competent person Date of last inspection/test:	Yes 17/07/18
There was a record of fixed wire safety testing Date of last inspection/test:	Yes 17/12/18
Fire policy in place	Yes
Fire training for staff	Partial
Health and safety risk assessment and actions Date of last assessment:	Yes 20/07/18

Additional comments:

Fixed wire safety testing had been arranged for 17 December 2018 and following the inspection we received evidence of completion.

The practice had a fire policy in place which was up to date and detailed the responsibilities of staff members in relation to fire safety.

We saw certificates of fire safety training for staff, except for one of the sessional GPs which was not provided.

The health and safety risk assessment completed by an external company on 20 July 2018 identified all risks as low. The only recommended action was for the health and safety policy and poster to be placed in the staff area and we saw this had been completed.

Appropriate and safe use of medicines

Medicines Management	Y/N
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes

Explanation of any answers:

Prescriptions were kept securely and their use was monitored through a written log kept in reception. Clinicians who needed prescriptions would sign the log to identify how many prescriptions had been taken and which consultation room they were taken to, although the specific serial numbers of the prescriptions taken to rooms was not recorded.

The medical oxygen and defibrillator were in date and in good working order and we saw evidence of regular checks of this equipment.

Track record on safety and lessons learned and improvements made

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

Comments on systems in place:

The system for recording and acting upon safety alerts was effective; all received alerts were recorded in a spreadsheet saved on the shared drive, with the hyperlink to the alert saved. Any action taken by the practice was recorded. For example, we saw that an alert relating to Hydrochlorothiazide in November 2018 had been received, the practice had completed a search to identify any affected patients (the results of the search were saved in the same folder as the safety alerts spreadsheet) and taken appropriate action.

Well-led

Leadership, vision, strategy and culture

Practice vision, strategy and culture
The provider demonstrated an awareness of the needs of the local population and was able to explain how the practice tailors the service to meet those needs. For example, we were told many of the patients were new arrivals from overseas who required additional encouragement to attend appointments, and so staff would telephone patients to explain the importance of attending. The practice manager told us the practice population is predominately working age people, with a lower than average number of elderly patients; although the practice did not offer extended hours appointments to cater for working age people, these patients could attend extended hours appointments at local GP hub practices. The practice also provided online prescribing services, and offered sexual health screening and family planning services. The practice had a business plan in place which identified areas of improvement for the practice including changes to premises, low patient survey scores, and appointment access. The plan identified how improvements would be measured and the frequency of monitoring. We saw evidence in the clinical system that the nurse had time booked out specifically to complete training. We checked the gaps in training which had been identified at the previous inspection. We saw certificates of fire safety training for staff, except for one of the sessional GPs which was not provided. We saw evidence of up to date adult and child safeguarding training for the healthcare assistant, and up to date adult safeguarding training for the practice manager; however, the practice manager's child safeguarding training was only valid until 27 June 2017. We saw that the practice manager had a training matrix which set out the dates of training completed by clinical and non-clinical staff members, but this required updating and had not identified gaps in staff training.

Governance arrangements & managing risk and performance

We saw an organisational chart for the practice which set out the job titles of all staff members, however it did not identify who were leads in certain areas, for example safeguarding lead or infection control responsibilities. The practice had identified named leads or staff members responsible for infection control, safeguarding and information governance, which were documented in practice policies. The practice had a business continuity plan in place, hard copies of which were kept at the practice and off-site. The plan contained up to date staffing information and contact details. In relation to covering staff absence, the practice had recently employed an additional full-time receptionist. Non-clinical staff were responsible for arranging their own cover when they booked annual leave, or the practice manager would arrange this if there was sickness absence. The practice manager told us that other administrative or reception staff, the practice manager or some of the clinicians could provide cover and assistance if required. When we checked the appointment system there was no evidence of underutilisation of appointments. Practice staff explained that, previously, when the healthcare assistant was completing paperwork or

other non-clinical duties this was not booked out on the appointment system, so these sessions displayed as available appointments which had not been used. We checked the appointment system and saw that sessions used for paperwork or non-clinical duties for the healthcare assistant were now blocked out.

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Appropriate and accurate information

Appropriate and accurate information
Practice staff were able to interrogate the clinical system and extract accurate data. Staff were able to run searches to identify specific patients, such as patients with diabetes who had their blood sugar level checked and patients who were prescribed high risk medicines and required a blood test. We saw evidence that searches had been completed to identify patients who required a review or appointment with the GP and that they had been invited to attend the practice. The practice had removed the ability for patients to self-identify as carers through the automatic appointment check-in screen and we saw evidence that the practice had made significant progress in updating the carers register on the clinical system; at the previous inspection 16% of patients were identified as carers, this had been reduced to 2%. Forms had been produced for patients to complete if they were carers, providing details of those they cared for. When we checked records on the clinical system we saw that information regarding chaperones was being recorded accurately. The records we checked for cervical smear appointments with the nurse documented either that a chaperone had been offered and declined, or offered and accepted. The practice had an information governance policy in place, which identified the practice manager as the information governance lead. We saw that clinical staff had completed information governance and data handling training.

Engagement with patients, the public, staff and external partners

Any additional evidence
The most recent GP patient survey results for the practice were significantly below the national average and the practice manager was aware of these low scores and the number of surveys returned by patients. The practice manager told us that the results of the Friends and Family test were collated and we saw evidence of the results and any patient comments recorded from August 2017 to August 2018; however, there was no formal analysis of the results to identify themes or areas of improvement, or any documented action plan to monitor and address all patient feedback received in relation to the service on an ongoing basis.

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).