

Care Quality Commission

Inspection Evidence Table

The Cedars Surgery (1-550698592)

Inspection date: 12 December 2018

Date of data download: 10 December 2018

Overall rating: N/A

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Well-led

Rating: Good

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Any additional evidence

During a comprehensive inspection of the practice in February 2018, we found a breach of regulation 17: Good governance. The concerns related to recruitment processes, Disclosure and Barring Service background check documentation and complaints management.

During this inspection we found the practice had reviewed their governance processes since the last inspection, taken the required actions and ensured any changes were embedded in practice.

Recruitment files

- The practice had reviewed the recruitment policy and updated it to reflect a requirement for two references to be requested for all staff. References were sought prior to employment and at least one had to be written, with verbal references being accurately recorded in staff recruitment files.
- We viewed four staff recruitment files, for staff recruited since the last inspection, and found all the necessary background checks had been made prior to staff commencing employment. There was a recruitment checklist contained within each file to identify any outstanding documents which were then proactively followed up within a suitable timescale.
- The practice showed us an example where the practice's own recruitment process was followed, despite a third party external organisation being responsible for collecting the recruitment documents and undertaking the necessary background checks. The third party had not shared the results of the recruitment process outcomes with the practice despite repeated attempts by the practice to confirm this. The practice decided to carry out their own background checks and collected references so they could be assured risks to patients were minimised.

Disclosure and Barring Service (DBS) risk assessments

- The practice had reviewed the DBS policy and updated information about risk assessments for staff not requiring a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Where a DBS check was not deemed necessary, the practice had undertaken a risk assessment to review the risks.
- DBS risk assessments had been individually assessed and added to individual staff files. There was a process to review these annually.
- Clinical staff who required an enhanced DBS check also had an annual risk assessment review to determine if they required a new DBS check. For example, if the staff member changed their role within the practice or had a DBS check undertaken whilst employed in a different role/health care setting.
- We viewed six clinical staff risk assessments and three administration staff risk assessments. All had been suitably reviewed and there was clear rationale for requesting or not requesting a DBS check at that time.
- A staff tracker recording the overall decision for each staff member had been updated and ensured management had oversight of the risk assessments for each staff group.

Complaints

- The complaints policy had been reviewed and updated to include details of the health ombudsman in all outgoing complaints correspondence. The practice had also initiated a double signature for all written complaints responses. The signatories were either a GP and the practice manager, or two GPs. This ensured the complaints responses were in line with guidance and had been appropriately handled.
- We viewed three complaints received since the last inspection and found they had all received details of the health ombudsman in their final response letters.
- The practice had commenced a log of verbal complaints since the last inspection, to ensure they could analyse themes and trends in complaints management. The majority of these were handled informally and did not require a written response from the practice. Where necessary, a verbal complaint was escalated through the formal complaints pathway and if required, dealt with as a significant event, for further investigation.
- In addition to verbal complaints, the practice had included any feedback received through the friends and family test and through the NHS Choices website. The practice felt this offered oversight of patient views and pro-actively encouraged improvement through sharing outcomes and opportunities for learning.

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 no statistical variation, 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 no statistical variation 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 | No statistical variation | $-2 < Z < 2$ |
| 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:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **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.