

Care Quality Commission

Inspection Evidence Table

Beech Tree Medical Practice (1-3210121319)

Inspection date: 5 December 2018

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

Safeguarding	Y/N/Partial
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers. to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: The practice had a nominated safeguarding person (NSP) who monitored all children and vulnerable people who had not attended their hospital appointment. There was an alert that appeared on the computer system following entry by the NSP of a specific code. The NSP maintained a folder and contacted all parents following an episode of failure to attend and ensured that they had an opportunity to rebook an appointment. They would also liaise with the GP if a re-referral was required. The NSP recorded reasons for non-attendance on the computer record and brought it to the attention of the GP if necessary. We saw evidence of this during our inspection.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: May 2018	Y
There was a record of equipment calibration. Date of last calibration: May 2018	Y
There was a log of fire drills. Date of last drill: 26 September 2018	Y
Explanation of any answers and additional evidence: The practice had contacted the contractor who carried out portable appliance testing and calibration and added the IT and computer equipment to the inventory for the 3-yearly testing currently in place. We saw the testing certificate to demonstrate this. The practice had carried out two evacuation procedures in the last year both of which were as the result of patients activating the fire alarm. We saw that the practice manager had recorded this and reported that the evacuation procedure had been carried out successfully according to their protocol. They told us they intended to carry out a fire drill every six months.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
Explanation of any answers and additional evidence: The GPs at the practice had attended a training session on sepsis following our last inspection. They had provided an in-house training session for all staff at the practice with a presentation and film to raise awareness of sepsis. We saw certificates to show that this had taken place and staff we spoke with confirmed this. They commented that they had found this beneficial in their role.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Medicines management	Y/N/Partial
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions (PGDs) or Patient Specific Directions).	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice manager had reviewed the process for acting on new PGDs. New PGDs were downloaded when they received notification from the West Midlands Screening and Immunisation team and these were signed by all nurses and the practice manager before being entered into the file. The vaccination and expiry of the PGD were highlighted. We saw the new protocol in place which was dated June 2018. We looked at a sample of PGDs and saw they were all signed and dated by the appropriate staff.</p> <p>The procedure for checking and recording emergency medicines had been reviewed we saw that these were all correctly recorded and in date. The practice now checked mid-month to allow them to order replacement medicines in the event of expiry at the end of the month.</p>	

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 weightings 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.