

# Care Quality Commission

## Inspection Evidence Table

### Cedar Practice (1-572223055)

Inspection date: 3 January 2018

Date of data download: 21 December 2018

## Overall rating: Good

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

### Safe

### Rating: Good

#### Safety systems and processes

**The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.**

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection there was no evidence that one of the clinicians had received a Disclosure and Barring Service (DBS) check or Criminal Records Bureau (CRB) check, nor was there a suitable risk assessment for lack of a DBS or CRB 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.</p> <p>At this inspection we looked at that clinician's records and found that a suitable DBS check had been completed on 10 September 2018.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check: August 2018	Y
There was a log of fire drills. Date of last drill: 27 December 2018	Y
There was a record of fire alarm checks. Date of last check: 3 January 2019	Y
Fire risk assessment Date of completion: 23 March 2018	Y
There was a record of fire training for staff. Date of last training:	N
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection we found that:</p> <ul style="list-style-type: none"> <li>The practice had undertaken: a fire safety risk assessment, however it did not contain an action plan for any issues identified, or dates for completion or review of any issues.</li> </ul> <p>At this inspection we found that:</p> <ul style="list-style-type: none"> <li>The practice had updated its fire risk assessment to include an action plan with dates added for review/completion of any issues identified.</li> <li>The practice had made a request on 21 November 2018, to its landlord, NHS Property Services, to arrange fire safety training for all staff of the services occupying the building. The practice was awaiting confirmation of a date for training to be provided.</li> </ul>	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 21 December 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 21 December 2018	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection we found that:</p> <ul style="list-style-type: none"> <li>The practice had not undertaken a health and safety risk assessment within the last 12 months.</li> <li>It had not undertaken a premises security risk assessment to protect the safety, security and welfare of staff, patients and the general public whilst on the premises, together with systems and safeguards against crime, loss, damage or theft of property and equipment.</li> </ul>	

At this inspection the practice provided evidence that:

- It had undertaken a health and safety risk assessment that included review dates, however it did not provide completion dates to ensure that there was a record that issues had been remedied.
- The practice showed us that it had incorporated a premises security risk assessment into its health and safety risk assessment.

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	19.12.18
The practice had acted on any issues identified in infection prevention and control audits.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection we found that:</p> <ul style="list-style-type: none"> <li>• The practice had not carried out an infection prevention and control audit within the last 12 months.</li> </ul> <p>At this inspection the practice provided evidence that:</p> <ul style="list-style-type: none"> <li>• It had undertaken an infection prevention and control audit and had acted on any identified issues. The audit included review dates for identified issues, however it did not provide completion dates to ensure that there was a record that these had been remedied.</li> </ul>	

## Well-led

**Rating: Good**

### Governance arrangements

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

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Y
Explanation of any answers and additional evidence:  At our last inspection we found that the practice leaders had not established a full range of procedures and activities to ensure safety. There had been no health and safety risk assessment or infection prevention and control audits completed within the last 12 months.  At this inspection we were shown evidence that the practice had completed a health and safety risk assessment and an infection prevention and control audit.	

### Managing risks, issues and performance

**There were / the practice did not have clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Explanation of any answers and additional evidence:  At our previous inspection we found that: <ul style="list-style-type: none"><li>• One member of the clinical team had not received a Disclosure and Barring Service (DBS) check or Criminal Records Bureau (CRB) check, nor was there a suitable risk assessment for lack of a DBS or CRB check.</li><li>• The practice had not completed an infection prevention and control audit or health and safety risk assessment within the last 12 months.</li><li>• It had completed a fire risk assessment, however it did not contain an action plan for any issues identified, or dates for completion or review of any issues.</li></ul> At this inspection we were shown evidence that:	

- The clinician had received a suitable DBS check, that had been completed on 10 September 2018.
- It had undertaken a health and safety risk assessment that included review dates, however it did not provide completion or prospective completion dates to ensure that there was a record of completion.
- It had undertaken an infection prevention and control audit and had acted on any identified issues. The audit included review dates for identified issues, however it did not provide completion or prospective completion dates to ensure that there was a record of rectification of issues it had identified.
- The practice had updated its fire risk assessment to include an action plan with dates added for review/completion of any issues identified.

## 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.