

# Care Quality Commission

## Inspection Evidence Table

### Oldham Family Practice (1-569934227)

Inspection date: 24 January 2019

This inspection was to follow up on a warning notice issued in September 2018

Date of data download: 24 January 2019

## Safe

### Safety systems and processes

Recruitment systems	Y/N/Partial
Explanation: At the inspection in August 2018 the practice had a shortage of staff due to some staff leaving at short notice. In order for the practice to function some staff were on informal secondment from another practice. In these cases, full information of the staff was not held by the practice, although they were known to the partners. Since the inspection the practice had recruited several staff members including a business manager. There was no longer a need for staff to be seconded to the practice and full recruitment checks were carried out for all new staff.	

Safety systems and records	Y/N/Partial
There was a record of equipment calibration. Date of last calibration: 22/03/2018	Y
Explanation of any answers and additional evidence: Following the inspection in August 2018 a new process was put in place. An email was sent to all clinicians giving the date of the next calibration of equipment. A reminder was sent the week before calibration and the practice manager had a task on their outlook calendar to ensure all equipment used by all clinicians within the practice had been calibrated.	

## 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
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
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Since the inspection in August 2018 the practice had recruited an additional practice nurse. It was the practice nurses' responsibility to check the emergency medicines, oxygen and defibrillator and they covered for each other when one was on annual leave. The practice manager was responsible for carrying out the checks in the unusual event that both practice nurses were off. We saw evidence that all checks were completed, with no gaps in the record sheets.</p>	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events (SEAs).	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Since the inspection in August 2018 the practice had devised a new SEA form. This included a consensus of opinion/agreed approach section where it would be recorded if an apology was required. We saw evidence that guidance on SEAs was discussed with staff at a practice meeting. We also saw evidence of SEAs being discussed in detail with lessons learnt also being documented. New staff received training on significant events as part of their induction.</p>	

# Effective

## Monitoring care and treatment

### The practice monitored the outcomes of care and treatment.

	Y/N/Partial
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

Since the inspection in August 2018 the practice had devised a clinical audit log and calendar. The dates audits were to be repeated were documented and these were also on the outlook calendar of the practice manager, so a reminder could be issued to clinicians if required.

- We saw a hypertension audit had been completed in December 2018 focussing on patients being correctly coded so appropriate advice could be provided. A number of patients were added to the register and coded. This was repeated 23 January 2019 and all patient receiving treatment for hypertension were coded.
- We saw an audit on the uptake of cervical screening that had been repeated in January 2019. From June 2018 patient who were overdue for their screening appointment were contacted and there was a dedicated call and recall system in place that was followed. An additional practice nurse was recruited to increase capacity. Between 2015 and January 2019 there was an increase in take-up from 58% to 76%.

# Responsive

## Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
	Y/N/Partial
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: At the inspection in August 2018 not all staff understood how verbal complaints were dealt with. We saw evidence that training on how to handle verbal and written complaints was delivered at the practice meeting in November 2018. In addition, all new staff were trained individually as part of their induction.	

# Well-led

## 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 which were regularly reviewed.	Y

## Managing risks, issues and performance

There were effective processes for managing risks, issues and performance.

	Y/N/Partial
There was a systematic programme of clinical and internal audit.	Y

### 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.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG 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.