

Care Quality Commission

Inspection Evidence Table

Radbrook Green Surgery (1-545328314)

Inspection date: 26 February 2019

Safe

Rating: Good

Safety systems and processes

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

| Safeguarding | Y/N/Partial |
|--|-------------|
| Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs) | Yes |
| Disclosure and Barring Service checks were undertaken where required | Yes |
| Explanation of any answers: At the previous inspection carried out on 20 November 2018, we saw GPs and nurses had attended the required level of children and adult safeguarding training. Most other staff had completed this or were in the process of completing an on-line safeguarding training module. We reviewed staff training records as part of this desk-top review and saw all but one member of staff had since completed safeguarding training. The provider committed to ensure all outstanding training, including safeguarding was completed by 31 March 2019. At the previous inspection we reviewed the personnel files for five members of staff and found there had been a delay in obtaining the required Disclosure and Barring Service (DBS) checks and a risk assessment had not been completed in the interim to mitigate the potential risk to patients. We were advised the practice had experienced some difficulties with obtaining DBS checks through the umbrella body and applications had not been processed. An umbrella body acts on behalf of the DBS to process criminal record applications for organisations. Following the inspection, we received confirmation that DBS checks had since been obtained for all staff that required one. As part of the desk-top review we looked at two personnel files we previously reviewed and found DBS checks had since been obtained. We also checked the file for a new member of staff who was due to commence working at the practice in April 2019 and a DBS check had been applied for. A DBS spreadsheet had also been developed and implemented for ease of tracking staff DBS records. | |

| Recruitment Systems | Y/N/Partial |
|--|-------------|
| Recruitment checks were carried out in accordance with regulations (including for agency staff and locums). | Yes |
| Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role. | Yes |
| 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 |
| <p data-bbox="57 618 459 651">Explanation of any answers:</p> <p data-bbox="57 701 1536 920">At the previous inspection carried out on 20 November 2018, we found some shortfalls in the practice procedures. These included delays in obtaining Disclosure and Barring Service (DBS) checks and there was a gap in the employment history for one member of staff and no available evidence to show this had been explored at interview. However, following the inspection, evidence to support the gap in employment was shared with us. In addition information relating to the physical and mental fitness of staff to carry out their work had not been obtained.</p> <p data-bbox="57 958 1536 1066">During the desktop review we found the provider had reviewed and strengthened their recruitment procedures. The recruitment policy had been reviewed and updated. The interview questionnaire now included checking applicants' full employment history and discussing any gaps in employment.</p> <p data-bbox="57 1104 1536 1256">We checked the information held on two personnel files we had previously reviewed where omissions were identified. We found, with the exception of information relating to the physical and mental fitness for one member of staff, all of the required recruitment checks had since been obtained in accordance with the regulations. The practice manager committed to obtaining this at the earliest opportunity.</p> <p data-bbox="57 1294 1536 1429">Since the last inspection one new member of staff had been employed and was due to commence working at the practice in April 2019. We saw all of the required documentation had been obtained with the exception of a DBS check and information relating to the staff member's physical and mental fitness, which had been applied for.</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 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](#)).