

Care Quality Commission

Inspection Evidence Table

Swanlow Medical Centre (1-549411834)

Inspection date: 14 February 2019

Date of data download: 18 February 2019

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.

Safeguarding	Y/N/Partial
Policies were accessible to all staff.	Yes
Explanation of any answers and additional evidence: At the last inspection we advised the practice to review the safeguarding procedures to provide guidance for staff on female genital mutilation (FGM), modern slavery and Prevent. This review took place on the day of the inspection. The practice provided further evidence that they had a robust system in place to monitor the training needs of staff including safeguarding training.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Explanation of any answers and additional evidence: Following the last inspection on the 20 November 2018 the practice provided an action plan as to how they intended to meet the requirement notices issued following the inspection. As part of this focused desktop review we reviewed this information. <ul style="list-style-type: none">At the last inspection we found the system for the recruitment of staff had not ensured that satisfactory information about any physical or mental health condition which was relevant to the person's capability, after reasonable adjustments were made, to properly perform tasks intrinsic	

to their employment had been recorded. The provider sent us their revised recruitment procedure and templates that indicated that these checks were now being carried out.

- At the last inspection we found that evidence of identity had not been retained on the records of two staff employed at the service. The provider sent us evidence that showed a system had been introduced that complied with the General Data Protection Regulation (GDPR) to retain evidence of identity for staff employed at the service.

Safety systems and records	Y/N/Partial
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • At the last inspection we advised the practice to review the fire risk assessment with regard to the provision of fire marshalls. The practice provided information that indicated that the practice had developed clear areas of responsibility with the other practices in the building with regard to the roles and responsibilities of Fire Marshalls. • At the last inspection we advised that appropriate signage was put in place to direct the Fire Brigade to where oxygen was stored. The practice confirmed this signage was put in place the day after the inspection. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • At the last inspection we advised the practice that complete cleaning schedules for rooms and equipment and record observations of the cleaning standards provided by the external cleaning company should be in place. Following the inspection, the practice provided evidence that showed monthly spot checks on various rooms which monitor the cleanliness of rooms/areas and 	

also ensure effective infection control systems and processes were in place.

- At the last inspection there was no record of the dates the practice nurses and the lead for infection prevention and control (IPC) had undertaken IPC training. The IPC lead had also not been able to attend IPC specific meetings within the CCG area. The practice provided the dates that nursing staff had carried out their IPC training and confirmed that the IPC lead was now attending quarterly CCG led IPC meetings.

Responsive

Listening and learning from concerns and complaints

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

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • At the last inspection we advised the practice to keep a copy of their annual review of complaints that supported the identification of trends and patterns. The practice told us they now had a standing agenda item on every practice meeting to discuss both complaints and significant events. The meetings were held regularly, and copies of minutes and the agenda were provided. 	

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
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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.