

Care Quality Commission

Inspection Evidence Table

The Bailey Practice (1-1651768751)

Inspection date: 12 March 2019

Date of data download: 25 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
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Explanation of any answers and additional evidence: At our previous inspection in October 2018, we found one member of non-clinical staff did not have a DBS check and there was no risk assessment in place to support the decision to allow them to work. At this inspection, the practice told us enhanced DBS checks were now completed for all staff, whether clinical or non-clinical. We checked staff files and saw enhanced DBS checks were in place for all non-clinical staff and that specific risk assessments had been completed to cover any periods of time when DBS checks were pending.	

Safety systems and records	Y/N/Partial
There was a record of equipment calibration. Date of last calibration:	Yes 09/01/19
There was a record of fire extinguisher checks. Date of last check:	Yes 17/12/18
There was a record of fire alarm checks. Date of last check:	Yes 27/02/19
Explanation of any answers and additional evidence: All medical equipment had been calibrated to ensure it was in good working order. The practice had also produced an equipment inventory to monitor calibration due dates. Fire extinguisher checks had been carried out by an external company in December 2018 and the fire policy stated the extinguishers would be checked annually. We saw evidence the practice was completing and documenting fire alarm tests on a monthly basis.	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in October 2018, we found the practice did not have an effective failsafe system to ensure that cytology test results were received and acted upon, and did not have a system to monitor or audit inadequate smear rates. At this inspection we saw the cytology failsafe log was regularly updated and monitored. The practice had implemented an audit programme for inadequate cervical smear rates; for each practice clinician carrying out cervical screening their inadequate rate would be audited three monthly for the first year of employment and annually thereafter. We checked the inadequate rate, which was very low.</p>	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines.

Medicines management	Y/N/Partial
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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had produced a specific protocol for prescribing warfarin, which specified patients must have had a recent INR level taken which is within the correct therapeutic range before prescribing, and this result must be recorded in patients' notes (the international normalised ratio (INR) is a measurement of how long it takes blood to form a clot which is used to determine the effects of oral anticoagulants on the clotting system). We checked patient records on the practice's clinical system which confirmed test results were recorded in patients' notes by clinicians.</p>	

Track record on safety and lessons learned and improvements made

The practice had systems to learn and make improvements when things went wrong.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The system for recording and acting upon safety alerts was effective. Alerts were recorded in a spreadsheet which documented any action taken by the practice. We checked specific examples where the practice had received alerts and we saw evidence they had carried out searches to identify any affected patients and made changes to patients' care and treatment as appropriate.</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.
- 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.