

Care Quality Commission

Inspection Evidence Table

Drs Turner Antoun and Partners (1-545870931)

Inspection date: 26 March 2019

Date of data download: 22 March 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.

| Recruitment systems | Y/N/Partial |
|---|------------------|
| Recruitment checks were carried out in accordance with regulations (including for agency staff and locums). | Yes ¹ |
| Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role. | Yes ² |
| Explanation of any answers and additional evidence: ¹ In the April 2018 we told the practice they should follow up and maintain evidence that there is a check on the conduct of new staff in previous employment through the recruitment process. In March 2019, we found checks to ensure that before employing staff two references were taken up from previous employers or education providers. ² We also told the practice in April 2018, they should keep a full record for staff of their immunity level for measles, mumps, chickenpox and rubella in line with The Green Book Immunisation against infectious disease. keep a full record for staff of their immunity level for measles, mumps, chickenpox and rubella in line with The Green Book Immunisation against infectious disease. In March 2019, we found the practice had started to address this, but work was still underway. They had requested information from all staff members and were in the process of collating this information in staff files and into a secure database. They found some staff did not have information about their own immunisation status, and as such the practice were considering their options to obtain this information. | |

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

| | Y/N/Partial |
|--|-------------|
| Date of last infection prevention and control audit: | Yes |
| The practice had acted on any issues identified in infection prevention and control audits. | Yes |
| Explanation of any answers and additional evidence: In April 2018, we told the practice they should follow up and maintain a record of action taken following the practice annual infection control audit. We also noted they had not adequately managed the risk of legionella infection through their water supply. In March 2019, we found the practice had carried out an infection control audit on 18 March 2019. This showed the practice had addressed the issues identified in the previous infection control audit (carried out February 2018). However, there wasn't a clear record of the actual action taken or the date actions were completed. The practice management team told us a new infection lead had been identified and they were in the process of arranging training for them. The practice had arranged for a legionella risk assessment which was carried out in August 2018. They provided evidence which demonstrated for both the main surgery and the branch they had carried out remedial work to manage the risk of legionella infection and were carrying out the identified risk management tests on a regular basis. | |

Track record on safety and lessons learned and improvements made

The practice learned and made 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 |
| Explanation of any answers and additional evidence: In April 2018, we said the practice should maintain records to ensure a clear audit of actions taken as a result of patient safety and medicine alerts. In March 2018, we checked the action taken against three recent patient safety and medicine alerts and found the practice had taken appropriate action to communicate these to staff and manage any identified risks. | |

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 practices 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 Bands | Z-score threshold |
|--------------------------------------|------------------------|
| Significant variation (positive) | ≤ -3 |
| Variation (positive) | > -3 and ≤ -2 |
| Tending towards variation (positive) | > -2 and ≤ -1.5 |
| No statistical variation | < 1.5 and > -1.5 |
| Tending towards variation (negative) | ≥ 1.5 and < 2 |
| Variation (negative) | ≥ 2 and < 3 |
| Significant variation (negative) | ≥ 3 |

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.