

Care Quality Commission

Inspection Evidence Table

Poplar House Surgery (1-541769355)

Inspection date: **25th March 2019**

Date of data download: 24 March 2019

Overall rating: add overall rating here

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
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Partial
Explanation of any answers and additional evidence: During our inspection in December 2018, we examined four recruitment files for one GP, a nurse and two reception staff. The file for a GP recruited in September 2017 contained little evidence to confirm that the practice recruitment policy had been followed. There was no application form (there was a curriculum vitae or CV), no employment or character references, one piece of photographic identification (however this was not signed or dated so it was difficult to establish when it had been seen by the practice) and there was no medical declaration to say the applicant was physically and mentally fit to perform their role. The other three files we examined were all missing information required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, some files only had one proof of identification, when the practice policy stated there should be more than one and none of the files contained medical declarations.	

During our inspection on 25th March 2019, we saw that a comprehensive recruitment checklist had been introduced to ensure that the necessary records were obtained for each member of staff prior to staff commencing employment at the practice. We also noted that a new matrix had been established to enable the practice manager to have oversight of recruitment checks, professional registration, staff immunisations and induction training for clinical and non-clinical staff. The practice manager told us that the matrix would be updated to also include medical indemnity information.

We reviewed the records of a locum advanced nurse practitioner and a receptionist who had commenced employment since we last inspected the practice. We found that all records required under Schedule 3 of the Health and Social Care Act (HSCA) had been obtained.

We noted that in one instance a member of staff had supplied their own references which were addressed "To whom it may concern". We raised this finding with the practice manager who assured us that she would write to referees in the future to ensure a clear audit trail for references. Upon completion of our inspection we also received evidence that the practice manager had contacted both the referees to verify the authenticity of the references supplied.

We were unable to see evidence of a medical indemnity insurance certificate for a locum advanced nurse practitioner. However, we were provided with a copy of a letter dated 25/03/2019 which confirmed the practitioner was registered with the Nursing and Midwifery Council (NMC). Upon completion of our inspection the practice manager contacted us again via email to inform us that she was unable to provide any further evidence of indemnity other than the practitioner's registration with the NMC.

At our last inspection in December 2018 we also noted that although multi-agency safeguarding meetings were recorded as having taken place, there were no minutes of the meeting to show what was discussed and any actions taken from the meeting. During our inspection of 25th March 2019, the practice manager showed us the minutes of the most recent bi-monthly safeguarding meeting which included the details of matters discussed.

We noted that the practice manager had also introduced a matrix and diary to record and review all complaints including verbal complaints.

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.