

Care Quality Commission

Inspection Evidence Table

Datchet Health Centre (1-583076568)

Inspection date: 5 June 2019

Date of data download: 04 June 2019

Overall rating: Good

Well-led

Rating: Good

During our previous inspection in May 2018 we found concerns relating to the governance arrangements relating to monitoring of staff essential training, fire safety and complaints documentation. We also identified a gap in staff recruitment documentation to ensure staff were offered reasonable adjustments (where necessary).

At this inspection, we found these issues have been rectified and there was no evidence of any changes in quality of leadership which have resulted in any changes in the quality of care. Therefore, we have rated the practice as good for Well-led.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: During the last inspection, we found no concerns over the leadership, capacity and capability of the practice. Following the annual regulatory review and this inspection, we have identified no additional concerns.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: During the last inspection, we found no concerns over the vision and strategy of the practice. Following the annual regulatory review and this inspection, we have identified no additional concerns.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence: During the last inspection, we found no concerns over the culture of the practice. Following the annual regulatory review and this inspection, we have identified no additional concerns.	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff feedback	We spoke with two non-clinical staff who told us they enjoyed working at the practice.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<p>The practice had considered the breach of regulation following the May 2018 inspection and submitted an action plan to the Care Quality Commission advising how they would action these to become compliant.</p> <p>During this inspection we found:</p> <p><u>Staff training</u></p> <p>We reviewed the staff training matrix and observed a selection of training certificates of essential training across all staff groups. The practice could evidence all staff were currently up to date with their training requirements for fire safety, health and safety and Mental Capacity Act 2005 (MCA).</p> <p>We spoke with two members of the reception and administration team and found they had appropriate knowledge of fire safety, health and safety and MCA.</p> <p>Training requirements were discussed at team meetings and reviewed monthly to ensure all staff were aware of their training needs.</p> <p>The practice had a system in place to alert management to any areas of training that were approaching the renewal date and they were planning to instigate a “monthly training topic” to ensure all training was undertaken within each 12-month period.</p> <p>The practice had reviewed their staff training policy in November 2018 and had routinely audited training compliance since the last inspection.</p> <p><u>Complaints</u></p> <p>The practice showed us their policy for dealing with complaints which had been updated and reviewed in March 2019. The lead person responsible for dealing with complaints had regularly reviewed the documentation relating to complaints to ensure the policy was being followed.</p> <p>All complaints were reviewed by one of the GP partners before the final response documentation was sent. This process had been added to the policy to support the deputy practice manager in this role.</p> <p>We looked at the documentation of three complaints, received since the last inspection, and found they had all received an appropriate and timely acknowledgement and the response letters contained information on how to escalate concerns to the Health Ombudsman.</p> <p><u>Recruitment files</u></p> <p>The practice had updated their recruitment policy since the last inspection, to include requesting health status for all new staff. A health questionnaire format had been implemented and was included with the recruitment paperwork checklist.</p> <p>We looked at six staff recruitment files and found they all contained documentation recording the staff health questionnaire and any reasonable adjustments considered and implemented, where necessary.</p> <p>The practice was due to commence appraisals for staff in June 2019 and would collect the information about health status for the remaining staff as part of the appraisal conversation.</p>	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<p>The practice had considered the breach of regulation following the May 2018 inspection and submitted an action plan to the Care Quality Commission advising how they would action these to become compliant.</p> <p>During this inspection we found:</p> <p>Since the last inspection, the practice had reviewed their fire safety risk assessments and policy. They had requested an external organisation to attend to undertake a new fire safety risk assessment, which highlighted some improvements. For example, a grab rail near an external door to assist with exiting the building near steps. The practice also replaced their evacuation chair and reviewed the fire exit signage throughout the building to ensure it was appropriately positioned.</p> <p>The practice had carried out a fire drill in May 2018 and January 2019. There was a plan to undertake another fire drill in June 2019. The fire drill in January 2019 had identified a learning action for a member of staff to remain near the main entrance door to prevent anyone attempting to enter the building. Staff we spoke with were aware of this new procedure.</p>	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: During the last inspection, we found no concerns over the practice acting on appropriate and accurate information. Following the annual regulatory review and this inspection, we have identified no additional concerns.	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: During the last inspection, we found no concerns with the practice engagement with staff and external stakeholders. Following the annual regulatory review and this inspection, we have identified no additional concerns.	

Feedback from Patient Participation Group (PPG).

Feedback

We did not speak with the PPG as part of this inspection.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: During the last inspection, we found no concerns over the continuous improvement and innovation of the practice. Following the annual regulatory review and this inspection, we have identified no additional concerns.	

Examples of continuous learning and improvement
We did not request any examples of this during this inspection.

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.