

Care Quality Commission

Inspection Evidence Table

St Bede Medical Centre (1-549425079)

Inspection date: 30 July 2019

Date of data download: 09 July 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

When we inspected the practice in July 2018, we rated the practice as requiring improvement for providing safe services, because the practice did not always ensure there was appropriate monitoring and clinical review prior to prescribing warfarin to patients. We also said the practice should improve the way they checked the professional registration of staff, risk assessed fire arrangements and set out a clear process for staff to follow in identifying, reporting and learning from significant events.

In July 2019, we found the practice had addressed all these areas of concern and we therefore rated them as good.

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Recruitment systems	Y/N/Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Explanation of any answers and additional evidence: In July 2018, we said the practice should put in place arrangements to check the professional registration of GPs on a regular basis to ensure they were still registered to practice. In July 2019, we found the practice had implemented a process to check the professional registration of all relevant staff. They used a computer system to list the last date these checks had been carried out. This system also alerted the practice management team when a new check was required.	

Safety systems and records	Y/N/Partial
A fire risk assessment had been completed. Date of completion: 14 November 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>In July 2018, we said the practice should review their fire risk assessment to ensure risks were identified and well managed.</p> <p>In July 2019, we found the practice had carried out a premises fire risk assessment in November 2018. They had developed an action plan to address the identified areas for improvement and there was evidence this was being progressed. There were some actions which required the commitment of resources, which the practice was considering as part of the wider practice development plan. A meeting of the partnership was planned in September 2019 to discuss these in more detail.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes 17/7/2019
The practice had acted on any issues identified in infection prevention and control audits.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>In July 2018, we found the practice had not carried out an infection prevention and control audit to check the effectiveness and safety of the arrangements within the practice.</p> <p>In July 2019, the practice provided us with a detailed infection prevention audit and associated action plan. They had developed an action plan following the audit to address the areas for improvement identified. As this audit was carried out a few weeks prior to the inspection, there were still a number of actions underway. However, we could see the practice was making progress with these. There were some areas which required the commitment of resources, which the practice was considering as part of the wider practice development plan. A meeting of the partnership was planned in September 2019 to discuss these in more detail.</p>	

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines. A system was in place to monitor patients on high risk medicines to ensure care and treatment is provided in a safe way. This was new and needs to be monitored to ensure it is embedded in practice.

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>In July 2018, we said the practice must ensure care and treat was provided in a safe way to patients. This was because the practice did not ensure there was appropriate monitoring carried out and clinical review prior to the prescribing of warfarin to patients.</p> <p>In July 2019, we found a new template was in place to identify all the people on high risk medicines. This had been implemented in May 2019. Audits had taken place, though these had not been documented. Information was available including the monitoring result and the next date of any tests. We looked at the records for six patients. Medicines had been taken off the repeat medicines template and now needed to be authorised by GP in order to avoid them being dispensed repeatedly without checking monitoring results.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	11
Number of events that required action:	11
<p>Explanation of any answers and additional evidence:</p> <p>In July 2018, we said the practice should develop and implement a policy to support staff to raise incidents and near misses through the significant events process.</p> <p>In July 2019, we found the practice had addressed this. They had implemented a significant events policy, which covered definitions, the aims of the process and how significant events were identified, recorded, investigated, analysed and learning shared with the team.</p>	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
The practice identified at an annual review that a patient had not attended an appointment for further investigation under the two-week wait initiative where symptoms might indicate cancer.	The practice was implementing improvements to the recording of urgent referrals to provide a clearer audit trail. They planned to provide patients with accessible information on the types of investigations and tests which might take place to increase understanding and reduce any concerns for patients.
Breach of confidentiality.	The practice reported the breach to the Data Protection Officer in line with their policy, who confirmed this was not a reportable breach to the Information Commissioner's Office (ICO). They reminded staff of their responsibilities in seeking the consent of patients prior to disclosing any information. They refined the processes in place to ensure advice was sought from a GP prior to disclosing information.

Engagement with patients, the public, staff and external partners

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.