

Care Quality Commission

Inspection Evidence Table

Queens Bower Surgery (1-2773012316)

Inspection date: 23 July 2019

Date of data download: 17 July 2019

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

Safe

Safety systems and processes

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

Safeguarding	Y/N/Partial
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 11 May 2019	Y
There was a record of fire for staff.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 9 July 2019	Partial ¹
Explanation of any answers and additional evidence: <ol style="list-style-type: none">1. Water temperatures had been identified at our last inspection as a potential risk to scald or burn people. The provider showed us evidence that thermostatic valves had been ordered which would ensure the water temperature remained safe and work had begun to install these in areas which required them. However, the work had yet to be fully completed. In the meantime, the provider had introduced appropriate signage at the water outlets to inform people of the potential risk of hot water.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Explanation of any answers and additional evidence: We saw records which confirmed staff had now undertaken infection control training.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Explanation of any answers and additional evidence:	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Medicines management	Y/N/Partial
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
Explanation of any answers and additional evidence: The provider had introduced a number of new toolkits to enable them to keep an overview of the risks and quality within the practice. For example, the provider developed a spreadsheet which recorded all the emergency medicines held on-site. It also recorded when they were visually checked and upon entering the date of the check, it automatically calculated the number of days remaining before the medicines expired so that these could be ordered and replaced.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong/did not have a system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
There was evidence of learning and dissemination of information.	Partial ¹
Explanation of any answers and additional evidence: <ol style="list-style-type: none">1. The provider had introduced two new policies in relation to significant and critical events and had developed a toolkit for staff to use which recorded the issue, action taken, and lessons learnt. However, as the policies were only introduced on 7 June 2019, there had been no events for us to check how effective the systems were.	

Effective

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Explanation of any answers and additional evidence: The provider had introduced a new policy which instructed staff on the process of recording and escalating when patients who had an unstable mental health condition, failed to attend an appointment. The provider had also introduced clinical templates to help assess patients' pain levels which have been integrated with the clinical system. The forms could be printed, completed and scanned to the patient's record.	

Effective staffing

The practice was able demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Explanation of any answers and additional evidence: We saw that the provider had a training matrix in place which identified what training staff had undertaken and when it was due for renewal.	

Well-led

Governance arrangements

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 effective arrangements for identifying, managing and mitigating risks.	Y
Explanation of any answers and additional evidence:	

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 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.