

Care Quality Commission

Inspection Evidence Table

Gladstone Medical Centre - M Salahuddin (1-569447703)

Inspection date: 3 September 2019

Date of data download: 03 September 2019

Overall rating: Good

At the previous inspection on 6 November 2018 the overall rating for the practice was good, however the practice was rated as requires improvement for providing safe services because of shortfalls identified. At this inspection we were sent and reviewed evidence that demonstrated these shortfalls has been addressed.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies and procedures were monitored, reviewed and updated.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: At the last inspection we found that: <ul style="list-style-type: none">• Practice safeguarding policies and procedures were inconsistent and not accurate• There was incorrect coding of medical records for safeguarding of children and other vulnerable patients• The coding of vulnerable patients was not evident. Vulnerable child patients had been coded incorrectly Following the inspection, the provider produced evidence to demonstrate that systems and processes had been implemented to ensure that people were kept safe from abuse.	

Safeguarding	Y/N/Partial
At this inspection the provider sent us evidence that they had reviewed their safeguarding policy, procedures and systems. We saw evidence that these policies and procedures were regularly audited to ensure they were embedded and followed.	

Health and safety	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y
Explanation of any answers and additional evidence: At the last inspection we found that electrical safety tests done shortly prior to the inspection had identified areas that were not satisfactory. The provider sent us evidence that the remedial works required had been completed. We reviewed evidence from the electrical engineering company which demonstrated this.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Infection prevention and control audits were carried out.	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: We saw evidence to demonstrate that renovations of patient, clinical and staff areas had been completed, the cleaning cupboard had been renovated to provide suitable facilities for storage and disposal of cleaning equipment/products. Infection control policies and procedures had been reviewed and audits undertaken on a monthly basis to ensure compliance. We reviewed revised policy and procedures, meeting minutes between the provider and the cleaning company, infection control audits and photographs of the renovations undertaken.	

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

Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the previous inspection staff demonstrated limited understanding of sepsis and its signs and symptoms. They had received specific training in how to identify sepsis and how to respond to patients presenting with suspected sepsis.</p> <p>The provider sent us evidence which demonstrated that all staff had received training in sepsis and been given and read the revised sepsis policy.</p>	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
Explanation of any answers and additional evidence: At the last inspection historic paper records were not stored safely or securely. They were kept in open wooden shelving and were at risk of loss or damage. The provider sent us evidence, including photographs, which demonstrated a new system of fire-retardant storage was in place and the store room was secured with a keypad lock.	

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
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
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.	Y
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: At the last inspection the systems for monitoring and reviewing patients on high risk medicines was not effective. Blank prescriptions were not held securely. The provider sent us evidence which demonstrated new systems and processes had been implemented. Prescription pads were now documented, boxes labelled and assigned based on consultation room numbers and reception area. There was an audit trail of blank prescription pads in place. Patients on high risk medicines were highlighted, listed and reviewed as required. Audits were undertaken to ensure monitoring was implemented and safe.	

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

	Y/N/Partial																
Information about how to complain was readily available.	Y																
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection we found that all complaints were reported and analysed, however the policies and procedures in place were not always followed.</p> <p>The provider sent us evidence that demonstrated they had reviewed the system for responding to complaints and ensured all communication was documented and complaints were responded to in a timely manner.</p>																	
<p>Notes: CQC GP Insight</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The following language is used for showing variation:</p> <table><tr><th>Variation Bands</th><th>Z-score threshold</th></tr><tr><td>Significant variation (positive)</td><td>≤ -3</td></tr><tr><td>Variation (positive)</td><td>> -3 and ≤ -2</td></tr><tr><td>Tending towards variation (positive)</td><td>> -2 and ≤ -1.5</td></tr><tr><td>No statistical variation</td><td>< 1.5 and > -1.5</td></tr><tr><td>Tending towards variation (negative)</td><td>≥ 1.5 and < 2</td></tr><tr><td>Variation (negative)</td><td>≥ 2 and < 3</td></tr><tr><td>Significant variation (negative)</td><td>≥ 3</td></tr></table> <p>Note: for the following indicators the variation bands are different:</p> <ul style="list-style-type: none">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. <p>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.</p> <p>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</p>		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
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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.

