

# Care Quality Commission

## Inspection Evidence Table

### Extra Care Blaydon (1-4815108881)

Inspection date: 23 August 2019

Date of data download: 22 August 2019

## Overall rating: Good

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

### Safe

### Rating: Good

At the last inspection, we rated the practice as requires improvement for providing safe services. We said the provider should:

- Strengthen the arrangements to alert a patient's own GP when a patient requires further investigation or referral to another service.
- Embed the information governance requirements for clinical staff into induction and information/guidance packs.
- Continue with plans to develop a more formal and effective channel of communication and engagement with clinical staff which includes dissemination of learning from complaints, significant events and clinical audits, as well as implementation of best practice guidance.

At this inspection, we found that the provider had acted to address these areas.

#### 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
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence:	
At the inspection in October 2018, there was no effective system in place to alert the patient's own GP	

that the patient required further investigation or referral to another service. Nor was there any system to check that required referrals and tests had been undertaken.

At the follow-up inspection in August 2019 we saw that a new policy was in place regarding the dissemination of information relating to referrals. Practices were now telephoned to inform them that their patients had been referred. We saw discharge summaries that had been sent to practices after patients had visited the service and these also included details of any referrals made.

#### Any additional evidence or comments

Following the inspection in October 2018, we told the service they should embed the information governance requirements for clinical staff into induction and information/guidance packs. At this inspection in August 2019, we saw that there was a note on the service's computer system which appeared when staff logged in to remind them of information governance requirements. We saw that the same information was also included in the staff induction pack. Staff had also completed information governance training since the last inspection.

#### 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
There was evidence of learning and dissemination of information.	Y
Explanation of any answers and additional evidence:	
At the inspection in October 2018 we saw that there was no evidence of a formal channel of communication or meetings during which learning from matters such as significant events, complaints or clinical audit, was shared with clinical staff. At the follow-up inspection in August 2019, we saw that these were now communicated via email and included in the staff newsletter.	

## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.