

Care Quality Commission

Inspection Evidence Table

Watling Vale Medical Centre (1-548234509)

Inspection date: 19 November 2019

Date of data download: 18 November 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe

Rating: Good

The practice was previously rated as requires improvement for providing safe services as we found there were ineffective systems and processes in place to reduce the risks to patient and staff safety. Specifically, with regard to infection prevention and control and emergency medicines. The practice had not assessed the risks to patient and staff safety through validation of staff immunity status in line with Public Health England guidance.

During this inspection we saw evidence of improvement and the practice is now rated as good for providing safe services.

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
Explanation of any answers and additional evidence: During our inspection in March 2019, we saw all GPs were trained to Level 3 but not all nurses were trained to Level 3 in line with updated guidance published in January 2019. The practice advised that all nurses would complete Level 3 training by 22 March 2019. During this inspection, we found all clinical staff had been trained to the appropriate level for child safeguarding. In addition, the practice advised that the required training for all administrative staff had been amended in line with guidance.	

Recruitment systems	Y/N/Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
Explanation of any answers and additional evidence:	

During our inspection in March 2019, we found the practice had made efforts to consolidate records for staff immunity status in line with PHE guidance. However, we found the practice relied on a system of self-certification and formal records of staff immunity status were not available for all staff. Whilst the practice had sought assurances in relation to some diseases, it had not considered all those detailed in Public Health England (PHE) guidance. The practice took a proactive response to feedback provided on the day of inspection and advised that further formal assurances would be sought urgently and that blood tests/vaccines would be arranged where required. The day after our inspection we were sent evidence that all present staff had received blood tests/ vaccines as required. We were advised that the same action would be taken for any outstanding staff as a matter of urgency.

During this inspection, we found all staff had received blood tests to check for their immunity status and formal records were kept for all staff detailing their immunity to the majority of diseases, as recommended by PHE. However, the practice recognised there was still further work to do to ensure staff records clearly demonstrated individual immunity status. The practice also advised tests for staff immunity status in relation to diphtheria, polio and tetanus were still outstanding for some staff. In addition to PHE guidance, assurance relating to these diseases was required by the practice's own policy.

Safety systems and records	Y/N/Partial
There was a fire procedure.	Y
There were fire marshals.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in March 2019, we found the fire safety policy was not accurate as a named member of staff was no longer working at the practice. The practice submitted an updated fire policy the day after our inspection. In addition, we were informed the previous fire marshal had recently left the practice and a new one was to be assigned and trained accordingly.</p> <p>During this inspection, we saw a member of staff had been appointed and trained as a fire marshal. Although they had received online training, they were due to undertake additional face to face training by the end of November 2019. The practice also maintained an up to date fire policy.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Explanation of any answers and additional evidence: During our inspection in March 2019, we found the infection prevention and control (IPC) lead had not undertaken any advanced training to support them in this role. Following discussions with the practice, we were advised the practice was sourcing an appropriate training course for the lead. In addition, we found there were no formal cleaning schedules for daily IPC tasks undertaken by practice staff. For example, there were no documented records for cleaning of the spirometer. The practice was able to formulate cleaning check sheets for equipment and schedules for completion to demonstrate appropriate IPC tasks were undertaken in the future. During this inspection, we saw improvements had been made. The IPC lead had attended advanced training for IPC enabling them to undertake the role effectively. Evidence of cleaning schedules being regularly utilised for both equipment and clinical areas was provided. Staff we spoke with advised they had witnessed positive improvements to the management of IPC within the practice as a result.	

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: During our inspection in March 2019, reception staff we spoke with were able to advise of actions they would take to identify and respond to a critically ill patient. However, reception staff were not specifically aware of the signs and symptoms of sepsis. The practice advised that all administrative staff would undertake sepsis training by 22 March 2019. During this inspection, we saw evidence to support all staff had undertaken formal sepsis training.	

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
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	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
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in March 2019, we found the practice did not have all recommended emergency medicines available on site. On the day of inspection, the practice advised that they intended to have all recommended emergency medicines available on site by the end of that week. We received confirmation following our inspection that this had been done. We also reviewed the practice's process for monitoring uncollected prescriptions. Staff we spoke with advised uncollected prescriptions were reviewed routinely and destroyed if required. Upon investigation, we found there were uncollected prescriptions dated 7 January 2019 still awaiting collection. The practice's repeat prescribing policy stated that uncollected prescriptions would be destroyed after three months. Following feedback on the day of inspection, the practice submitted an updated repeat prescription policy which stated any prescriptions not collected after two months would be recorded and destroyed.</p> <p>During this inspection, we saw evidence that all recommended emergency medicines were available. The practice undertook regular checks of all emergency medicines and equipment to ensure safety and efficacy. We reviewed the practice's repeat prescribing policy and prescriptions awaiting collection. We found, as detailed in the policy, there was evidence to support any prescriptions not collected within two months were destroyed.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong. However, some systems were in need of further development.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	P
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in March 2019, we reviewed the practice's system for managing safety alerts and saw that upon receipt, alerts were disseminated by the practice manager and actioned accordingly by appropriate staff, including the practice pharmacist. Records of actions taken in response to alerts were maintained and learning was shared with clinicians where required. However, we found the practice had not received two medicines alerts in October and November 2018. The practice was unable to explain why they had not received the alerts and took prompt action to contact the Medicines and Healthcare products Regulatory Agency (MHRA) to seek further advice and ensure they received all relevant alerts in the future.</p> <p>During this inspection, we were informed the recently appointed practice manager received all alerts and disseminated them to the clinical team. However, we were advised there was no record of actions taken and that the practice manager was in the process of formulating a spreadsheet to document all alerts received and actions taken. Copies of all alerts were maintained in an email folder by the practice manager. We asked the practice what action had been taken in response to two alerts and the practice manager was unable to provide assurance to demonstrate appropriate action had been taken. The practice manager advised the practice's clinical pharmacist responded to most alerts, however the pharmacist was not available during our inspection. Following our inspection, we were sent assurance that the alerts had been appropriately actioned by the pharmacist. The practice manager acknowledged that a better record of actions was needed and that she planned to ensure she was informed of actions taken in the future.</p>	

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.