

Care Quality Commission

Inspection Evidence Table

Drs Smith and Taylor (1-569769678)

Inspection date: 9 December 2019

Date of data download: 09 December 2019

Overall rating: Good

At the last inspection in January 2019 we rated the practice as good overall and requires improvement for providing well-led services.

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

Well-led

Rating: Good

At the last inspection in January 2019 we rated the practice as requires improvement for providing well-led services because:

- The practice did not have clear and effective processes for managing risks, issues and performance.
- Practice policy was not always followed regarding infection prevention and control.
- The immunisation status of staff was not kept.

At this inspection, we found that the provider had satisfactorily addressed these areas.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	

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 processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection in January 2019, the practice did not have a fire risk assessment, security or health and safety risk assessment for the premises it occupied.</p> <p>At this inspection a fire risk assessment of the premises had been completed in January 2019. We saw that actions identified were being addressed and updates documented within the action plan.</p> <p>All the window blinds in the premises had been fitted with cleats to break the cord in the event of an emergency.</p> <p>A premises and security risk assessment had been completed in January 2019. This was regularly reviewed at practice meetings and actions were taken in accordance with the findings. A legionella risk assessment had been completed in December 2018 and actions were taken and documented as recommended in the action plan.</p> <p>The practice business continuity plan had been updated in January 2019 and was accessible to all staff via the computer shared drive.</p>	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y

Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
<p>At the January 2019 inspection the process for managing risks required improvement.</p> <p>At this inspection we were shown an infection prevention and control risk assessment which was completed quarterly. Areas for improvement were documented and updated as completed. All staff had completed the required infection, prevention and control training.</p> <p>We saw that a protocol had been developed for staff to follow when dealing with paper correspondence into the practice. There were clear processes to follow for items that required review from a GP. To support this process the on-call GP based themselves with administrative staff in the afternoon.</p> <p>Emergency equipment and medicines are now checked weekly and in-date defibrillator pads were now stocked.</p> <p>A log of safety alerts into the practice was now kept. The log detailed who reviewed the alert, the action to be taken and when it was completed.</p> <p>The practice had reviewed their appointment system to improve access to appointments for patients.</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 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. 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.