

Care Quality Commission

Inspection Evidence Table

Bridgnorth Medical Practice (1-557647495)

Inspection date: 26 November 2019

Date of data download: 20 November 2019

Overall rating: Good

Well-led:

Rating: Good

At our previous inspection on 7 November 2018, we rated well-led as requires improvement as there were areas where the provider needed to improve. These included:

- Establishing effective systems and processes to ensure good governance
- Ensuring risks relating to the health, safety and welfare of people using the service and others were assessed, monitored and mitigated.
- Ensuring staff were up to date with essential training and received an annual appraisal of their work to include a review of their job description.
- Formulating an action plan for responding to the results of the national GP patient survey to include actions to address the lower than average results regarding access to the service.
- Securing the safety of fridge power points to help mitigate the risk of them being turned off.
- Improving the monitoring of infection control compliance in between audit cycles.
- Reviewing and updating the safeguarding policies in line with latest guidance.
- Ensuring notifiable incidents were reported to CQC.
- Establishing an active patient participation group (PPG) to represent the needs of the patients.

During our inspection on 26 November 2019, we reviewed evidence and found improvements had been made in all these areas, and the practice was rated as Good for providing a well-led service.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
Explanation of any answers and additional evidence: Since the last inspection there had been changes in the leadership of the practice. The new practice manager and GP partner we spoke with demonstrated that they understood the challenges of the service and provided effective leadership. Staff we spoke with told us leaders were approachable, visible and promoted an inclusive culture.	

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.	Yes
Staff were clear about their roles and responsibilities.	Yes
Explanation of any answers and additional evidence: At the last inspection we found structures, processes and systems to support good governance and management were not always effective. At this inspection we found additional clinical staff had been employed and changes in the leadership structure made. These included a new practice manager and the introduction of an administration manager and three senior receptionists to ensure the smooth running of the practice. Staff we spoke with demonstrated a clear understanding of their roles and of the revised organisational structure. We found leaders had acted to address the shortfalls we identified at the previous inspection.	

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.	Yes
There were processes to manage performance.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff were trained in preparation for major incidents.	Yes
Explanation of any answers and additional evidence:	
<p>At the last inspection we found the provider did not have clear or effective processes for managing risk, issues and performance. We issued a requirement notice and made six good practice recommendations. We identified that there was a lack of oversight of safety systems. For example, we identified shortfalls in staff receiving essential training. There was a lack of documented health and safety risk assessments. Fire drills had not taken place. The infection control audit was overdue. There was a lack of oversight on monitoring oxygen cylinder levels. An excessive number of prescription pads were held at the practice and not securely held. There was a risk of fridges containing vaccines being switched off. Safeguarding policies did not reflect current guidance. The practice did not have an active patient participation group (PPG) to represent the needs of the patients. A notifiable incident had not been reported to CQC as required.</p> <p>At this inspection we found improvements had been made in managing risks, issues and performance. Staff had completed all essential training and had received an appraisal or a review of their work in the previous 12 months. An appraisal system had been implemented and appraisals were now held in the month staff joined the practice. A staff competency handbook had been developed and was being used initially with the reception staff. The handbook included expectations and 17 competency areas within key tasks to achieve good working standards. Receptionists were observed at work and with patients and colleagues over a period of time and had to provide written supporting evidence.</p> <p>The provider had commissioned an external consultant to visit the practice and complete a health and safety analysis including risk assessments. A review of risk assessments had been scheduled to take place in January 2020. A health and safety general policy statement had been developed and an employee safety handbook provided for all staff. A fire risk assessment had been undertaken in September 2019. Two fire drills had taken place since the last inspection to include patients and one drill with a fire assessor, so they were able to oversee the procedure. A fire drill record had been developed and implemented, including comments made on the effectiveness of the drill. Smoke vents had also been repaired and an annual fire assessment completed. There were formal arrangements in place for the weekly testing of the fire system.</p> <p>A new infection prevention and control (IPC) template had been obtained since the last inspection and an audit had been undertaken in January 2019 and reviewed in July 2019. A further audit was undertaken in September 2019 and reviewed in November 2019 by the IPC lead. Records we reviewed showed the practice had achieved 88% in January and 91% in September and an action plan developed in addition to an annual IPC statement. Discussions held with the IPC lead demonstrated they had a clear understanding of their role in the monitoring of IPC across the practice.</p>	

Since the last inspection the practice had obtained two additional oxygen cylinders and had also developed a clear written procedure for the monitoring of oxygen levels and replacement of cylinders.

Arrangements had been made and implemented for the safe and secure storage of prescription pads held at the practice. These were now held in a locked cupboard and the quantity of prescription pads held had also been reduced. All prescriptions issued to clinicians were signed in and out and a record held. The practice was promoting the NHS electronic prescription service (EPS) to send prescriptions electronically to a patient's chosen pharmacy reducing the need for paper copies. They had also recently introduced electronic repeat dispensing (eRD) for patients with long-term conditions to enable patients regularly get a prescription for the same medication.

Fridge plugs had been labelled to help mitigate the risk of fridges containing vaccines from being switched off. Fridge data loggers had also been obtained and installed in all fridges and the data regularly downloaded and monitored.

The safeguarding policy had been updated with separate policies to reflect current guidance and these were available for all staff to access.

There had been no notifiable incidents that had occurred since the last inspection. However, the provider advised they had added a sentence to their significant event and complaint reporting forms as an aide memoire to improve awareness of incidents that were notifiable to CQC.

The practice now had a newly formed patient participation group (PPG) to represent the voice of their patients. The group consisted of six core members and the practice were actively trying to recruit more members. A PPG notice board was displayed in the reception area which included the role of the PPG. The first PPG meeting was held on 12 November 2019 and a Chair and Secretary voted in and a number of actions identified for the PPG and practice. Minutes of the meeting was available on the practice website and included practice performance, to include reviewing the outcome of the national GP survey and an independent survey carried out. An action plan had been developed in response to the surveys, particularly in relation to providing patients with better telephone access and appointments. A further PPG meeting had been scheduled for 21 January 2020 with the aim to have a minimum of four PPG meetings a year. In addition to these meetings, the Chair met with the practice manager twice monthly.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff discussions	During the inspection we spoke with a range of staff. They told us the practice had significantly improved since the last inspection. Staff we spoke with confirmed they had completed all outstanding essential training and had received an appraisal of their work. They considered staff morale was very good, that they were kept well informed of any changes within the practice and reported the staff team, particularly reception team were far more settled following the promotion of three former receptionists to senior receptionists. Staff felt supported in their work and felt the practice had made positive changes since the last inspection including governance arrangements.

Other feedback:

CQC comments cards	
Total comments cards received.	Six
Number of CQC comments received which were positive about the service.	Five
Number of comments cards received which were mixed about the service.	One
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	As part of our inspection, we received six comment cards from patients which were positive overall about the care and treatment patients received. Patients described the practice staff as lovely, very thorough and excellent. One patient told us they could not fault the care and treatment they and their family received and said staff went above and beyond to help. The mixed comment was in relation to the difficulties with obtaining an appointment.

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.