

# Care Quality Commission

## Inspection Evidence Table

### Broseley Medical Practice (1-582210907)

Inspection date: 9 December 2019

Date of data download: 04 December 2019

## Overall rating: Good

### Safe

**Rating: Good**

At our previous inspection on 11 December 2018, we rated safe as requires improvement as there were areas where the provider needed to improve. These included:

- Reviewing the practice recruitment procedures to ensure only fit and proper persons were employed.
- Reviewing the significant events reporting and recording system to improve the quality of patient care from lessons learnt.
- Developing an effective system for the monitoring of high-risk medicine prescribing.
- Ensuring all staff completed outstanding essential training including training in safe working practices.

During our inspection on 9 December 2019, we reviewed evidence and found improvements had been made in all these areas, and the practice was rated as Good for providing a safe service.

## Safety systems and processes

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

<b>Safeguarding</b>	<b>Y/N/Partial</b>
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Explanation of any answers and additional evidence: At the previous inspection we identified shortfalls in obtaining DBS checks for two staff prior to commencing employment at the practice. In addition, no risk assessment had been undertaken to mitigate any potential risk to patients until the DBS checks had been obtained. At this inspection we reviewed the personnel files for three new staff employed since the last inspection and two existing staff and found the necessary DBS checks had been obtained.	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial
Explanation of any answers and additional evidence: At the previous inspection we identified shortfalls in how new staff were recruited at the practice. We found the practice was not working within their new employee recruitment, selection, interview and appointment policy and protocol. For example, interview records were not consistently maintained and the policy did not specify all the documents required, for example proof of identity and DBS checks or a completed risk assessment. At this inspection we found the policy had been updated to reflect all the required documents. We reviewed the personnel files for three new staff employed since the last inspection and two existing staff and found the necessary checks had been carried out in accordance with regulations. Applicants were also advised they were unable to commence working at the practice until all necessary checks, including a satisfactory DBS, had been obtained. However, a risk assessment to record the processes non-clinical staff followed to protect themselves and patients in the absence of immunisation for hepatitis B had not been completed. During the inspection we spoke with a member of staff that had been appointed since the last inspection. They told us they commenced employment after all of the necessary checks had been undertaken and considered the practice recruitment procedures were thorough.	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Additional evidence: At the previous inspection we identified that not all staff had completed essential training in safe working practices including infection prevention and control, fire safety, moving and handling and health and safety principles. At this inspection we saw the practice now had a designated member of staff for overseeing training. The training matrix had been updated and all outstanding essential training had since been completed and copies of training completed held on staff files. The practice manager advised that staff were now provided with protected time away from their desk to complete their training requirements. They were awaiting dates for protected learning training events arranged for staff to attend by the clinical commission group (CCG).	

## 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 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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the previous inspection we found the practice did not have an effective system in place for the monitoring of high-risk prescribing which potentially placed patients at risk. For example, blood test results for patients on shared care arrangements had not consistently been reviewed before patients were prescribed their medicines.</p> <p>At this inspection we saw the provider had developed a risk rated spreadsheet for all patients prescribed high-risk medicines. The spreadsheet was coded red, amber and green. The practice had a designated person that was responsible for carrying out regular searches on the clinical system to ensure patients were in receipt of the required blood tests and results were made available before they were prescribed their medicines. We reviewed completed spreadsheets for the last two quarters. Information included the patient identification code, the medicines they were prescribed, current dose, if all blood tests had been obtained, date of last blood test, date seen at the practice and date of specialist review.</p> <p>The practice had also implemented a 'red dot medication monitoring' audit to ensure that patients on any medicines that required regular blood tests were monitored in a timely and efficient manner determined by the type of medication they were taking. Patients were advised they had to have a blood test, or they may not get their medicines for their own safety. The practice told us the uptake had been very good with patients being compliant with having their blood tests at the required frequency.</p>	

## 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 a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	18
Number of events that required action:	16
<p>Explanation of any answers and additional evidence:</p> <p>At the previous inspection we saw very few significant events had been recorded in the previous 12 months. We also identified two examples of events that had occurred and had not been considered by the practice as significant events. This prevented learning from events being embedded into practice. At this inspection we saw that the practice had reviewed their significant event policy in addition to their reporting and recording system to improve the quality of patient care from lessons learnt. The practice advised that staff were now being encouraged to raise significant events, both positive and negative to enable the team to share these and implement any required changes into practice to improve quality. A significant event summary form had been implemented by the newly appointed office supervisor detailing the date, significant event, actions taken, and the learning implemented. Significant events were also shared and discussed at a range of meetings held at the practice and recorded.</p>	

### Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Incorrect patient booked in for GP telephone call.	Apologies were given to the correct patient and a task was sent to the GP to call the patient that day. Staff were asked to double check patient details when booking appointments and check for two forms of identification on the screen. A 'caution similar names' alert was added to the patient's record to advise staff to be vigilant.
A baby was booked in for a six to eight week check that had not been registered at the practice.	The practice registrations clerk contacted the parent and was advised that without completed registration forms they were unable to review the baby. Staff were advised to ensure babies were registered at the practice before booking appointments.

## 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. 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.