

Care Quality Commission

Inspection Evidence Table

Trinity Medical Centre (1-3719172328)

Inspection date: 14 January 2020

Date of data download: 08 January 2020

Overall rating: Good

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

Safe

Rating: Good

At the last inspection in November 2018 we rated the practice as requires improvement for providing safe services because:

- A disclosure and barring service (DBS) check or risk assessment had not always been carried out for non-clinical chaperones.
- There was no system to monitor the ongoing registration of nurses.
- Actions following an infection control audit had not been completed.

At this inspection, we found all these issues had been addressed.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
Explanation of any answers and additional evidence: We found the practice had updated their policy in January 2020, which included a list of chaperones who had received training and a completed DBS check. We looked at two staff files and saw evidence of this.	

Recruitment systems	Y/N/Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Explanation of any answers and additional evidence: The practice had improved their processes to ensure the registration of nurses was monitored. This included a spreadsheet of staff that contained the date for renewal, and a calendar entry to prompt the check.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit:	January 19
The practice had acted on any issues identified in infection prevention and control audits.	Yes
Explanation of any answers and additional evidence:	
<p>The lead practice nurse was now the infection, prevention and control lead. We saw the practice conducted weekly, monthly and six-monthly cleanliness checks. We also saw a comprehensive annual audit that had been completed in January 2019. All actions had now been completed. Actions requiring completion were brought to the attention of the practice manager and fed into the monthly practice governance meeting. They were preparing to complete the audit for January 2020 and would improve their recording further, by logging the date actions were completed on the audit document.</p>	

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
Explanation of any answers and additional evidence:	
<p>Prior to our inspection we received information of concern about the allocation of staff numbers. We spoke to staff and reviewed the methods used by the practice to determine the number of staff required. We found that the practice monitored absences and workload. They took action where required and had systems in place to ensure adequate numbers of staff were deployed.</p>	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
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.	Yes
Explanation of any answers and additional evidence: <p>Prior to our inspection we received information of concern about the management of information at the practice.</p> <p>The practice had implemented a workflow process for dealing with incoming post and directing this to the most appropriate staff member. We saw they had documented policies and protocols to govern this activity. The workflow lead was one of the GP partners, who performed regular quality audits for each staff member, to assess and monitor compliance. We saw evidence of this. We were told about unexpected staff shortages in this particular team in 2019, however the practice had safety measures in place to ensure risk was minimised. This included that three existing staff were being trained to join the team. We checked the amount of correspondence waiting to be processed, including new patient registration forms. We saw and were told there was some backlog, but we were shown evidence of this being closely monitored by the management team. We heard that if necessary, the workflow system would revert to the GPs to ensure clinical correspondence was not delayed.</p> <p>Whilst on inspection we looked at a sample of incoming and outgoing correspondence, including test results, urgent referrals and medication changes. Of those we reviewed, all had been actioned in a timely manner, by an appropriate staff member, and recorded onto the clinical system.</p>	

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
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Explanation of any answers and additional evidence:	
<p>We looked at a sample of records and found evidence of comprehensive clinical notes. We found information relating to medicines was dealt with in an appropriate and timely manner. The practice had formed of three practices and this, coupled with a large turnover of patients due to the demographic, meant there were some delays in summarising of new patient notes. We found the practice was well aware of this and had a strategy in place. This included that urgent and high risk patients were actioned without delay. There were quality control processes in place.</p>	

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	166	213	77.9%	Below 80% uptake
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	147	205	71.7%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	148	205	72.2%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	148	205	72.2%	Below 80% uptake

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

The practice was aware of their performance relating to child immunisation uptake rates. The practice met with the local NHS trust immunisation lead as they discovered some issues with the data, which had occurred following the merger. They found the clinical systems had not linked correctly causing issues with coding. The practice were working to reconsolidate data and rectify these issues. They had received an update from a Child Health Information Systems (CHISs) officer. This showed their uptake rates were now 90% for the quarter ending 30/09/2019. They were continuing with their review and improvement initiatives, including planning additional catch up immunisation clinics in early 2020.

Any additional evidence

Staff we spoke with felt supported and able to speak up about any concerns, including workload. They told us everyone was approachable and willing to help. Although this practice was the combination of three practices who merged to become Trinity Medical Centre, staff told us everyone worked well together. We were told about various social events to support the cohesion of the team.

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.