

Care Quality Commission

Inspection Evidence Table

Ashbourne Medical Practice (1-569581401)

Inspection date: 19 February 2020

Date of data download: 19 February 2020

Overall rating: Good

This inspection was carried out to follow up on issues found at the inspection in March 2020 where a breach of regulation 12: safe care and treatment was found.

Safe

Rating: Good

The practice was rated as requires improvement following a CQC inspection in March 2019, however at the inspection in February 2020 we found that all areas had been addressed and systems had improved.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There were systems to identify vulnerable patients on record.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: We saw evidence that the practice held regular meetings with other services in relation to patients with safeguarding concerns. Discussions were fully documented within the patients records and meeting records of patients discussed during meetings were kept confidentially. Patients with safeguarding concerns had alerts and icons on their clinical record, and the practice had implemented alerts on the clinical system to ensure staff were aware of the safeguarding status of these patients.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: July 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed the practices latest infection control audit and saw a comprehensive audit had been completed. There was an action plan with ongoing actions outstanding, however the practice were monitoring these issues. The practice also completed quarterly checks of the rooms to ensure they continued to meet standards.</p> <p>We reviewed clinical rooms during the inspection and found no issues with infection control.</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 ensured medicines were stored safely and securely with access restricted to authorised staff.	Y ¹
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y ²
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y ³
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 ⁴
<p>Explanation of any answers and additional evidence:</p> <p>1. We saw evidence that the temperatures of the medicine fridges were being monitored twice a day in line with their practice policy. We saw there had been one occasion where the temperature had exceeded the recommended temperature which was dealt with according to the practice policy and was clearly documented.</p> <p>2. We saw the practice had a system to ensure blank prescriptions were secure and they monitored their usage throughout the practice. There was a clear system to show which clinicians were responsible for prescriptions and included a system to destroy voided prescriptions safely. The practice did not have any prescription pads.</p> <p>3. We reviewed the practices Patient Group Directives (PGDs) and found they were all in date and signed appropriately by practice staff and managers.</p>	

4. Doctors at the practice no longer carried medicines in their Doctors bags for home visits. Instead they had boxes of emergency medicines available to use for home visits in the dispensary, if the clinician deemed necessary. There was a clear record of when these boxes were taken from the dispensary which included the responsible clinician. There was a system to ensure these medicines were in date and suitable for use.

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.