

Care Quality Commission

Inspection Evidence Table

Toftwood Medical Centre (1-6256707018)

Inspection date: 17 June 2020

Date of data download: 17 June 2020

Overall rating: Good

Safe

Rating: Good

At the previous inspection in April 2019, the practice was rated as requires improvement for providing safe services. At that inspection we identified;

- The practice did not have an up to date fire risk assessment and had not completed some high priority actions identified in the last fire risk assessment.
- The practice stock of emergency medicines was not in line with national guidelines.
- Patient Group Directions (PGD) used by nurses to administer vaccinations were not clearly authorised by all staff.

We undertook a desk based inspection on 17 June 2020 to check the practice had made improvements. The practice is now rated as good for providing safe services.

- The practice sent evidence of an up to date fire risk assessment. All actions identified had been undertaken and those with building limitations had a risk assessment.
- The stock of emergency medicines was in line with national guidance, except one that had been risk assessed by the GPs and hospital consultants.
- The practice had reviewed all of their PGDs and provided evidence these were clearly authorised by all relevant staff.

Safety systems and processes

Safety systems and records	Y/N/Partial
There was a log of fire drills. Date of last drill: 12 September 2019	Yes ¹
There was a record of fire alarm checks. Date of last check: 10 June 2020	Yes
A fire risk assessment had been completed. Date of completion: 10 June 2019	Yes ²
Actions from fire risk assessment were identified and completed.	Yes ³
Explanation of any answers and additional evidence: 1. The practice had scheduled a fire drill for March 2020, however because of the coronavirus pandemic the fire drill had been postponed until August 2020.	

2. An annual fire risk assessment was due, however because of the pandemic the fire risk assessment had been postponed until August 2020
3. Actions taken post fire risk assessment included;
 - A fixed hard wiring inspection certificate was evidenced; and the practice forwarded photographic evidence of the reduction of extension lead usage in the offices.
 - Risk assessments were in place for replacement of fire doors and the fixing of automatic closers. This was the responsibility of the landlord and the building management company. The provider had referred the recommendation to them.
 - Training a fire marshal in the use of fire extinguishers. (certificate dated 24 July 2019).
 - Signage was put in place to identify the assembly point outside of the building in case there was a need for evacuation.
 - Checks were implemented to visually check tamper tags on extinguishers were intact. Any broken seals were replaced. Photographic evidence was supplied.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines.

Medicines management	Y/N/Partial
Staff had the appropriate authorizations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes ¹
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.	Yes ²
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. The practice had reviewed all their PGDs and provided evidence these were clearly authorized by relevant staff. 2. The practice risk assessed the use of dexamethasone for first line intervention of the management of croup. They reviewed the guidance in the British National Formulary and identified an alternative medicine (prednisolone). They consulted with a paediatric consultant from the local hospital who confirmed this medicine was an acceptable emergency treatment of a child presenting with severe croup prior to transfer to hospital. The practice provided evidence they had the appropriate emergency medicines available. 	

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.