

Care Quality Commission

Inspection Evidence Table

Parkgate Medical Centre (1-540823461)

Inspection date: 13 July 2020

Date of data download: 27 July 2020

Overall rating: Good

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

Safe

Rating: Good

At the November 2019 inspection the practice was rated requires improvement for providing safe services because:

- The fire risk assessment action plan had not been updated and still showed previous actions.
- A warning notice was not displayed where oxygen was stored at the branch surgery and storage of oxygen was not included in the fire risk assessment.
- Fire drills and fire training had not been provided since April 2018.

There were also some areas for improvement identified relating to safeguarding processes and recruitment.

At the desk top follow up inspection completed on 13 July 2020, we found the provider had taken action to address these issues.

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 was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y

Safeguarding	Y/N/Partial
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	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
<p data-bbox="55 629 810 667">Explanation of any answers and additional evidence:</p> <p data-bbox="65 730 1430 801">During the November 2019 inspection not all staff knew who the safeguarding lead was and the practice safeguarding procedure had not been personalised with practice specific details.</p> <p data-bbox="65 842 1501 981">At this inspection the practice shared with us a copy of the updated practice safeguarding policy that had been personalised with practice specific details and also the practice leads for each area had been identified and shared with staff. All staff had undertaken relevant safeguarding training for their roles.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p data-bbox="55 1420 810 1458">Explanation of any answers and additional evidence:</p> <p data-bbox="55 1520 1522 1592">At the inspection in November 2019 a risk assessment had not been completed for a member of staff who started work at the practice prior to recruitment checks being completed.</p> <p data-bbox="55 1641 1522 1780">At this inspection the practice shared with us the risk assessment and actions taken, following the November 2019 inspection, for the member of staff to ensure they did not practice independently in the absence of the required recruitment checks. The practice confirmed that the recruitment checks were now completed.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: December 2019 (main site and branch)</p>	Y
<p>There was a record of equipment calibration. Date of last calibration: April 2020 (main site and branch)</p>	Y
<p>There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.</p>	Y
<p>There was a fire procedure.</p>	Y
<p>There was a record of fire extinguisher checks. Date of last check: January 2020 (main site and branch)</p>	Y
<p>There was a log of fire drills. Date of last drill: February 2020 (main site and branch)</p>	Y
<p>There was a record of fire alarm checks. Date of last check: weekly</p>	Y
<p>There was a record of fire training for staff. Date of last training: various</p>	Y
<p>There were fire marshals.</p>	Y
<p>A fire risk assessment had been completed. Date of completion:</p>	
<p>Actions from fire risk assessment were identified and completed.</p>	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in November 2019 the fire risk assessment action plan had not been updated and still showed previous actions. A warning notice was not displayed where oxygen was stored at the branch surgery and storage of oxygen was not included in the fire risk assessment. Fire drills and fire training had not been provided since April 2018.</p> <p>At this inspection the practice provided evidence that the fire risk assessment action plans had been updated with recent actions. A notice was now displayed where oxygen was stored at the branch surgery and separate oxygen and liquid nitrogen risk assessments had been completed.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit:	
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	
At the November 2019 inspection we observed low level dust in the patient toilet at the main site and this room still required work to the wall to ensure effective cleaning.	
At this inspection the practice provided us with confirmation that the walls had been painted and were cleaned regularly as part of the practice cleaning regime.	

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 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.