

Care Quality Commission

Inspection Evidence Table

Dr Rina Miah (1-530081373)

Inspection date: 26 August 2020

Date of data download: 14 August 2020

Overall rating: Good

The practice was rated as Requires Improvement in March 2019 in the safe domain. At this focused inspection we found that improvements had been made in all of the necessary areas. The practice is now rated as Good.

Following the announced inspection at Dr Rina Miah on 27 March 2019 we rated the provider as requiring improvement for safety because:

- There was the need to review arrangements for ensuring that staff have received the relevant vaccinations.
- Remedial work was needed following the recent fire risk assessment.
- There was the need to review arrangements for ensuring the premises are secure at all times.
- A system to enable the monitoring of the distribution of blank prescriptions throughout the practice needed to be implemented.
- There was the need to provide appropriate clinical waste disposal bins.

At this focused inspection we found that improvements had been made in all of the necessary areas. The practice is now rated as Good.

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

Safe

Rating: Good

Safety systems and processes

Recruitment systems	Y/N/Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
Explanation of any answers and additional evidence:	

As part of this desk top inspection we received documentation from the provider that demonstrated that staff had received the relevant vaccinations.

Safety systems and records	Y/N/Partial
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>As part of this desk top inspection we received information that showed the appropriate recommendation from the last fire risk assessment had been completed. There was an updated fire risk assessment along with the invoice showing the cost of the completed work.</p>	

Health and Safety	Y/N/Partial
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>As part of this desk top inspection we received photographic evidence to show action had been taken in relation to the 'back door' (which was a fire exit) with improved security measures. An alarm had been installed, which alerted staff in the event that the door was opened.</p>	

Medicines management	Y/N/Partial
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>As part of this desk top inspection we received documentation from the practice which demonstrated they had the appropriate arrangements in place to manage prescription. They had produced an updated prescription security protocol along with a prescription log sheet. We also received a number of completed log sheets. Last one dated 9 July 2020.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Y
<p>Explanation of any answers and additional evidence:</p> <p>As part of this desk top inspection we received photographic evidence to show the appropriate clinical waste bin was now in situ. Most recent bin was dated 30 June 2020.</p>	

Effective

Rating: Good

The practice was rated as Good on 27 March 2019 in the effective domain. At this focused inspection we found that improvements had been made in all of the necessary area.

Following the announced inspection at Dr Rina Miah on 27 March 2019 we rated the provider as good, however there was the need for the updating of training for cervical screening.

Effective staffing

The practice was able/ unable to demonstrate that/ staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
Explanation of any answers and additional evidence: As part of this desk top inspection we were provided with certificates to show that training had been updated for clinical staff who carry out this procedure. One certificate was dated 11 April 2019 and the other 14 April 2019.	

Responsive

Rating: Good

The practice was rated as Good on 27 March 2019 in the responsive domain. At this focused inspection we found that improvements had been made in all of the necessary area.

Following the announced inspection at Dr Rina Miah on 27 March 2019 we rated the provider as good, however there was the need to improve access to the practice.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The facilities and premises were appropriate for the services being delivered.	Y
Explanation of any answers and additional evidence: As part of this desk top inspection we were provided with information about arrangements in place to inform patients how to summon assistance if needed. Along with interim arrangements the practice had received three quotes for the installation of electronic doors. Quotes were dated 6 th , 14 th and 15 th January. These have been submitted for grant funding and work will commence as soon as possible.	

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.