

Care Quality Commission

Inspection Evidence Table

Warders Medical Centre (1-568372924)

Inspection date: 05 October 2020

Date of data download: 05 October 2020

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Safe

Rating: Good

At our previous inspection in December 2019 we rated the practice as requires improvement for providing safe services because:

- Patients on high-risk medicines were not always monitored appropriately.
- Safety alerts were not always acted on.
- Staff were not aware of practice access/storage of midazolam for emergency treatment of seizures.
- Medicine and prescription security were insufficient.
- Disclosure and barring service checks were not always conducted on relevant staff before they commenced in post.
- There were gaps in safeguarding and infection control training.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Partners and staff were trained to appropriate levels for their role.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Explanation of any answers and additional evidence: At our previous inspection in December 2019 we told the provider they must make improvements to gaps in safeguarding training. We found that not all GPs had completed relevant safeguarding training updates. For example, two GP partners had not attended adult safeguarding updates in four and five years respectively and one hadn't completed child safeguarding in four years. Four GPs had not completed level three adult safeguarding. Two out of four nurses had not completed level three adult training and a healthcare assistant had no record of adult safeguarding.	

Safeguarding	Y/N/Partial
<p>Since our inspection in December 2019, the practice had made improvements to ensure that all GPs and registered nurses were trained to level three in safeguarding adults and children. The provider sent us evidence to show that this training had now been delivered and completed by all appropriate staff.</p>	

Health and safety	Y/N/Partial
<p>Premises/security risk assessment had been carried out.</p> <p>Date of last assessment:</p>	Y
<p>Health and safety risk assessments had been carried out and appropriate actions taken.</p> <p>Date of last assessment:</p>	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in December 2019 we told the provider they must ensure that Legionella and health and safety risk assessments were carried out. We found that there was no record of a legionella risk assessment, a health and safety risk assessment or of a five year electricity hard wiring test.</p> <p>Since our inspection in December 2019, the practice had ensured that all appropriate risk assessments had been completed and were being routinely maintained. The provider sent us documentary evidence to confirm this.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
<p>Staff had received effective training on infection prevention and control.</p>	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in December 2019 we told the provider they must make improvements to address gaps in infection prevention and control training. We found that three of the GPs had not completed the required training updates.</p> <p>Since our inspection in December 2019, the practice had continued to make improvements to ensure that all staff that required updated training had received this. Additionally, during the pandemic infection prevention and control procedures had been implemented to ensure they met the newly implemented guidelines. The provider sent us documentary evidence to confirm this.</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
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
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.	Y
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
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in December 2019 we told the provider they must make improvements to medicine management. We found that vaccines were stored in a fridge in an unlocked room and the fridge had the key in the door. A fridge labelled as a specimen fridge was being used to store medicines. The temperature was monitored but the fridge was not lockable. Printer prescriptions were removed from trays at night but not when unoccupied during the day. Patients on high-risk medicines were not always monitored as required.</p> <p>Since our inspection in December 2019, the practice had ensured that significant improvements had been made to medicine management. Documentary and photographic evidence sent to us by the provider confirmed that; all fridges were being used appropriately and daily temperature checks and monitoring of fridges were being completed and recorded. Printer prescriptions were removed from trays at night and all rooms were locked when rooms were left unattended. Patients on high risk medicines were monitored appropriately and the practice had taken measures to keep this monitoring maintained during the pandemic.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
There was evidence of learning and dissemination of information.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in August 2019 we told the provider they must make improvements to how they shared learning from significant events. We found that significant events were discussed in clinical or partner meetings but not always widely discussed with relevant staff for learning. The provider sent us information following the inspection to demonstrate that this had been addressed. They had reviewed how learning from significant events could be improved as part of administrative meetings, with a view to sharing learning with relevant staff.</p>	

Since our inspection in December 2019, the practice had continued to ensure that they shared learning from significant event with relevant staff. The provider sent us documentary evidence to confirm this and to show that the new system had been embedded.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y

Explanation of any answers and additional evidence:

At our previous inspection in August 2019 we told the provider that they must make improvements to ensure that safety alerts were actioned appropriately. We found that the practice had not been receiving the Medicines and Healthcare products Regulatory Agency (MHRA) drug safety alerts, there was no overarching log of alerts and the practice were unable to demonstrate an effective system outside of the dispensary. Following the inspection, the practice shared with us a newly drafted safety alert policy. They told us they had signed up for MHRA drug and safety alerts and had run searches on the medicines highlighted during inspection which had been distributed to the registered GPs to action.

Since our inspection in December 2019, the practice had continued to ensure that safety alert policy was effectively embedded and that actions were being taken, where appropriate. The provider sent us documentary evidence to confirm this.

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.