

Care Quality Commission

Inspection Evidence Table

Windmill Health Centre (1-567918703)

Inspection date: 06 May 2021

Date of data download: 04 May 2021

Overall rating: Good

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

Safe

Rating: Good

At the last inspection carried out in May 2019 we rated the practice as requires improvement for providing safe services because:

- The improvements required to the physical condition of the consultation and treatment rooms had not been fully completed.
- The provider was not fully assured that staff immunity status checks had been carried out in relation to measles, mumps and rubella, and varicella.

At this focused follow up inspection carried out in May 2021 we have rated the practice as good for providing safe services because: -

- The provider had upgraded and improved the physical condition of consultation and treatment rooms within the practice. New flooring had been fitted, walls had been repainted, and new lighting, wall mounted water heaters and ventilation had been installed or otherwise improved.
- The provider had completed immunity status checks for clinical and non-clinical staff.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control (IPC) audits were carried out. Date of last infection prevention and control audit: 23 April 2020	Yes

The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The provider had completed structural and physical upgrades and improvements to the consultation and treatment rooms. We saw that new flooring had been laid, that the walls had been redecorated and were in a condition to enable them to be effectively cleaned. In addition, new lighting and wall mounted water heaters had been installed, and the levels of ventilation increased via natural and mechanical means. Only one area needed attention, the roof light in Room 11 had been subject to damage from vandalism and required a high level clean. We were told by the practice manager that this would be arranged. • To support the refurbishment, the provider had undertaken an IPC risk assessment. • The practice had received support from the local IPC team in April 2020 in relation to COVID-19 compliance. On the day of our inspection we saw that appropriate controls and measures were in place. • An IPC policy was in place and had been reviewed on 13 May 2020. 	

Effective

Rating: Good

At the last inspection carried out in May 2019 we rated the practice good overall for providing effective services. However, we rated the practice requires improvement for providing services for the Families, children and young people population group because:

- All child immunisation measures were below the minimum target of 90%.

At this focused follow up inspection carried out in May 2021 the practice is now rated as good for providing effective services for Families, children and young people because:

- Performance in relation to child immunisation had shown general improvement since the last inspection in May 2019. For example, the percentage of children aged 2 who had received their booster immunisation for Pneumococcal infection had increased from 80% in 2017/18 to 90.1% in 2019/20. The practice had put measures in place to identify children who had missed immunisation appointments, and acted to encourage parental participation in immunisation programmes. However, the provider had not met the WHO based national target of 95% for any of the five measures for child immunisations.

Families, children and young people

Population group rating: Good

Findings

- The practice had not met the minimum 90% for two of five childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all five childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)	89	103	86.4%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received	109	121	90.1%	Met 90% minimum

Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)				
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	109	121	90.1%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	109	121	90.1%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	80	91	87.9%	Below 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

- Performance in relation to child immunisation had shown general improvement since the last inspection in May 2019. For example, the percentage of children aged 2 who had received their booster immunisation for Pneumococcal infection had increased from 80% in 2017/18 to 90.1% in 2019/20. However, the provider had not met the WHO based national target of 95% for any of the five measures for child immunisations.
- The provider told us that they recognised that there were challenges in engaging with some of the practice population, with high levels of deprivation, and an increase in migrant families moving into the area, making communication and understanding of child immunisations difficult. Since the last inspection they told us that they had sought to increase uptake, and had in place several measures to improve child immunisation rates, these included:
 - A child immunisations lead had been appointed.
 - Invitations were sent to parents or guardians as soon as children were registered with the practice.
 - The practice attempted contact with parents or guardians on at least three occasions to arrange immunisations.
 - Parents or guardians were contacted immediately if they failed to take their child for an immunisation and were asked to re-book an appointment. If the practice was unable to re-book, or if other arranged appointments were missed, then the child's patient record would be coded as "child not brought in". The practice then liaised with the local health visitors who would contact the parent or guardian and encourage them to have their child vaccinated.

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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).
- **%** = per thousand.