

# Care Quality Commission

## Inspection Evidence Table

### The MacMillan Surgery (1-1605867593)

Inspection date: 30 June 2021

Date of data download: 01 July 2021

## Overall rating: Good

### Safe

### Rating: Good

At the previous inspection in September 2019 the service was rated requires improvement in safe because breaches were found in; Regulations 19 HSCA (RA) Regulations 2014 Fit and proper persons employed and Regulations 15 HSCA (RA) Regulations 2014 Premises and Equipment.

We found that systems in place did not ensure that staff were always fit to carry out their roles. We found that the premises were not secure and did not provide proper protection for staff or ensure confidential information was stored appropriately.

At this follow-up review we found that action had been taken to become compliant in these aspects of the safe key question and so we rated the service as Good.

#### Safety systems and processes

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

Safeguarding	Y/N/Partial
Policies and procedures were monitored, reviewed and updated.	Y
Explanation of any answers and additional evidence: At the previous inspection evidence indicated that policies such as the safeguarding were not reviewed and updated. At this follow-up inspection there was evidence that policies and procedures such as the security of the premises; medicine management and the safeguarding policy had been reviewed. A process to ensure regular review of policies and procedures had also been developed.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y

There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Evidence presented at this follow-up review confirmed that staff had completed physical and mental health declaration forms which were assessed and kept on record.</p> <p>The practice had introduced a system to record the pre-employment and periodic registration checks confirming clinical and nursing staff were correctly registered.</p> <p>Since the previous inspection the practice had commissioned support from a human resource company to assist with all aspects of recruitment and staff support.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: January 2021	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: January 2021	Y
<p>Explanation of any answers and additional evidence:</p> <p>Since the last inspection a full security risk assessment had been completed. Changes had been made to improve security which included the installation of smart locks and keys. These locked automatically so the general public could not gain access without being escorted by staff. The keys also limited where staff could access within the building for example the system prevented members of staff from entering adjoining practices.</p> <p>Evidence was provided which confirmed that adherence to the newly introduced security policies and procedures were monitored through periodic spot-checks. The findings were recorded, and remedial action taken as required.</p>	

## Risks to patients

**There were adequate systems to assess, monitor and manage risks to patient safety.**

	Y/N/Partial
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the time of the previous inspection reception staff had not received training in relation to recognising and dealing with sepsis.</p>	

At this follow-up review evidence was provided to confirm sepsis training had been provided to reception staff. The provider indicated that staff had recognised and correctly supported a patient with suspected sepsis since completing the training. The provider indicated these events were also discussed and reviewed as learning opportunities for all staff.

## 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
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
<p>Explanation of any answers and additional evidence:</p> <p>Since the previous inspection the frequency of checking for uncollected prescriptions had been formalized to once a month. The prescriptions were then checked to find out whether it was duplicate prescription and destroyed. If it was found the prescription has not been fulfilled this was flagged to a GP and documented in the patient's records.</p> <p>The provider indicated that 99% of prescription requests were now sent electronically direct to a pharmacist of the patient's choice which meant the use of paper prescriptions, and associated risks, had reduced.</p> <p>Prescriptions left in printers were now kept more secure because doors to consulting rooms locked automatically at all times.</p> <p>The provider now ran monthly searches for patients who were on high risk medicines to identify whether required health checks and blood tests were up to date. The searches identified when the checks were due and completed. The searches also identified patients whose care was being managed by secondary care specialist services. This meant the practice had an overview of the status of required checks for all patients on their patient list.</p>	

## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> 1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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](#)). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- $\text{‰}$  = per thousand.