

Care Quality Commission

Inspection Evidence Table

Greens Norton and Weedon Medical Practice (1-558982420)

Inspection date: 25 April 2022

Date of data download: 31 March 2022

Overall rating: Good

Safe

Rating: Good

Following our inspection in January 2020, the practice was rated **requires improvement** for safe due to concerns with the cold chain, medicines storage, recruitment checks and staff vaccinations.

The practice is now rated **good** for providing safe services as improvements had been made in all previously identified areas concern.

Safety systems and processes

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

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial
Explanation of any answers and additional evidence: At our previous inspection in January 2020 we found: <ul style="list-style-type: none">Some staff did not have the required references which had not been obtained prior to them commencing their employment at the practice.The practice used a third-party organisation to ensure that staff had the required vaccinations. However, the practice held no records of these themselves and there was no evidence to demonstrate how the practice were assured that these had been done. During this inspection we found: <ul style="list-style-type: none">The practice had invested in improved systems to maintain consistent staff recruitment records. A human resources database software was used to record recruitment information for staff. We reviewed files of staff members who had been recruited since our last inspection and saw references had been sourced and recorded.	

- The practice had made improvements to the recording of staff vaccination status however, at the time of inspection, the provider was awaiting information on immunity status for some members of staff. We were informed that due to changes in the leadership team and high staff turnover through the course of the pandemic the practice had not been able to complete all staff records as they had anticipated. To reduce the risk to staff and patients all staff who had not been able to demonstrate full vaccination history had completed a self-declaration form. The practice had expanded their recruitment systems to include a new employee induction checklist. The requirement to provide evidence of immunisation history and vaccination status was included in this checklist. A staff immunisation policy was available and provided a detailed explanation of the practice's approach to staff vaccinations based upon current guidance.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.80	0.82	0.76	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2021 to 31/12/2021) (NHSBSA)	11.1%	8.4%	9.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2021 to 31/12/2021) (NHSBSA)	4.42	5.05	5.28	Tending towards variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	107.8‰	132.9‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.85	0.64	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	5.6‰	7.8‰	6.8‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
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.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence:	

At our previous inspection in January 2020 we found:

- Some of the medicines in the dispensary had not been stored safely due to fridge temperatures not being adequately monitored and acted upon when temperature readings were out of range. We raised this with the provider who had been unaware of these high temperature readings. Immediate steps were taken following our inspection to ensure that medicines were reviewed and that they were safe to be administered.
- A lack of adequate clinical oversight and monitoring for the non-medical prescribers at the practice to ensure they were prescribing in line with recommended national guidance. We raised this during our inspection and the provider assured us that this was something they would start doing. Although we saw that some supervisions took place, this was not consistent.
- The fridge which stored the vaccines at the branch location, Weedon, had temperature recordings which were unsafe dating back to January 2018 through to 6 December 2019. No action had been taken to address the high temperature readings and the provider was unable to demonstrate that these vaccines had been safely stored. The practice took immediate steps to address this following our inspection. Steps were taken by the relevant agencies following our inspection to review any potential harm to patients as a result of this and to review if any patients needed to be recalled.

During this inspection we found:

- The practice had developed systems to ensure appropriate oversight of fridge temperatures, at both practice sites and the dispensary. New equipment had been purchased to allow accurate readings of internal fridge temperatures which supported manual checks that were undertaken three times a day by dedicated staff. All temperatures were recorded manually, with records then being copied to an electronic database. In addition, information from digital dataloggers was downloaded weekly to provide further assurance. There was clear signage on fridges advising staff of the appropriate action to take if temperatures were outside the approved range. There was a cold chain policy and staff we spoke with were aware of action to take should temperatures fall outside of range.
- Systems had been developed to support appropriate clinical oversight and monitoring of non-medical prescribers. We saw non-medical prescribers had dedicated slots throughout their day to liaise with the duty doctor for advice, reflection and support. This was in addition to any immediate support should they require it. Audits of consultations had been undertaken, identifying any action points and evidencing learning. For example, an audit of treatment decisions for acute coughs reviewed 30 patients. It was noted that improvements could be made to ensuring that safety netting advice and information leaflets were provided to patients. Following discussions during the inspection, the practice appointed a GP who would undertake additional routine audits of a sample of non-medical prescriber consultations; to provide further safety assurance. Immediately following our inspection, the practice submitted evidence of such audits.

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.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and other comments on dispensary services:</p> <p>At our previous inspection in January 2020 we found:</p> <ul style="list-style-type: none"> Stocks of controlled drugs which had not been destroyed in a timely manner or as soon as possible, in accordance with recommended guidance. We found medicines from May 2019 in the controlled drugs cabinet which were awaiting destruction. The Standard Operating Procedures around this required review. Fridge temperatures were being recorded; however, action was not being taken when readings were out of range, putting patients at risk of harm. The provider took immediate steps to address this following our inspection. <p>During this inspection we found:</p> <ul style="list-style-type: none"> The practice had updated its Standard Operating Procedure for controlled drugs. We saw evidence to support controlled drugs requiring destruction were actioned in a timely manner. Logs of destroyed controlled drugs were maintained appropriately and securely. Improvements had been made to the managements of medicines stored in the fridge, in line with improvements made within both practice sites. This included the use of digital dataloggers to monitor fridge temperatures and staff had received training on what to do if temperatures fell outside of approved range. 	

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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in January 2020, we found:</p> <ul style="list-style-type: none"> Significant events were recorded separately for each practice site and the dispensary. Although these were being recorded and action taken as needed, there was a lack of oversight to review these for themes and trends. We discussed this with the practice manager who agreed that this could be improved upon. <p>During this inspection we found:</p> <ul style="list-style-type: none"> Significant events continued to be recorded separately for each practice and the dispensary. Action was taken as needed and there was evidence that significant events were discussed in meetings as needed. Significant events were a standing agenda item for clinical meetings and staff advised the log was shared during each meeting to ensure any trends or themes could be identified. 	

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.
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- ‰ = per thousand.