

Care Quality Commission

Inspection Evidence Table

Essington Medical Centre (1-544316629)

Inspection date: 9 June 2021

Date of data download: 01 June 2021

Overall rating: [add overall rating here](#)

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

At our previous inspection on 13 November 2019, we rated the practice as good overall, with all key questions rated good except for well-led which we rated as requires improvement.

We conducted a desk-based review on 9 June 2021, we found that the practice had actioned and put measures in place to comply with the Regulatory breach. In particular we found:

The practice had put systems and processes in place to ensure good governance.

- Although the advanced nurse practitioner no longer saw patients at the practice, a risk assessment had been completed for when they worked without a GP on site.
- Systems were in place to monitor staff completion of essential training.
- The emergency medicines held at the practice had been reviewed and risk assessments in place to support the decision not to hold certain medicines.
- Information regarding staff immunisation status was requested and recorded, and action taken to mitigate any risks.
- The portable appliances had been tested, and forward planning introduced to future testing.
- The electrical wiring test had been completed.
- A statutory notification for the absence of one of the registered managers had been submitted, as well as the subsequent return to work notification.

We also found the practice had taken action to address the areas identified for improvement. In particular we found:

- The practice had developed a business and succession and the mission statement had been shared with staff and patients.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: During our inspection on 13 November 2019, we found that the practice did not have a documented business plan, including a succession plan in place. As part of the desk-based review, the practice provided evidence of a documented succession plan. The practice manager discussed the succession plan and acknowledged that it needed to be updated following staff changes. They indicated that the business plan also needed to be further developed.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Explanation of any answers and additional evidence: During our inspection on 13 November 2019, staff we spoke with were not aware of the mission statement and it was not displayed in the practice or on the practice website. However, staff we spoke with understood their role, responsibilities and described their duty in providing positive health outcomes for their patients. As part of the desk-based review, the practice provided evidence that the mission statement was on display around the building and all staff had been provided with a copy via email.	

Culture

The practice had a culture which drove high quality sustainable

	Y/N/Partial
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: During our inspection on 13 November 2019, we found that not all staff had completed equality and diversity training. As part of the desk-based review, the practice provided a copy of the training matrix. This demonstrated that staff were up to date with equality and diversity training.	

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Explanation of any answers and additional evidence: During our inspection on 13 November 2019, we found structures, processes systems to support good governance and management were not always effective. As part of the desk-based review, the practice provided evidence to support that action had been taken to address the identified issues. We saw that: <ul style="list-style-type: none">• A risk assessment had been completed for advanced nurse practitioner (ANP) when they worked without GP supervision on site. However, the practice manager told us that following the previous inspection, the partners had decided that the ANP would no longer see patients at this practice.• Action taken been taken to address the overdue premises electrical and portable appliance testing (PAT) safety checks. The PAT testing had been completed in January 2020 and had been rebooked for January 2021. However, due to the current situation, the test had been delayed and had been completed on 8 June 2021. Certification to support this was provided following the review. The practice manager told us they had booked a contractor to carry out the premises electrical safety check, but they had failed at attend to carry out the work. They had engaged the services of another contract, who was booked to carry out the work on 14 July 2021.• A risk assessment had been completed for the emergency medicine identified as not held at the practice. However, it was noted during the review that another suggested medicine was not available. Following discussion between the practice manager and the clinician, a decision was made that medicine would not be stocked and an updated risk assessment was provided.	

- A formal process had been introduced for documenting that registration checks of clinical staff had been undertaken and were regularly monitored. The practice manager told us that registration checks were completed at the same time as appraisals.
- The practice had introduced a staff immunisation history form and acted when required, to ensure staff were up to date with immunisations. Staff also provided evidence of their immunisation status from their GP records whenever possible.
- Systems were in place to monitor that staff were up to date with their essential training. The practice manager told us that some training was overdue to the pandemic, but staff were now in a position to undertake this training during protected learning time.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were processes to manage performance.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
<p>Explanation of any answers and additional evidence: During our inspection on 13 November 2019, we found that arrangements for identifying, managing and mitigating risks were not always effective.</p> <p>Evidence provided for this review demonstrated that the practice had introduced arrangements for identifying, managing and mitigating risks.</p>	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<p>Explanation of any answers and additional evidence: During our inspection on 13 November 2019, CQC had not been notified of the absence of a registered person as required.</p> <p>The practice manager told us they had misunderstood that the notification of absence of a registered person needed to be submitted as there were two registered managers for the practice, and as such, a registered person was available. The notification had been submitted following the inspection in November 2019. The practice had also completed the required notification to inform CQC that the registered person had returned to work.</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 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.