

Care Quality Commission

Inspection Evidence Table

Hightown Village Surgery (1-5491662437)

Inspection date: 08 June 2021

Date of data download: 08 June 2021

Overall rating: Good

Safe

Rating: Good

We rated the service as 'Good' overall following a comprehensive inspection carried out on 19 November 2019. However, we had rated the service as 'Requires improvement' for providing safe services and we served a requirement notice for a breach of regulation. The provider has made improvements since our last inspection which has resulted in a change of rating to 'Good' for providing safe services. An environmental risk assessment had been completed and action had been taken to address or mitigate identified risks.

Safety systems and processes

The practice had systems, practices and processes to keep people safe.

Health and safety	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: April 2021	Y
Explanation of any answers and additional evidence: At the previous inspection of 19 November 2019 we found that a health and safety risk assessment had not been carried out and not all areas of the premises were safe. Both staircases presented a potential risk as one was a spiral metal staircase and the other had uneven stairs and presented a risk. A notice had been put up to alert people to this but there had been no action taken to remedy the cause of the risk. Access for disabled people needed to be reviewed. Pest control arrangements were not appropriate and could have presented an infection control risk. Areas of the building required maintenance, particularly one of the ceilings on the first floor showed signs of damp and had cracks. An area in the side entrance also showed signs of damp. Flooring needed to be replaced in some areas. This review carried out on 8 June 2021 found that the provider had taken action to ensure areas of the environment that may present as a risk to the health and safety of patients and staff had been addressed,	

planned or mitigated against (through ceasing to use or the through the employment of temporary measures).

Actions taken since our inspection visit included:

- An updated environmental risk assessment, completed in April 2021 had been carried out and was shared with us. This identified the rating of risk in terms of severity and the actions in place to mitigate risks.
- An assessment had been carried out of the main staircase by NHS Property Services. This resulted in the carpeting being removed and the top flight stairs repaired by widening the tread. The provider had also restricted the use of this particular staircase.
- Treads on the metal staircase had been highlighted with warning tape, to ensure that the edge of the steps were visible. Discussions were held with NHS Property Services to ascertain whether this staircase could be removed. The provider told us this was not agreed as a feasible option. Staff have been designated to use ground floor facilities and use this staircase for limited access to the first floor of the building.
- A review of access arrangements for people who require disabled access had been carried out. This resulted in a plan being put into place to make alterations to an internal doorway to enable people who use a wheelchair or have other difficulties with their mobility to have easier access to the surgery.
- Pest control arrangements had been reviewed and deemed as no longer required in the main. The provider told us that one area continued to need to be addressed as a result of ongoing building work in the local area.
- An area of flooring that required replacement in one of the treatment rooms had been reported to NHS Property Services and there were plans for this to be addressed. This had been delayed by a requirement to repair a leak in the same room.
- The provider told us that following a recent security incident NHS Property Services had performed a comprehensive review of the overall safety and security of the premises. This has resulted in a plan to update and replace doors, remove and replace glass in both the reception and the waiting room and upgrade locks to the rear door.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the previous inspection of 19 November 2019 we found that there was no formal documented system to demonstrate how patient safety alerts were managed.</p> <p>This review found that the provider had introduced a new record to demonstrate that safety alerts were being shared with staff and that action had been taken and completed when required.</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.