

Care Quality Commission

Inspection Evidence Table

The Vine House Health Centre (1-540724807)

Inspection date: 9 December 2021

Date of data download: 23 November 2021

Overall rating: Good

Safe

Rating: Good

At the previous inspection on 2 October 2019, the practice was rated as requires improvement for providing safe services because:

- Staff were not given the appropriate authorisations to administer medicines (Including Patient Group Directions or Patient Specific Directions).
- Not all staff were trained to appropriate levels for their role.
- Staff had not received vaccinations in line with their role in accordance with guidance.
- The infection prevention and control lead had not completed any additional infection control training beyond the essential training completed by all staff.

At the December 2021, the practice was rated as good for providing safe services because:

- Staff had been given the appropriate authorisations to administer medicines (Including Patient Group Directions or Patient Specific Directions).
- Staff were trained to appropriate levels for their role.
- Staff had received vaccinations in line with their role in accordance with guidance.
- The infection prevention and control lead had completed additional infection control training beyond the essential training completed by all staff

Safety systems and processes

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

Safeguarding	Y/N/Partial
Partners and staff were trained to appropriate levels for their role.	Y
Explanation of any answers and additional evidence: At the previous inspection on 2 October 2019, not all staff had completed the required level of safeguarding training in accordance with guidance.	

Safeguarding	Y/N/Partial
<p>At the December 2021 inspection,</p> <p>We found that relevant staff required to complete adult and child safeguarding had now completed their training.</p> <p>The practice informed us they had put additional systems in place to ensure mandatory training was completed. There was an alert system in place that ensured training was updated if due for renewal.</p>	

Recruitment systems	Y/N/Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the previous inspection on 2 October 2019, all but two direct patient contact staff had received the required vaccinations for their roles, provided a positive antibody test, or provided evidence of a history of infection where this was permissible.</p> <p>At the December 2021 inspection, records we reviewed showed staff vaccinations were up to date and in line with current guidance.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the previous inspection on 2 October 2019, we found that the infection prevention and control lead had not completed any additional infection control training beyond the essential training completed by all staff.</p> <p>At December 2021 inspection, we found that the infection prevention and control lead had completed additional infection prevention and control training beyond the essential training completed by all staff.</p>	

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
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the previous inspection on 2 October 2019, staff were not given the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions) in line with legislation.</p> <p>At the December 2021 inspection, we found that Patient Group Directions (PGD's) were completed in line with legislation.</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.
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- ‰ = per thousand.