Care Quality Commission

Inspection Evidence Table

Botley Medical Centre (1-544081039)

Inspection date: 13 August 2021

Date of data download: 18 August 2021

Overall rating: Inadequate (April 2021)

During an inspection in April 2021, we identified risks to patients which led to CQC taking enforcement action and rating the practice inadequate overall. This focused inspection in August 2021 was to determine if the highest risk concerns had been acted on to ensure patients were receiving care that did not pose risk of harm. This inspection did not review all the areas we reviewed in the previous inspection.

Until a new comprehensive inspection is completed, the ratings remain the same and the practice remains rated Inadequate.

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

Safe Rating: No rating given

At our previous inspection in April 2021, we found there was not appropriate monitoring of patients on high risk medications. There were also high risks identified in relation to the management of clinical care tasks and recording of patient care.

At this inspection in August 2021, we found the processes for monitoring patients on high risk medicines had improved. Clinical tasks and correspondence related to patient care were being acted on and recorded as necessary. There was guidance and systems for staff to follow in order to ensure potentially high risk symptoms presented by patients were safely prioritised.

Risks to patients

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

	Y/N/Partial
There was an effective induction system for temporary staff tailored to their role.	Yes
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.	Yes

Explanation of any answers and additional evidence:

At the April 2021 inspection, we found staff were not receiving inductions and relevant guidance. There was a risk staff were not able to identify acutely unwell patients.

At this inspection, we spoke with staff who informed us they received training on how to identify specific potentially high risk conditions such as sepsis. New staff members reported receiving inductions related to their role so they understood how to provide safe services to patients.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes

Explanation of any answers and additional evidence:

In April 2021, we found that there were not sufficient processes for managing patient care tasks such as test results or patient correspondence related to care.

At this inspection, we found that the system for managing test results was operated appropriately. We saw patients' test results were being reviewed by clinicians and any actions related to the test results were being acted on. We reviewed the system for managing correspondence related to care and treatment. We found clinical tasks were being acted on and correspondence was being processed appropriately and safely. There were two items of historical correspondence which had not been filed appropriately and we discussed the reasons for this omission with the practice and they recognised there was remedial action they could take to ensure this did not occur again. There was no risk posed to the patients to whom the correspondence related.

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
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes

Explanation of any answers and additional evidence:

In April 2021, we found that patients were not receiving safe monitoring of high risk medicines. Prescribing of medicines was not always managed and monitored safely to ensure patients were safe to continue taking their medicines.

At this inspection, we undertook standardised searches on patients prescribed high risk medication. The searches identified some patients may not have received the clinical interventions required, for example following a blood test. Our GP specialist adviser reviewed 23 patients prescribed various high risk medicines and found no risks when undertaking in depth reviews of the patients' care. They found interventions and tests had been undertaken or were in the process of being so. The GP specialist adviser also reviewed patients who had appeared on medication safety alerts (MHRA alerts). They identified no risks with these patients. The GP specialist adviser discussed processes for reviewing patients on high risk medications with the lead GP from the practice and found that improvements had been made to the processes.

Effective Rating: No rating provided

At the last inspection in April 2021, we found staff were not always being prompted or provided with opportunities to undertake mandatory training. Inductions with new staff were not always taking place.

At this inspection we found improvements to the monitoring of training and inductions had taken place with new staff.

Effective needs assessment, care and treatment

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
The practice had a programme of learning and development.	Yes
There was an induction programme for new staff.	Yes

Explanation of any answers and additional evidence:

In April 2021, we identified risks associated with staff not being provided with mandatory training related to their roles. For example, reception staff had not received inductions or training including information governance, infection control or safeguarding.

During this inspection, we spoke with staff including those who had started since our last inspection. They reported being prompted to undertake training. New staff informed us they received a full induction and their training and knowledge regarding care provision from a previous role was checked by the new manager. We reviewed records which indicated staff training was monitored to ensure staff were undertaking training when necessary.

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)	≤-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). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- ‰ = per thousand.