

Care Quality Commission

Inspection Evidence Table

The Rise Group Practice (1-569174475)

Inspection date: 06/05/2021

Date of data download: 26 April 2021

Overall rating: Good

At our previous inspection on 13 January 2020, we rated the practice as good overall and good in all domains except for safe which we rated as requires improvement. As a result, we served a requirement notice on the provider. We carried out an announced focused inspection at The Rise Group Practice on 6 May 2021 to follow up on the requirement notice. At this inspection we were satisfied that all previous issues identified had now been appropriately addressed and we re-rated the safe domain as good. Please see below for more details.

Safe

Rating: Good

At our previous inspection on 13 January 2020, we rated the safe domain as requires improvement because:

- The practice was not able to provide evidence of a premises fire risk assessment.
- The practice was not able to provide evidence of a legionella risk assessment or management plan.
- There were gaps in staff training including fire safety, health and safety, infection prevention and control, basic life support, the Mental Capacity Act, equality and diversity and whistleblowing.

At this inspection, we re-rated safe as good because:

- The practice was able to evidence that a fire risk assessment had been completed and recommendations had been actioned or were soon due to be actioned.
- The practice provided evidence of a legionella risk assessment and monthly water checks being completed.
- All staff were now up to date with mandatory training appropriate to their job role. Staff who required a Disclosure and Barring Service (DBS) check had these in their records and, for staff who did not require a DBS check, appropriate risk assessments had been completed.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Policies and procedures were monitored, reviewed and updated.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At the previous inspection on 13 January 2020, the practice had insufficient evidence to demonstrate adequate pre-employment checks had been carried out. This was reviewed during this inspection and the practice was able to evidence that all staff had received appropriate pre-employment checks, as well as a DBS check (where required). We saw evidence of regular reviews of practice policies during this inspection. 	

Safety systems and records	Y/N/Partial
A fire risk assessment had been completed. Date of completion: 18/02/2021	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At the previous inspection on 13 January 2020, the practice could not evidence that a fire risk assessment had been completed. During this inspection, the practice was able to evidence that a fire risk assessment had been completed, and that actions from this risk assessment had been identified and given appropriate timeframes for completion. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> During our previous inspection on 13 January 2020, the practice was unable to provide evidence relating to health and safety risk assessments being carried out. At this inspection, the practice was able to evidence it had been completing monthly health and safety checks, which incorporated assessment of the shared areas of the premises. At the previous inspection in January 2020, the practice was unable to provide evidence that legionella monitoring had been taking place. At this inspection, the practice provided evidence of a legionella risk assessment and documentation to evidence satisfactory monthly water checks were carried out. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">- At the previous inspection on 13 January 2020, the practice was unable to evidence staff had completed infection control training. During this inspection, staff records were re-reviewed, and we were provided with evidence confirming all staff had now completed advanced infection prevention and control training.	

Other findings

At the previous inspection in January 2020, we recommended the practice should:

- Continue with efforts to improve the uptake of cervical screening and childhood immunisation rates, and elements of care provided to patients with diabetes, and implement action to bring about and sustain improvement.
- Continue with the regular review of policies and protocols, for example relating to repeat prescribing, safety alerts and clinical guidance to ensure effective governance.
- Assess the risk of there being one defibrillator shared between the various services operating at the premises.
- Review the arrangements for providing easy read and pictorial healthcare guidance materials for patient with learning disabilities.

At this inspection:

- We were provided with evidence which showed the practice had improved their performance for the care of patients with diabetes; and the uptake of childhood immunisations and cervical screening had also improved.
- We saw evidence all policies were now being regularly reviewed and updated where applicable.
- We saw an appropriate risk assessment had been carried out for the use of a shared defibrillator.
- We saw the practice now had pictorial healthcare guidance materials to use for patient with learning disabilities.

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.