

Care Quality Commission

Inspection Evidence Table

St George Health Centre (1-541937793)

Inspection date: 17 June 2021

Date of data download: 16 June 2021

Overall rating: Good

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

Safe

Rating: Good

In 2019, we rated the safe key question as requires improvement, as the practice had not consistently identified and acted upon risks, included those associated with infection control and medicines safety.

Following the review, we have rated the practice as good for safety as improvements had been made.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: When we last inspected in 2019, there were two sharp boxes for the disposal of needles and syringes that had not been appropriately labelled. For this review, the practice sent us photographic evidence of six sharp boxes from both St Georges Health Centre and branch location, Lodgeside Surgery. They were all labelled appropriately in line with guidance.	

Medicines management	Y/N/Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence:	

Medicines management

Y/N/Partial

When we last inspected in 2019, we found some of the emergency medicines were out of date. After the inspection, the practice verified they had taken immediate actions: replaced the expired medicines and sent us a copy of the significant event raised about this issue.

For this review, the practice sent us photographic evidence of emergency medicines with visible expiry dates in both surgeries, St George Health Centre and Logeside Surgery. We have checked a sample of them, and those we have checked were all in date.

In 2019, we found there were no paediatric pads available for use with the defibrillator, nor a risk assessment to show that practice decided it was not required.

For this review, we saw evidence both paediatric and adult pads were in place in both surgeries, St George Health Centre and Logeside Surgery.

In 2019, we found a box of medicines stored in the fridge was wet.

For this review, we saw photographic evidence of vaccine fridges in both locations and saw no obstruction, nor any of the medication put against the side of the fridge that could cause them to become wet.

Effective

Rating: Good

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
Explanation of any answers and additional evidence: When we inspected in 2019, we found essential staff training did not include the Mental Capacity Act (MCA), and we found no records of individual clinical supervision. After the inspection, the practice sent us information about how they planned to provide clinical support and supervision to nurses and Health Care Assistants. At this review the practice provided documentary evidence demonstrating compliance: <ul style="list-style-type: none">• A training matrix showed all staff had completed MCA training in the previous 12 months.• A matrix of clinical supervision showed all staff received regular support. In 2019 the practice was taking part in a pilot scheme to improve the transition to and from secondary mental health services. An HCA who received appropriate training was supporting and signposting patients to relevant services. However, there was no evidence in the patient's clinical notes of them being appropriately reviewed by a suitably qualified clinician before being seen by an HCA, or being within HCA's area of competence. At this review, the practice confirmed that the pilot scheme was ceased after the last inspection and the HCA's were no longer involved in mental health services.	

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.