

Care Quality Commission

Inspection Evidence Table

West Barnes Surgery (1-542686247)

Inspection date: 15 June 2018

Date of data download: 19 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety Records	Y/N
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	N
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	N
Fire risk assessment Date of completion: 24 November 2017	Y
Actions were identified and completed.	Y
<p>Additional observations:</p> <p>We found that the practice stored a cylinder of liquid nitrogen in a staff-only area behind the reception desk. The practice had not risk assessed this storage arrangement and the cylinder was not kept securely (in a padlocked container) in line with guidance. This was discussed during the inspection and immediately following the inspection the practice completed a risk assessment, which they shared with us.</p> <p>At the time of the inspection the practice had training sessions booked for all staff to be trained as fire marshals (booked for 9 July 2018). The practice explained that they would designate specific members of staff to fulfil the role of fire marshal, but that all staff would be trained in order to ensure that the role could be adequately covered during periods of staff absence.</p>	
Health and safety	

Premises/security risk assessment? Date of last assessment: 26 January 2018	Y
Health and safety risk assessment and actions? Date of last assessment: 26 January 2018	Y
Additional comments:	

Infection control	Y/N
Risk assessment and policy in place? Date of last infection control audit: 19 January 2018 The practice acted on any issues identified?	Y Y
Detail: The practice had arranged for an external organisation to carry-out a full infection control assessment, and the practice had plans in place to address the recommendations made following the assessment. The practice had also introduced three-monthly infection control checks using a checklist, which were carried-out by the infection control lead. We saw evidence of these checks being completed, the most recent being 17 May 2018.	
Legionella risk assessment in place? Date of last Legionella risk assessment: 18 January 2018 The practice acted on any issues identified?	Y N
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers:	
The practice's Legionella risk assessment had recommended that the practice carried-out monthly temperature readings of the hot and cold water outlets; this was being done and we viewed the log kept of temperatures observed. The risk assessment had also recommended that the practice carried-out monthly measuring of the temperature at flow of the hot water storage tank, to ensure that the temperature of stored water exceeded 60°C. This had not been done and the practice explained that they were unsure what they needed to do in order to take this measurement. Following the inspection the practice provided evidence that they had contacted the company who has carried-out the testing for further information about the testing of the hot water storage tank. The practice had booked for staff to receive further training on Legionella risks and testing in August.	

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Any additional evidence

Information to deliver safe care and treatment

Question	Y/N
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
Explanation of any answers: The practice had a process in place whereby each GP had a designated buddy who would check test results for them in their absence. The practice's patient records system allowed GPs to designate an alternative member of staff for test results to be sent to ahead of a period of leave.	

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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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.([See NHS Choices for more details](#)).