

Care Quality Commission

Inspection Evidence Table

Bayswater Medical Centre (1-1682632457)

Inspection date: 9 July 2018

Date of data download: 10 July 2018

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

Safe

Safety systems and processes

Safety Records	Y/N
There was a record of equipment calibration Date of last calibration:	Yes 4 June 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes July 2017
Actions were identified and completed. The provider had addressed the outstanding actions of the fire risk assessment and we saw there was a process in place to check and record the fire alarm warning system and a fire evacuation drill had been carried out on 20 June 2018. A further fire risk assessment had been undertaken on 5 July 2018 by an external provider which included additional recommendations. For example, some additional 'Fire Action' notices to be prominently displayed in relevant areas.	
Additional comments: The provider had addressed the outstanding actions of the Legionella risk assessment and we found a record that infrequently used water outlets had been flushed on a weekly basis and monthly hot and cold-water temperature checks had been carried out of the 'sentinel' outlets (furthest and closest to	

each tank or cylinder). However, we noted that the water temperature log sheet indicated that the standard compliant temperature for hot water should be recorded at 50oC. However, hot water for healthcare premises should reach a temperature of 55oC. We noted that the provider had recorded hot water temperatures in May at 46.2oC and 50.1oC and in June at 49.8oC and 50.8oC; and cold-water temperatures in May at 21.2oC and 22.2oC and in June at 21.1oC and 22.1oC (standard temperature to meet 20oC). There was no documented action taken on the log sheet where the temperatures had fallen outside the recommended ranges.

A further Legionella risk assessment had been undertaken on 5 July 2018 by an external provider and we saw that additional recommendations had been made. For example, limescale build-up in the water outlets which required cleaning and Legionella awareness training to be undertaken by at least the responsible person.

The provider had undertaken a Control of Substances Hazardous to Health (COSHH) risk assessment but this was limited to the cleaning storage room. We saw data safety sheets were available for the cleaning products available. However, the provider had not considered or determined any additional risks to health from any other hazardous substances used or created by the practice's activities.

Infection control	Y/N
Risk assessment and policy in place	Yes
Date of last infection control audit:	January 2016 & April 2018
The practice acted on any issues identified	
Detail:	
<p>The provider had addressed the outstanding actions of the Infection Prevention and Control (IPC) audit and arrangements in relation to IPC to mitigate the risk of infection. We found:</p> <ul style="list-style-type: none"> • The provider demonstrated the immunisation status for all clinical staff in direct patient contact in line with guidance. • We saw evidence that the provider had sought clarity from the supplier of its spill kits that these were suitable for all bodily fluid spills, for example blood and vomit. • We saw that the cleaning storage room had been decluttered. However, the storage of colour-coded mop heads still posed a potential risk of cross-contamination. After the inspection the provider sent photographic evidence that they had installed a wall-mounted bracket for the appropriate storage of mops. • The provider demonstrated the decontamination of an ear irrigator but not a nebuliser (a medicine delivery device used to administer medication in the form of a mist inhaled into the lungs). The provider sent evidence after the inspection that the nebuliser had been included in its medical devices cleaning schedule. • The provider had undertaken a Control of Substances Hazardous to Health (COSHH) risk assessment but this was limited to the cleaning storage room. We saw data safety sheets were available for the cleaning products available. However, the provider had not considered or determined any additional risks to health from any other hazardous substances used or created by the practice's activities. • The provider had not at the time of our inspection sought enhanced infection prevention and control (IPC) training of the IPC lead. 	

Risks to patients

Question	Y/N
Staff knew how to respond to emergency situations.	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
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes

Medicines Management	Y/N
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	No
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>The provider told us they had suspended the healthcare assistants (HCAs) undertaking immunisations until it had reviewed its procedures to support the safe administration of medicines by HCAs under an appropriate Patient Specific Direction (PSD). This review included the update of clinical protocols and appropriate training being in place. For example, annual immunisation-specific training, basic life support and anaphylaxis training. Staff we spoke with told us immunisations were currently being undertaken by GPs and the practice nurse.</p>	
<p>Additional comments:</p> <p>The provider had reviewed its systems and processes to manage the cold chain and initiated a formal investigation into the cold chain breach. We found:</p> <p>The provider had been suspended by its commissioners from administering vaccines until an effective cold chain process had been established. To achieve this, a series of measures had been agreed with the practice which included the purchase of a new vaccine fridge, ordering of new vaccines, implementing cold chain best practice guidelines and staff training.</p> <p>The provider had been provided with the support of a full-time practice manager and part-time nurse practitioner to undertake a significant event and root cause analysis (a systematic approach to the investigation of serious incidents) and liaison with appropriate agencies in relation to the cold chain breach, ensure clinical effectiveness of policies and procedures and staff training. The investigation into the cold chain breach was still ongoing at the time of our inspection. However, the suspension from administering vaccines had been lifted the week prior to our inspection.</p>	

The provider had decommissioned its two existing pharmaceutical fridges and had procured a new fridge. We saw evidence that the fridge had been in use since 3 July 2018 and the fridge temperatures, which included actual, minimum and maximum, were within recommended ranges and there was a secondary thermometer. We saw evidence that vaccines affected by the cold chain had been disposed of and new vaccines had been obtained, which were appropriately stored.

The provider had updated its cold chain policies and procedures and staff we spoke with who were responsible for recording the fridge temperatures were aware of the action to take in the event of temperatures falling outside the recommended ranges.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>The provider demonstrated it had put a system and process in place to receive and act upon patient safety alerts. Staff we spoke with could describe the process and we saw that a log of all alerts received was maintained and action taken. We saw that some outcomes of alerts relevant to the practice had been discussed in a practice meeting.</p>	

Well-led

Leadership capacity and capability

Vision and strategy

Any additional evidence

The provider told us that since our last inspection they had entered in to a proposed practice merger.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Other examples	We saw evidence that the provider had commenced regular structured and formalised clinical, practice and MDT meetings. We reviewed minutes of meetings and saw shared learning had been discussed in relation to significant events and patient safety alerts.
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DO NOT DELETE THE NOTES BELOW

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](#)).