

Care Quality Commission

Inspection Evidence Table

Fenny Compton Surgery (1-554443321)

Inspection date: 15 August 2018

Date of data download: 31 July 2018

Safe

Safety systems and processes

Infection control	Y/N
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any answers:</p> <p>At the last inspection we found that a mercury thermometer had been discarded in a standard clinical waste bin, although mercury was classed as hazardous waste.</p> <p>At this inspection we saw evidence that staff had received training in the correct disposal of clinical waste.</p>	

Appropriate and safe use of medicines

Medicines Management	Y/N
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use.	Yes
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>We saw that a training session in controlled drugs (CDs) was delivered by an external trainer in February 2018. The dispensary manager also carried out comprehensive 1-2-1 training in CD storage, handling and recording with each member of the dispensing team.</p> <p>The Standard Operating Procedure for the ordering, storage and dispensing of CDs was updated in May 2018.</p> <p>A CD patient information leaflet was given to each patient who was prescribed a CD.</p> <p>We saw that the cold chain arrangements for medicines in transit now included monitoring the temperature with a data logger.</p>	

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
<p>Explanation of any answers</p> <p>Any other comments on dispensary services:</p> <p>We saw that the outcome of the inspection was discussed at a dispensary team meeting in December 2017 and at a full practice meeting in January 2018. A number of changes had been introduced as a result of the findings at the last inspection. For example, all dispensing staff had to re-read the CD SOP and sign that they understood it and additional training was arranged. New CD registers were purchased and shortfalls in governance were addressed.</p> <p>Both dispensaries had been completely reconfigured since the last inspection. Staff told us that the alterations had resulted in improved workflow, improved efficiency and improved morale. Dispensing staff now worked across both sites, which improved team integration.</p> <p>Governance had increased with the appointment of a new dispensary manager (DM), who had only</p>	

been in post for two weeks before the last inspection. The lead GP for dispensing now undertook regular spot checks in the dispensaries and held regular meetings with the DM, which were formally recorded. Less formal discussions took place on an ad hoc basis, as required. The lead GP for dispensing also held monthly meetings with the dispensing team. We saw that there was a standing agenda for these meetings, which included significant events, complaints, near misses, stock management and keeping work areas clean and tidy.

A dispensary survey was carried out in November 2017 and repeated in July 2018 to gauge whether patient experience had improved since the introduction of the changes in the dispensaries. Results showed an improvement in patient satisfaction with the service. For example, 82% of respondents in the November survey said that their medicines were ready on time: this increased to 100% in the July survey. Patients commented on the excellent service, the better layout and the increased efficiency.

Dispensary updates were included in the practice newsletters, so that patients were kept aware of changes.

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" (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 comparable, 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 comparable 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.

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](#)).