

Care Quality Commission

Inspection Evidence Table

Arlington Road Medical Practice (1-572213045)

Inspection date: **26 September 2018**

Date of data download: 24 September 2018

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

Safe

Safety systems and processes

Safety Records	Y/N
<p>Additional observations:</p> <p>A five yearly electrical safety test had been carried out by an external provider Date of test: Completed 24/09/2018 took place over four weekends</p>	Y
<p>Additional comments:</p> <p>Initial testing company could not do the testing work, so second company brought in. No immediate work required but some urgent items for action were identified. We saw an email to the testing company asking for a quote for the work to be done. This was sent the day after the report was completed.</p>	
Health and safety	
<p>Health and safety risk assessment and actions Date of last assessment: Last annual review 18/07/2018</p>	Y
<p>Additional comments:</p> <p>The practice had introduced a monthly 'walk around' health and safety review. We saw that the practice used an extensive checklist and that the assessment had been carried out monthly. Actions were identified and signed and dated when completed. For example, in September a box was noted near a fire exit and removed. Two members of staff were responsible for health and safety actions with one of those taking the lead.</p> <p>The practice also carried out a review with additional checks at six months and a full health and safety risk assessment annually. We saw dates on the front page of the health and safety file for the last Infection control audit, fire risk assessment and the annual health and safety review/risk assessment all to be carried out annually. Also, the date for the five yearly fixed electrical testing was recorded.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place. Date of last infection control audit: 27 March 2018 The practice acted on any issues identified.</p> <p>The practice carried out a brief monthly infection control audit and recorded and actioned any findings signing the log when the actions were completed. For example a patient was found to have Scarlet Fever and in response they reviewed their infectious disease policy.</p> <p>They also carried out a comprehensive audit which they planned to complete six monthly. We saw that the audit of 27 March 2018 had been completed and actions identified, completed and signed off.</p> <p>Additionally the infection control lead was carrying out a handwashing audit every two months and additional staff training when the monthly audits identified a need. For example new staff received face to face training which included hand washing and the safe handling of clinical specimens. They also received a booklet on infection control and completed level one on-line infection control training.</p>	Y

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 practices 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](#)).