Care Quality Commission

Inspection Evidence Table

Staines Thameside Medical (1-584808193)

Inspection date: 06 November 2018

Date of data download: 02 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Safety systems and processes

Safety Records	Y/N
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	No
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Aug 2018
Fire alarm checks	n/a
Fire training for staff	Partial
Fire marshals	Yes
Fire risk assessment Date of completion	Yes January 2018
Actions were identified and completed. The practice determined that fire doors were required in 2016 and stated in their latest action plan that this would be completed by March 2019 but did not have any plans in place to mitigate this risk until that time. Since the inspection the practice have provided evidence of a fire risk assessment carried out by an external company in December 2016 but has only provided part of the risk assessment document. This document states that a further fire risk assessment was due 12 months after this risk assessment which had not been completed. The practice told us that this assessment gave them a low risk outcome. However, the partial document provided states fire hazard likelihood low but consequences for life safety in the event of a fire medium.	
Health and safety	

Health and safety risk assessment and actions Date of last assessment:	Yes 3/10/2018
Additional comments: Staff told us that there were no COSHH data sheets or risk assessments available on site. The practice had a fire risk assessment checklist that had been completed by a member of staff. The practice did not demonstrate that this member of staff had an additional training or qualification to complete fire risk assessments. The practice manager told us that staff were expected to do fire training annually. On the day of inspection, we viewed fire training certificates for two members of staff. One certificate was dated as completed 30/03/2017 and the other 19/03/2018.	

Infection control	**Y/N**
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: Handwashing audit carried out It was identified in 2017 and 2018 infection control audits that COSHH data sheets and COSHH risk assessments were not available on site for any products. COSHH data sheets or risk assessments were not available on the day of inspection and staff told us they were not available.	Y May 2018 Partial
Explanation of any answers: The infection control audits carried out in 2017 and 2018 determined that lever or foot operated sinks were not available. On the day of inspection there was no written protocol to instruct staff how they could mitigate this risk. Since the inspection the practice has provided an updated hand washing protocol which included instructions for use of non-lever operated taps.	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	5
Number of events that required action	5

Examples of significant events recorded and actions by the practice;

Event	Specific action taken
Patient exhibiting out of character behaviour	The patient was identified as a vulnerable adult and support put in place. For example, reception staff were advised to book the patient appointments at the end of surgery so that there were less people waiting.
Vitamin supplement	A patient was prescribed a vitamin supplement for longer than recommended without monitoring. Monitoring was completed and the supplementation stopped as it was no longer required. Pop ups were added to the clinical system for patients prescribed this type of supplementation to remind GPs of the monitoring requirement.

Any additional evidence
The practice held quarterly clinical meetings. We reviewed the minutes of four clinical meetings and saw that significant events were a standing item on the agenda, and that specific significant events were discussed.

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).