

Care Quality Commission

Inspection Evidence Table

Sedlescombe House (1-3672047312)

Inspection date: 02 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

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Explanation of any answers: We looked at three sets of locum recruitment records. All contained the appropriate checks and appropriate references.	

Infection control	Y/N
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers. All sharps boxes were in date. We saw records that showed that the boxes were checked regularly.	

Appropriate and safe use of medicines

Medicines Management	Y/N
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y

Explanation of any answers:

We saw that a record of printer prescription numbers was kept in each clinical room and corresponded to those on the prescription pads. Rooms were locked when not in use during the day. At night all prescription pads and the accompanying records were put in separate plastic wallets and locked in a secure cupboard in a locked room. We saw that locking prescription pads away was part of the protocol for closing down the surgery and was signed for each day.

We saw that there was an effective system for the monitoring of high risk medicines. However, one of the medicines was managed under shared care with the local hospital. The practice had seven patients on the medicine and all the patients had had appropriate monitoring blood tests carried out within the appropriate time scale. All of the blood test results were within the parameters set out by the shared care agreement. The practice had introduced a system since the last inspection that was based on the medicines only being prescribed acutely so that the GP had a prompt to check the blood tests each time. However, it was noted that two of the patients had reverted to repeat prescriptions and although both had had appropriate blood monitoring done the practice decided to review their procedures again and put further safeguards and an audit in to the system. The practice sent CQC information on this shortly after the inspection and told us they have since put these additional actions in place.

We saw that the oxygen canister was more than three quarters full and dated March 2021.

The defibrillator had adequate battery power remaining and the defibrillator pads were dated July 2019.

The practice had ordered a new battery for the defibrillator. We saw that both were checked and recorded regularly.

Track record on safety and lessons learned and improvements made

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>There was an effective system in place for the management of safety alerts.</p> <p>We looked at five recent alerts and saw that all had been dealt with appropriately. Where necessary searches of patients had been carried out and we saw examples where patients had been contacted and advice given.</p> <p>All alerts were saved to an accessible file on the practice computer with an explanation of action taken and outcome.</p>	

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](#)).