

Care Quality Commission

Inspection Evidence Table

Lansdowne Surgery (1-545912954)

Inspection date: Tuesday 18th December 2018

Date of data download: 06 December 2018

Overall rating: Good

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

Safe Rating: Not rated as part of this inspection

The evidence noted in this section was assessed as part of our review of the well-led domain.

Safety systems and records	Y/N/Partial
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes 20/8/18
There was a log of fire drills. Date of last drill:	Yes 29/8/2018
There was a record of fire alarm checks. Date of last check:	Yes 14/12/18
There was a record of fire training for staff. Date of last training:	Yes 29/8/18
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion:	Yes 25/5/2018
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The practice had staff training records which showed that all staff had received fire safety training. Fire drills had taken place and a brief report outlining response times and other information relating to the fire drill had been discussed at a whole practice meeting as a review and learning opportunity.	

Infection prevention and control

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	May 2018
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
We looked at the labelling of waste and found all waste containers were correctly labelled. We saw evidence the practice was doing regular audits of the waste labelling.	

Effective

Rating: Not rated as part of this inspection

The evidence noted in this section was assessed as part of our review of the well-led domain.

Effective staffing

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Partial
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: When we looked at the practice system for recording staff training we found no evidence that four GPs had completed information governance training. This training was considered to be mandatory by the practice. The day after our inspection the practice sent us evidence that these four GPs had completed this training.	

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme in place, including a succession plan.	Yes

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy in place to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice had defined their ethos as: <ul style="list-style-type: none">• Strive to be professional, balanced, impartial, consistent, trustworthy and knowledgeable.• Be kind, generous, sensitive, compassionate and demonstrate warmth and humanity.• Observe duty of care & duty of candour.• Safeguard all. The practice had defined their vision and values as: <ul style="list-style-type: none">• To provide a high quality public service.• To work as a team.• To take responsibility for personal and co-ordinated care through personal registered lists.• To deliver the best possible care, at the most appropriate time, by the most appropriate health care professional in the most appropriate setting equally.• To actively identify the vulnerable and safeguard those in need.• For every member of the team to remain vigilant and inquisitive at all times.• To work as seamlessly as possible with other providers.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
On our previous inspection in May 2018, we found the practice had not ensured that: <ul style="list-style-type: none">• They had adequate systems to record, monitor and manage staff training to ensure completion.• Actions in relation to fire safety had been completed.• Management of health waste in accordance with regulations.	
On this inspection we found: <ul style="list-style-type: none">• The practice had reviewed how they managed staff training requirements and had introduced a monthly audit to identify any overdue training. Staff are sent reminders if they have training requirements they have not met. However, on the day of our inspection the practice records showed some staff had not completed the required information governance training. Although the practice subsequently provided evidence these staff had completed this training, it meant the practice new system for monitoring training and ensuring all mandatory training had been completed, was not yet working effectively.• The practice had taken appropriate action to ensure the requirements set out in their fire risk	

assessment had been completed. In particular, the practice had added fire training to their list of mandatory training so it could be monitored within their training system and we saw evidence that all staff had received the appropriate fire safety training. Fire drills and alarm tests had been carried out at appropriate intervals.

- The practice had reviewed how they managed their waste. Staff had been trained to labelled waste correctly and the practice had introduced a monthly audit to check all waste was correctly labelled. We inspected the practice waste system and found all sharp boxes and waste bags had been correctly labelled. We saw evidence the practice had the appropriate licenses for the disposal of waste to meet the legal requirements.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Yes
There were processes in place to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: Following some feedback from patients regarding confidentiality at the reception desk, the practice had taken steps re-model this area of the practice. They told us funds for the work had been secured and the work would be starting shortly.	

Patient Participation Group.

On our previous inspection in May 2018, we said the practice should continue to take action to establish a patient participation group (PPG).

On this inspection we found:

- The practice had done research into how other PPGs had been set up and run.
- They had attended an annual PPG event hosted by the local clinical commissioning group.
- There was an action plan setting out individual areas of work they needed to complete, such as producing information leaflets and some Terms of Reference.
- The practice had decided that initially they would seek to develop a “virtual” group that would not meet, but would communicate by email. The practice told us this was more likely to be of interest to their patients.
- Patients who had previously expressed an interest in the PPG had been contacted and information about the PPG was available in the practice waiting area.
- Progress was regularly discussed at the practice partners meeting.
- The practice told us that, so far, two patients had expressed an interest in joining the group.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

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 no statistical variation, 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 no statistical variation 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	No statistical variation	$-2 < Z < 2$
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:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **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.