

Care Quality Commission

Inspection Evidence Table

Bridgeside Surgery (1-543128957)

Inspection date: 19 June 2019

Date of data download: 18 June 2019

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

Safe

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
Explanation of any answers and additional evidence: At our previous inspection in March 2019 a risk assessment for non-clinical staff in relation to disclosure and barring service (DBS) checks did not take account of those staff with chaperoning duties. At this inspection we found that the risk assessment had been reviewed and that all staff undertaking chaperoning duties having completed the chaperoning training were also subject to a satisfactory DBS check.	

Safety systems and records	Y/N/Partial
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a log of fire drills. Date of last drill:	Yes 25/04/2019
There was a record of fire training for staff. Date of last training:	Partial June 2019
A fire risk assessment had been completed. Date of completion:	Yes January 2019
Actions from fire risk assessment were identified and completed.	Yes

Explanation of any answers and additional evidence:

At our previous inspection in March 2019 we found that there was no risk assessment relevant to the control of substances hazardous to health (COSHH), that a bottle of alcohol/chlorhexidine spray was kept unlocked and that there was no data sheet for this chemical. At this inspection we found that a risk assessment and data sheets were in place and that all chemicals/substances were kept locked away.

At our previous inspection in March 2019 we found that the fire safety procedure had not been updated since 2015 and there was no record of fire drills since 2015. There was no record of fire training since 2017. At this inspection we found the fire policy had been updated in June 2019 and that information had been added to include the updated names of fire marshals.

A fire drill had been undertaken in March 2019 and a record of this was maintained. The practice planned to carry out fire drills at six monthly intervals.

We saw evidence that the majority of staff had completed fire training since our inspection in March 2019. For example, 10 out of 12 administrative staff had completed the training, two out of three healthcare assistants and all of the nurses. However, not all of the GPs had completed the training and the practice manager informed us that they regularly reminded GPs to do so. Overall, 75% of staff had completed their fire training.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes 10 May 2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes 10 May 2019

Explanation of any answers and additional evidence:

At our previous inspection in March 2019 we found that there was no health and safety or security risk assessment and there was no process for staff to identify areas of risk in relation to health and safety within the environment.

At this inspection we found that risk assessments had been carried out in relation to the environment and the building. This included assessing the risks associated with patient and workstation areas, lighting and equipment, the environment outside of the practice and risks associated with slips, trips and falls. We found that the practice had taken specific action to mitigate risks that included decluttering of rooms and a monthly checklist was maintained of regular checks to the environment.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our March 2019 inspection we found that medicines were not stored securely within the practice. These were stored in an unlockable cupboard in a room that was unlocked where there was no staff member in there. At this inspection we found that a lock had been put on the cupboard and that the room was routinely locked when it was not occupied. Medicines were stored securely at the time of our inspection.</p> <p>At our March 2019 inspection we found that printer prescriptions were left in printer trays in unlocked rooms, including the printer tray in receptions. Boxes of printer prescriptions were stored unsecured behind the reception desk. There was no logging or tracking system in place for printer prescriptions.</p> <p>At this inspection we found that a logging system was in use to monitor the use of printer prescriptions. Clinical rooms were locked, and printer prescriptions were removed from trays and locked away overnight. A record of daily checks of the system was maintained and we viewed logs that demonstrated how the system was monitored. There were no printer prescriptions unsecured at the time of our inspection and we were told that boxes of prescriptions were now locked in a lockable filing cabinet rather than stored behind reception.</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 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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG 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.