

# Care Quality Commission

## Inspection Evidence Table

### Brooklands Medical Practice (1-545937960)

Inspection date: 17 September 2019

Date of data download: 16 September 2019

## Overall rating: Good

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

## Safe

## Rating: Good

The practice is now rated as good for providing safe services as action has been taken to improve safety systems and processes including staff training and appraisals.

### Safety systems and processes

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

Safeguarding	Y/N/Partial
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Partial
During our inspection in November 2018, we noted that the practice had a safeguarding policy in place, although this required some updating to reflect the changes to the designated safeguarding lead. Staff training records showing who had received training in safeguarding children and adults were incomplete and the training matrix spreadsheet was unclear making it difficult to track what training staff had received and when.	
During this inspection we saw that the safeguarding policy had been reviewed and updated to reflect the current safeguarding lead and also the deputy. Policies and procedures were stored centrally for staff to access and systems were in place to ensure they were updated periodically or when required.	
The practice had introduced an electronic learning system to enable staff to complete a range of training relevant to their role. This provided a clear oversight of which staff had completed safeguarding training and the date they had completed it.	
Training records confirmed that staff had made good progress in completing safeguarding training. For example, non-clinical staff had completed both safeguarding adults and children training at level 1. The practice nurses had also completed both safeguarding adults and children at level 2 and the advanced nurse practitioner had completed safeguarding adults at level 2 and safeguarding children at level 3. GPs had completed safeguarding adults level 2 and safeguarding children level 3 training in addition to Prevent and other safeguarding training relevant to their role and responsibilities. Safeguarding records	

Safeguarding	Y/N/Partial
relating to the clinical pharmacist had not been transferred on to the electronic database at the time of our visit.	

Recruitment systems	Y/N/Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
<p>During our inspection in November 2018, we noted that the practice had a list of staff vaccinations for flu, however a record of other vaccinations to demonstrate staff were up to date with routine and other immunisations that might be required was not available.</p> <p>During this inspection we noted that immunisation records and questionnaires had been completed for staff working in the practice.</p> <p>At our inspection in November 2018, the practice manager was in the process of transferring staff recruitment paper records into an electronic format. The practice manager confirmed staff identification records had been seen at the practice as part of their recruitment procedure when undertaking DBS checks. However, these had not been kept, nor had a record confirming they had been seen been recorded.</p> <p>At this inspection, we saw the practice manager had retained information to confirm staff identification records had been seen at the practice as part of the DBS application process for staff recruited since the last inspection. The registered manager also provided us with a statement confirming that identification checks had been seen for staff employed prior to the inspection in November 2018.</p>	

Safety systems and records	Y/N/Partial
There was a fire procedure.	Yes
There was a log of fire drills. Date of last drill: 11/09/2019	Yes
There was a record of fire training for staff. Date of last training: 8/02/2019 to 10/09/2019	Yes
There were fire marshals.	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>During our inspection in November 2018, we noted that the fire risk assessment identified actions which were not yet completed. These included staff training in fire safety, undertaking a fire safety drill, completing an emergency evacuation plan and to publicise who the practice designated fire marshals were.</p> <p>During this inspection, we saw that a new fire risk assessment had been completed by an external contractor in December 2018. We noted that the recommendations in the fire risk assessment had been acted upon however an action plan was not in place. The registered manager assured us that they would develop an action plan for each recommendation to confirm the date each recommendation was actioned to ensure a complete audit trail.</p> <p>Records viewed confirmed that there were four designated fire marshals who had all attended fire warden training during January 2019. All existing staff had received fire safety training between 20/11/2018 to 10/09/2019 and fire drills had been completed during June and September 2019. A log of staff who had participated in fire drills had been maintained and an emergency evacuation plan was in place.</p> <p>Following our inspection in November 2018, the practice sent us a copy of a legionella risk assessment dated May 2016. The report identified areas requiring regular monitoring. It was confirmed this monitoring had not been undertaken.</p> <p>At this inspection we found that a legionella risk assessment had been completed by an external contractor during November 2018. Records showed the practice had commissioned a contractor with relevant experience to monitor the water system, undertake relevant recommended checks and complete records relating to tasks such as flushing, temperature profiling, flow and return temperatures and water quality testing. It was evident the recommendations were being acted upon however an action plan for each recommendation had not been completed. The registered manager assured us that they would develop an action plan for each recommendation to confirm the date each recommendation was actioned to ensure a complete audit trail</p> <p>During our inspection in November 2018, staff training records in health and safety subjects, such as health and safety and infection control were not available for several staff. Staff were unable to provide clear information regarding when they last had health and safety training.</p> <p>During this inspection, training records viewed confirmed that clinical and non-clinical staff had completed training in the principles of health and safety from 6/11/2017 to 10/09/2019. Infection control training had been completed for clinical staff from 28/10/2018 to 19/08/2019 and from 14/02/2019 to 10/09/2019 for non-clinical staff.</p>	

At our last inspection in November 2018 both practice nurses spoken with confirmed they had not had an appraisal within the last 12 months. Formal clinical meetings with the nursing team were also not undertaken.

We spoke with one of the practice nurses during this inspection who confirmed she had received an appraisal and attended clinical meetings. Records viewed also confirmed the existing practice nurses and other staff had received an appraisal. Records of meetings had not been developed. We received assurance from the registered manager that minutes would be produced in the future.

<b>Safety alerts</b>	<b>Y/N/Partial</b>
There was a system for recording and acting on safety alerts.	Y
At our inspection in November 2018, the practice manager was not aware that a log of patient safety alerts was maintained.  During this inspection, we asked to look at the log of patient safety alerts. We noted that a record of safety alerts received by the practice had been stored electronically and this included relevant information on the alerts and actions taken.	

## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.