

# Care Quality Commission

## Inspection Evidence Table

### Hillside Bridge Surgery (1-4348620650)

Inspection date: 19 September 2018

Date of data download: 13 September 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

## Safe

### Safety systems and processes

Safeguarding	Y/N
Disclosure and Barring Service checks were undertaken where required	No
Explanation of any 'No' answers:  The provider had requested Disclosure and Barring Service checks for five members of staff following our inspection on 3 July 2018 after it was identified these checks were not in place. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) Only one of these checks was available on the day of our inspection. Therefore, the provider was not able to assure themselves that every member of the team was suitable to work with children and vulnerable adults. We asked the provider to take interim measures to assure themselves that these staff were suitable to work with these patient groups.	
Recruitment Systems	Y/N
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	N
Explanation of any answers:  The practice had reviewed the immunisation status of some members of the staff team, however, these records were incomplete at the time of our inspection.	

Infection control	Y/N
Risk assessment and policy in place	Yes
Date of last infection control audit:	24.8.2018
The practice acted on any issues identified	Yes

Detail: We saw evidence that a further in-depth infection control audit had been requested from an external source.	
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Medicines Management	Y/N
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	No
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	No
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Partial
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Partial
Explanation of any answers/ additional evidence:	
The system in place to manage the administration of medicines under patients group directions (PGDs) did not meet the required standard.	
The practice did not have arrangements to monitor the oxygen kept for use in case of emergencies or the practice defibrillator.	
We identified a medicines cabinet which was locked. The practice did not have a key for this cabinet and did not know what was stored inside.	
The practice did not have a continuity plan in the event of refrigeration failure and did not have a medical grade cool box for the safe transportation of vaccines should this be necessary.	

### 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
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes

Any additional evidence
Staff meeting minutes reflected that significant events had been discussed at the meeting of 12

September 2018. A staff member told us that they were aware of these events and meeting minutes were sent to all members of staff.

We saw evidence that two senior members of staff at the practice were booked to attend significant event training in November 2018.



## 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](#)).