

Care Quality Commission

Inspection Evidence Table

Surrey Lodge Group Practice (1-565594964)

Inspection date: 27 November 2018

Date of data download: 22 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).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers: The practice had taken action to update staff recruitments records since the last inspection in June 2018. An up to date recruitment policy was in place, which identified that references and medical information would be collected as part of the recruitment process. Staff files now contained up to date job descriptions to reflect staff roles and responsibilities, and records of immunisation. Disclosure and Barring Service (DBS) checks for all staff had been undertaken even for those staff members with a DBS check already 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.) The practice management team involved the whole staff team in developing the service provided to patients. Monthly whole team training and development meetings were undertaken to support the inclusive cultural change the practice was implementing. In addition, a contract with an online e-learning training resource had been purchased. The practice also used a human resource business support service to assist in ensuring staff were appropriately supported. The practice used the tools supplied by the human resource service to undertake staff appraisals which were available to review.	

Safety Records	Y/N
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: Reviewed 16/11/2018	Yes
Actions were identified and completed. These included undertaking regular fire safety alarm tests, displaying fire notices appropriately and carrying fire evacuation tests.	Yes
Health and safety Health and safety risk assessment and actions Date of last assessment: 28/06/2018	Yes
<p>Additional comments:</p> <p>Staff roles and responsibilities had been developed and shared with staff since the last inspection. Staff members had specific lead responsibilities for the environment, health and safety and infection prevention and control (IPC). To support health and safety at the practice regular checks were undertaken by team members.</p>	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: Full audit June 2018, supported by recorded monthly inspection audits and recorded monthly checks of clinical rooms by clinicians. Cleaning records were available and the standard of cleanliness was monitored. An ongoing refurbishment plan was also implemented.	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Medicines Management	Y/N
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.	Yes

Explanation of any answers:

At our previous inspection the practice had some of the recommended medicines available to use in a medical emergency. A risk assessment to mitigate potential risks to patients for those emergency medicines not held was not in place. Following our inspection in June 2018, the practice reviewed the emergency medicines they held and introduced a risk assessment to mitigate any potential risks to patients.

The practice ensured expiry dates all emergency equipment included oxygen masks were checked regularly and replaced as required.

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
<p>Since the inspection in June 2018 the practice had reviewed the system in place to identify significant events and records these consistently. A protocol for responding significant events was now in place and the practice provided evidence that all staff members raised issues under this procedure for investigation and to support learning and development.</p> <p>One significant event discussed showed that the systems used by the practice required improvement to ensure patients were referred under the two-week wait rule. The investigation into this event highlighted concerns around the external systems used in Manchester to refer patients for an appointment through the NHS Care Gateway. The practice manager had raised their concerns at the neighbourhood meeting and also planned to discuss this at the primary care forum.</p>	

Effective

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	51.9%	64.7%	72.1%	Significant Variation (negative)

Any additional evidence

Up to date data since the last inspection in June 2018 for the above indicator was not yet published by Public Health England (PHE) for the period April 2017 to March 2018. During the inspection visit the practice manager tried to access the database used by PHE, to access the data above. They were unable to identify where or how the information was located within the database.

The practice had recognised they needed to improve their cervical screening achievement and continued with a strategy that commenced before the last inspection. Since June 2018 the practice had introduced a number of measures to assist the practice to identify and support patients more effectively.

The practice had received support from Jo's Cervical Cancer Trust to help them reach and engage with patients more effectively. They had introduced a computer software programme (Patient Chase) which flagged up patients who required screening and the practice nurse lead monitored the accuracy of those patients flagged up to ensure the practice records were coded correctly. The practice believed these actions were improving patient attendance for screening, although specific data was not yet available.

Systems had also been implemented for patients, who did not attend appointments for screening (including immunisations and vaccinations) to be contacted and offered a rescheduled appointment.

The practice had identified that some patients had not been read coded or coded correctly. ("Read Codes" are a coded thesaurus of clinical terms used by the electronic patient record database). To address this one staff member had been appointed the lead for the effective management of data and coding.

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 practices 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](#)).

