

Care Quality Commission

Inspection Evidence Table

Trinity Court Surgery (1-551489964)

Inspection date: 15 November 2018

Date of data download: 15 November 2018

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

Safe

Infection control	Y/N
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

Any additional evidence
<p>At the previous inspection the practice had a separate lockable container in the clinical waste compound, which could not be locked, because it served as a fire exit to a fire door.</p> <p>In order to mitigate against this risk, a member of the management staff checked the area daily to ensure that all bins (not just their own designated bin) were locked and that the area was tidy with no clinical waste left outside the locked bins. Any issues of non-compliance were reported to the responsible contractor and escalated to the landlord for resolution if necessary.</p> <p>The daily checks were logged on a spreadsheet.</p> <p>We were told that tenants of the building had agreed to a proposal to have their own designated lockable compound for clinical waste. The work was due to start in early 2019.</p>

Risks to patients

Appropriate and safe use of medicines

Medicines Management	Y/N
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
Explanation of any answers: We noted that a specialist drug prescribing protocol had been introduced since the last inspection in February 2018.	

Track record on safety and lessons learned and improvements made

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: All alerts and updates were received by the business manager and assistant practice manager, who cascaded them to all GPs, the dispensary manager and the senior Advanced Nurse Practitioner who cascaded them to her team. We saw that all alerts and updates were logged on a comprehensive spreadsheet, which included details of the member of staff responsible for actioning the alert or update. Decisions regarding the action required were decided by a GP and discussed at the next practice meeting. We viewed the minutes of a meeting held in October 2018 and saw that recent alerts had been discussed. We viewed three alerts and saw that they were actioned appropriately.	

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](#)).