

Care Quality Commission

Inspection Evidence Table

Balsall Heath Health Centre (1-2710587782)

Inspection date: **26 November 2018**

Date of data download: 29 November 2018

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

Safe

Safety systems and processes

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y July 2018
There was a record of equipment calibration Date of last calibration:	Y August 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y October 2018
Actions were identified and completed. *The fire risk assessment was completed by the owners of the building and detailed an action for tenants to ensure that evacuation plans were developed to ensure the safe evacuation of disabled people from their area of the premises. The practice demonstrated that it had completed this action. The practice also demonstrated regular communication with the owners of the building regarding fire safety, assuring themselves that actions that were on-going were completed. For example, fire drills.	
Additional observations:	

Health and safety	
Premises/security risk assessment? Date of last assessment:	Y November 2018
Health and safety risk assessment and actions Date of last assessment:	Y November 2018
Additional comments:	
Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Y August 2018 Y
Detail: The practice had no actions identified by the infection control audit, however the last audit identified that the practice felt they would have wall mounted hand sanitiser. This action was completed by the practice. The practice also demonstrated legionella testing had been completed in June 2016 and then again in November 2018 and we saw emails confirming this.	
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers: *The previous inspection had identified concerns relating to premises risk assessment and mitigation. At this inspection the practice were able to fully demonstrate that they had considered, assessed and mitigated risk relating to the premises comprehensively.	

Any additional evidence

Risks to patients

Question	Y/N
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
Explanation of any answers:	

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.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
<p>Explanation of any answers:</p> <p>*At the previous inspection, concerns were identified relating to the practice holding appropriate emergency medicines and an effective system for checking these. At this inspection, the practice was able to demonstrate that they had all appropriate emergency medicines, in line with guidance and had a system to ensure that all medicines were checked regularly for expiry dates and stock levels.</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>*At the previous inspection, concerns were identified relating to the receiving and actioning of medicine safety alerts. At this inspection, the practice was able to demonstrate that they had embedded a system for receiving alerts, disseminating these to staff and sharing learning with the wider team. They also demonstrated that patient searches had been completed and appropriate actions taken.</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 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](#)).