Care Quality Commission

Inspection Evidence Table

School House Surgery (1-558258019)

Inspection date: 6 February 2020

Date of data download: 28 January 2020

Overall rating: Inadequate

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

At the previous inspection in September 2019 we rated the practice as inadequate overall and for safe, effective and well-led services because:

- The practice did not have comprehensive environmental risk assessments and safety checks in place.
- Not all incidents were reported or recorded.
- The practice did not have comprehensive safeguarding systems in place.
- There was a lack of equipment for dealing with medical emergencies.
- Medicines were not managed effectively.
- Cleanliness and infection control processes were poor.
- There was evidence of some monitoring and improvement to patient outcomes. However, long term condition and mental health indicators were significantly below average. Cervical screening performance was below average. Diabetes performance was tending towards negative.
- Clinical meetings where patients on the palliative care register were discussed were held infrequently.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice had limited mechanisms in place to involve the public, staff and external partners to sustain high quality and sustainable care.
- There was evidence of some systems and processes for learning, continuous improvement and innovation, however learning from when things went wrong was not given sufficient priority.

Safe Rating: Inadequate

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes

Explanation of any answers and additional evidence:

At the September 2019 inspection we found that not all patients where safeguarding concerns were present had relevant alerts added to their record. This included some family members and meant there was a potential that further safeguarding risks to not be fully recognised by the practice. At this inspection in February 2020 we found that the practice had developed a safeguarding register that included relevant family members and alerts placed on their medical record.

At the September 2019 inspection we found that non-clinical staff undertaking chaperone duties had a risk assessment in place that did not fully consider the nature of the chaperoning role in relation to whether a DBS check was required. At the February 2020 inspection we found that all non-clinical staff undertaking chaperone duties had received a DBS check.

At the September 2019 inspection we found that the safeguarding policy did not include clear guidance on what constituted a safeguarding concern, types of abuse or the process for escalating urgent concerns. The policy also did not include the expected level of safeguarding training for each role within the practice and did not reference current national guidance. At the February 2020 inspection we found that the safeguarding policy had been updated in line with relevant guidance.

Safety systems and records	Y/N/Partial
There was a log of fire drills. Date of last drill: 5 February 2020	Yes

Explanation of any answers and additional evidence:

At the September 2019 inspection we found that fire drills were not being held within the practice. At the February 2020 inspection we found that a series of fire drills had taken place so that all staff were involved and learning identified. There was a schedule in place for future drills.

Health and safety	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes

Explanation of any answers and additional evidence:

At the September 2019 inspection we found that health and safety risk assessment had not been carried out since 2015. For example, there was no risk assessment of the general environment, the use of non-adjustable examination couches, a lack of oxygen at the branch surgery or the practice of leaving medicine and control of substances hazardous to health (COSHH) cupboards unlocked when the practice was open.

At the February 2020 inspection we found that risk assessments had been carried out. This included a risk assessment for the non-adjustable couches which had been carried out with the input from the nursing team to ensure risks were appropriately managed and mitigated. A COSHH risk assessment was in place and cupboards where substances hazardous to health were all seen to be locked. The practice had assessed the risk of not having oxygen in place at the branch surgery and now had oxygen in place.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Explanation of any answers and additional evidence:

At the September 2019 inspection we found that an infection control audit had been carried out, however, action as a result had not been taken, such as the replacement of waste bins. Standards of cleanliness were inconsistent at both surgeries and there were gaps in cleaning records.

At the February 2020 inspection we found that the standards of cleanliness had improved and that records of cleaning were consistently maintained. The practice had adapted the annual infection control risk assessment to undertake a focused assessment on a three-monthly basis. For example, an assessment in October 2019 recorded action taken as replacing bins with foot operated mechanisms and replacing a torn examination couch. An assessment of the storage of mops in a kitchen area had been undertaken with input from the Clinical Commissioning Group (CCG) infection control team and action taken to reduce the risk of any bacteria build-up.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes

Explanation of any answers and additional evidence:

At the September 2019 inspection we found that the practice was not equipped to deal with medical

emergencies as there was no defibrillator at either surgery and mitigation of the risks associated with this was insufficient. In addition there was no oxygen on site at Church Surgery. At the February 2020 inspection we found that defibrillators were in place in each surgery and oxygen was seen at Church Surgery. Staff had received training in the use of emergency equipment.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes

Explanation of any answers and additional evidence:

At the September 2019 inspection we found expired stocks of medicines including vaccines and topical preparations at both School House Surgery and Church Surgery. In addition, medicines were stored in unlocked cupboards at School House Surgery in an unlocked room and risks associated with this had not been assessed. At the February 2020 inspection we found that all medicines were in date and the practice had improved their processes for monitoring stock control. Topical preparations were stored appropriately and used on a named patient basis.

At the September 2019 inspection we found that the practice held a stock of emergency medicines; however, this was not subject to an assessment of risk relating to the type of medicines that may be required in an emergency. For example, at Church surgery there was no access to oxygen and at both surgeries there was no treatment for heart failure and limited treatment for asthma in children. At the February 2020 inspection we found that the practice had access to oxygen at both sites and appropriate treatment for heart failure and asthma. The practice had undertaken a risk assessment in relation to emergency medicines and had sufficiently mitigated the risks. For example, by having alternatives available or because of the specific needs of the practice population.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
There was a system for recording and acting on significant events.	Yes
There was evidence of learning and dissemination of information.	Yes

Explanation of any answers and additional evidence:

At the September 2019 inspection we found there was a system for recording and acting on significant events, however there was little evidence that all incidents, concerns or near misses were consistently recorded and that opportunities for learning and quality improvement were identified.

At the February 2020 inspection we found that there had been training for staff in identifying and reporting significant events and we saw improvements had been made in relation to significant event records.

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
An incident occurred relating to difficulties administering and injection that had been drawn up prior to the patient being in the room.	The practice contacted the manufacturer for advice as the medicine had partly solidified. It was agreed that to minimise the risk the injection had to be administered immediately once drawn up. As a result it was decided that the medicine would be drawn up with the patient in the room. The timing of appointments was reviewed to accommodate this and the issue discussed with all relevant staff to ensure learning.
A referral had been faxed to district nurses but they did not have a fax machine any more.	The incident was shared with all staff and the practice protocol for referrals clarified to ensure that all staff were aware of the process for sending.

Well-led Rating: Inadequate

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes

Explanation of any answers and additional evidence:

At the September 2019 inspection we found that not all aspects of quality and sustainability had been sufficiently prioritised within the practice. There were gaps in quality assurance processes.

At the February 2020 inspection we found that the practice had developed action plans to address issues of quality. This included the development of quality assurance and improvement processes in relation to areas such as infection control, medicines management, risk management and the management of significant events.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Clinical and non-clinical staff.	Reported feeling positive about working at the practice.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes

Explanation of any answers and additional evidence:

At the September 2019 inspection we found that there were governance structures and systems in place, however these were not always regularly reviewed and developed to ensure that arrangements were effective.

At the February 2020 inspection we found that improvements had been made to the governance structures and systems;

- Practice policies were in the process of being reviewed and we saw examples of policies and procedures that had been amended in line with national guidance. This included safeguarding policies.
- The system for reporting, recording and learning from incidents had been improved through training and awareness raising for staff and open discussions at meetings. Significant events were recorded with clear learning outcomes that had been identified through shared learning across the staff team.
- Risk assessments had been reviewed and developed.
- The structure of practice meetings had been improved. This included evidence of more frequent clinical meetings and monthly quality meetings. Meeting discussions included areas of practice performance

such as patient outcomes, infection control, safeguarding, significant events, complaints, prescribing and patient surveys.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Explanation of any answers and additional evidence: At the September 2019 inspection we found that assurance systems were not regularly reviewed and improved and arrangements for identifying, managing and mitigating risks were inconsistent. At the February 2020 inspection we found that the practice had addressed this issue and we saw evidence that systems had been reviewed and improved. For example, comprehensive risk assessments had been carried out in relation to the environment, equipment, infection control, emergency situations and medicines.	

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: At the September 2019 inspection it was identified that the practice were engaged with continuous improvement processes, however, learning from significant events was not comprehensively identified or shared. At the February 2020 inspection we saw that processes for identifying learning had improved in relation to significant events. There were clear processes for sharing learning and evidence of involvement from staff.	

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 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)	≤-3
Variation (positive)	>-3 and ≤-2
Tending towards variation (positive)	>-2 and ≤-1.5
No statistical variation	<1.5 and >-1.5
Tending towards variation (negative)	≥1.5 and <2
Variation (negative)	≥2 and <3
Significant variation (negative)	≥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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.

- 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.

- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.