

Care Quality Commission

Inspection Evidence Table

Dr Azim Khan (1-534575840)

Inspection date: 9 and 10 November 2022

Date of data download: 2 November 2022

Overall rating: Not rated

This practice was rated as inadequate at the Care Quality Commission (CQC) inspection on 5 and 21 July 2022 and was placed into special measures.

As a result of our findings at that inspection, the practice was issued with Warning Notices in relation to breaches of Regulation 12 (safe care and treatment) and Regulation 17 (good governance).

This inspection was undertaken on 9 and 10 November to review compliance with the Warning Notices that were issued and had to be met by 1 October 2022.

The inspection was not rated and therefore, the ratings remain unchanged. The practice will receive a further comprehensive inspection to review progress in all areas and that inspection will be rated.

Safe

Rating: Not rated

This inspection was not rated and therefore the inadequate rating from our inspection in July 2022 remains unchanged.

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
Partners and staff were trained to appropriate levels for their role.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence:	
<p>At our inspection in July 2022 the systems, practices and processes to keep people safe and safeguarded from abuse were ineffective. For example, we found that in the recruitment files we examined, one for a salaried GP did not have any evidence of a DBS check, another GP had a DBS check for 2016 and the other for another member of the clinical team had a DBS from another employer. There was no risk assessment in place for staff who had not had a DBS check.</p> <p>At this inspection we found that the issues had been satisfactorily addressed and there was evidence of appropriate DBS disclosures in place.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence:	
<p>At our inspection in July 2022 we found that recruitment checks were not carried out in accordance with the regulations (including for agency staff and locums). The practice did not hold any recruitment, training or identity information on staff working at the practice but employed by another provider.</p> <p>At our inspection in July 2022 we examined four recruitment files and found they did not include adequate checks of staff vaccination in line with current UK Health and Security Agency guidance.</p> <p>At this inspection we saw that the issues identified in our previous inspection had been addressed.</p> <p>Recruitment files were well organised and presented and contained the information required to help ensure safe recruitment of staff.</p> <p>The vaccination status of clinical staff was recorded.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit:	September 2022
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

<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in July 2022 appropriate standards of hygiene were not met. There was no evidence that any infection prevention and control audit had been undertaken since 22 May 2018. Not all staff had received appropriate training in infection prevention and control.</p> <p>At this inspection we found that the provider had taken the appropriate steps to help reduce the risk of healthcare associated infections through audit and actions identified as a result of the audit. A full infection prevention and control audit had been completed on 13 September and a hand wash audit on 12 September 2022.</p> <p>Staff were up to date on infection prevention and control training.</p> <p>Sharps bins were appropriately labelled and were being used in accordance with best practice</p>

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in July 2022 there was no effective system to manage staff absences and the risk to patient safety.</p> <p>Not all staff had completed training of dealing with medical emergencies. For example, of the 12 members of staff, only three had completed sepsis training. Of the nine that had not, three worked in a clinical capacity.</p> <p>At this inspection we saw the provider had introduced a staff absence policy that related to the management of planned absence and gave guidance on the numbers of staff that would be allowed leave at any one time.</p> <p>Records showed that all staff had completed training appropriate to their role, including sepsis awareness.</p>	

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 could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines. ¹	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. ²	Yes

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Yes
Staff understood how to deal with alerts.	Yes
<p data-bbox="57 857 810 898">Explanation of any answers and additional evidence:</p> <p data-bbox="57 931 1513 1077">At the inspection in July 2022 there was no effective system for ensuring that Medicines & Healthcare products Regulatory Agency (MHRA) and patient safety alerts were received and actioned appropriately. Although the practice dealt with such alerts, there was no system in place to ensure searches were periodically re-run.</p> <p data-bbox="57 1111 1513 1220">At this inspection the provider had introduced a system to ensure that patient safety alerts were dealt with expeditiously and that they were periodically re-run. Examples we looked at showed the system to be working.</p>	

Effective

Rating: Not rated

This inspection was not rated and therefore the inadequate rating from our inspection in July 2022 remains unchanged.

Effective needs assessment, care and treatment

Patients' needs were not always assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

Effective care for the practice population

Findings

At the inspection in July 2022 the systems in place to enable the practice to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity were ineffective. This resulted in issues that threatened the delivery of safe and effective care which had not been identified or adequately managed. There was no proactive system in place to ensure all patients who received medicines were reviewed in a timely manner and received regular monitoring in accordance with the National Institute for Health and Care Excellence (NICE) national guidance.

There was no effective system in place for the management of high-risk medicines and the practice was unable to demonstrate that the system in place was effective to protect the health and safety of patients on these high-risk medicines.

At this inspection we found that there had been improvement and we had no concerns regarding the management of high-risk medications.

However, patients requiring high dose steroid treatment for severe asthma episodes were not always followed up in line with national guidance to ensure they received appropriate care. Additionally, we had concerns regarding the potential over prescribing of SABA inhalers (used to treat asthma symptoms quickly).

Effective staffing

The practice was able to demonstrate staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes

There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in July 2022 the practice was unable to demonstrate staff had the skills, knowledge and experience to carry out their roles.</p> <p>At this inspection records we viewed showed that staff had completed the training required to deliver effective care and treatment.</p> <p>There was an induction process for new staff, including temporary and locums.</p>	

Well-led

Rating: Not rated

This inspection was not rated and therefore the inadequate rating from our inspection in July 2022 remains unchanged.

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
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in July 2022 the practice manager worked for 17 hours a week. Given the inexperience of the practice manager and limited time in which to complete practice management tasks the practice did not have in place and effective process or system to ensure good governance.</p> <p>At this inspection we found that a new practice manager was in post who worked more hours per week and was going to increase them further. We saw evidence that good progress had been made in addressing the issues identified at the previous inspection.</p>	

Managing risks, issues and performance

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

	Y/N/Partial
There were effective arrangements for identifying, managing and mitigating risks.	Yes
<p>Explanation of any answers and additional evidence:</p>	

At the inspection in July 2022 patient records held in paper format were stored on open shelving in the reception area and in an upstairs unlocked room. There was no protection from foreseeable incidents such as fire or flood. There was no risk assessment in place. Contractors and other non-practice staff had access to the records.

At this inspection we saw that patient records held in paper format that had been stored on the first floor had been secured in locked cupboards.

The practice manager, although new in post, appeared to be confident and was aware of the need to ensure good and effective governance including identifying and acting upon risk.

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 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 SICBL 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 SICBL 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.
- **UKHSA:** UK Health and Security Agency.
- **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.
- ‰ = per thousand.