Care Quality Commission

Inspection Evidence Table

Dr Mannath Ramachandran (1-496503527)

Inspection date: 24 April 2018

Date of data download: 16 April 2018

Safe

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current 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 'No' answers:	

Infection control	
Risk assessment and policy in place	No
Date of last infection control audit:	14/09/15
The provider acted on any issues identified	n/a
Detail: Infection control assessments had not been carried out since 2015, the practice told us this was carried out by the nurses however they had not employed a practice nurse since 2015. Cleaning sheets were completed for the treatment rooms and the practice was cleaned by an external company weekly.	

The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers:	

Any additional evidence

Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	No
Explanation of any 'No' answers: The practice had not had a permanent practice nurse since 2015, they told us they had found it challenging to find a permanent member of staff and relied heavily on locum nurses and GPs. We found the governance arrangements for dealing with nursing responsibilities was ineffective.	

Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Explanation of any 'No' answers: We reviewed a sample of 17 diabetic patients' records and found they had adequate documentation and reviews.	

Safe and appropriate use of medicines

Medicine Management	
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	No
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Partially
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	No

Explanation of any 'No' answers:

- Only one locum staff member had signed the PGDs.
- There were two salbutamol inhalers found within the emergency medicines box, one had expired in March 2017 the other was in date. The practice had not considered the full range of emergency medicines required and had not conducted risk assessments.
- AED had been checked and calibrated. No child defibrillator pads available.
- The vaccination/medicines fridge had been serviced within the last year.
- The cold chain for the storage of vaccines and medicines requiring refrigeration had been broken multiple times; only one incident was reported to the fridge manufacturer. Staff failed to understand the significance of minus temperatures. For example, the practice reported a temperature of -14 degrees. The person responsible for vaccinations continued to call a patient in to give a vaccination. It was only then that they realised the vaccination was frozen and could not be administered. The integrated fridge thermometer had been changed however we found that the maximum and minimum temperatures had stayed the same for the period of one month. No new instructions were available for the new thermometer that had been fitted.
- The cold chain policy was not followed by the practice. For example, the policy stated there should be an internal and external thermometer but the practice only had the external thermometer. The plug was not labelled to ensure it was not switched off or in a switchless socket as the policy had stated. Important information such as types of agencies to refer issues to were also not included in the document.

Track record on safety and lessons learned and improvements made

Significant events	
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	No
Number of events recorded in last 12 months.	1
Number of events that required action	1

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
Needle stick injury	The practice followed appropriate procedures; they had contacted relevant agencies and had reviewed the nature of the incident. Learning points were highlighted in their analysis of the event. Guides were introduced as a result of the incident.

Any additional evidence
• Significant events were stored on a laptop away from the surgery, staff were not aware of any recent significant events that had occurred. • We found a significant event relating to a break in the cold chain however, this had not been logged or analysed as a significant event.

Effective

Effective needs assessment, care and treatment

Diabetes Indicators				
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less I n the preceding 12 months **(01/04/2016 to 31/03/2017)** (QOF)	57.0%	-	79.5%	Significant Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	9.2% (13)	6.8%	12.4%	
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less **(01/04/2016 to 31/03/2017)** (QOF)	86.2%	-	78.1%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	7.8% (11)	5.8%	9.3%	
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less **(01/04/2016 to 31/03/2017)** (QOF)	63.4%	-	80.1%	Variation (negative)
QOF Exceptions				
	7.1% (10)	10.3%	13.3%	

Child Immunisation				
Indicator	**Numerator**	**Denominator**	**Practice %**	**Comparison to WHO target**
Percentage of children aged 1 with completed primary course of 5:1 vaccine. **(01/04/2016 to 31/03/2017)** (NHS England)	32	34	94.1%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) **(01/04/2016 to 31/03/2017)** (NHS England)	37	38	97.4%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) **(01/04/2016 to 31/03/2017)** (NHS England)	37	38	97.4%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) **(01/04/2016 to 31/03/2017)** (NHS England)	35	38	92.1%	Met 90% Minimum (no variation)

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	No
The provider had a programme of learning and development.	No
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	No
If no please explain below: The practice received nurses assurances from the locum agency however we found when learning needs had been highlighted through significant events there had been no further learning or development to check competency as a response of the event.	

Responsive

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations: No

Information was available to help patients understand the complaints system: Yes

Complaints	
Number of complaints received in the last year.	1
Number of complaints we examined	1
Number of complaints we examined that were satisfactorily handled in a timely way	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Additional comments:

Complaint regarding rudeness of locum nurse. Practice had a new locum nurse attend the following week.

Any additional evidence

- Complaints posters were advertised in the waiting area however the practice had not updated their complaints policy since 2015.

Well-led

Leadership capacity and capability

Culture

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

Source	Feedback
Administration staff	Staff said they felt supported in their roles and the practice took on their opinions to make changes.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Administration staff	Admin staff felt they needed a better way to organise different keys that are used in the practice, which changed to a more efficient method.

Examples of actions to improve quality in past 2 years

Area	Impact
Nursing staff	The practice have tried to recruit a permanent staff member for their nursing team however they told us they have found it difficult.

Examples of service developments implemented in past 2 years

Development area	Impact
None	None

Any additional evidence
Overall the leadership governance arrangements in place to ensure nursing duties were completed and carried in line with gold standard practice were not adequate. The leadership had failed to highlight areas of risks and therefore had not been able to mitigate these risks.

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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

Significant variation (positive)

- Variation (positive)
- Comparable to other practices

- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

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