

# Care Quality Commission

## Inspection Evidence Table

### Dr Abhijit Neil Banik (1-528953227)

Inspection date: 6 July 2018

Date of data download: 02 July 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	No
Explanation of any 'No' answers: <ul style="list-style-type: none"><li>The practice had reviewed and updated their adult and child safeguarding policies. These were now practice specific and contained sufficient detail. However, the information pack provided by the practice to support locum GPs had not been updated to include up to date safeguarding information.</li><li>The practice was unable to demonstrate that one locum GP employed directly was up to date with safeguarding training. After our inspection the practice sent us a safeguarding training certificate for the locum GP concerned. However, it was not clear when the training had taken place or to what level.</li></ul>	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	No
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	No
Staff who require medical indemnity insurance had it in place	No
Explanation of any answers:	

- There was an inconsistent approach to the information and checks that the practice undertook for locum staff employed by the practice. We reviewed the personnel records of two locums and found one member of staff's records did not contain evidence of their indemnity insurance or that references had been obtained by the practice. Neither sets of records contained evidence of the staff members' professional registration, photographic identification or hepatitis b status.

Safety Records	Y/N
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	No
Additional observations: The practice had made some improvements for the storage of hazardous chemicals in that they were now stored in a locked cupboard. However, the practice had not undertaken a risk assessment of these since 2014.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	No
Health and safety risk assessment and actions Date of last assessment:	Partially  7.7.2018
Additional comments: <ul style="list-style-type: none"> <li>• During the inspection we asked to view the practice's risk assessments. The practice was only able to provide us with the hazardous substances risk assessments dated 2014.</li> <li>• After the inspection the practice sent us a health and safety inspection check list. However, this had not been completed correctly, nor was it comprehensive. For example, records showed slips and trip hazards had only been assessed in two areas of the practice: the reception area and the conservatory area. The rest of the questionnaire, for slips and trips, had been left blank. Nor had the leadership taken responsibility for all actions. For example, the practice had designated action one, loose cabling in the office, to the clinical commissioning group (CCG) with a target date of 2019. However, we were not supplied with any information to indicate the CCG was aware of this designated responsibility.</li> </ul>	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Yes 29.6.2018 Partial
Additional comments: The nursing staff had made significant improvements to the infection prevention and	

control (IPC) systems and processes, including role specific training for the IPC lead. However, not all actions given to leadership had been undertaken or given timescales for completion. For example, replacing a broken item in the patient toilet. We saw the item was still broken and the action plan did not provide any timescales detailing when this action would be completed.	
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### Appropriate and safe use of medicines

Medicines Management	Y/N
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	No
Both were checked regularly and this was recorded.	No
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
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> <li>• We reviewed a range of Patient Group directions and found these had been managed appropriately.</li> <li>• The practice did not have a defibrillator on site. There was a risk assessment as to why this was not deemed necessary. The risk assessment noted there was a public defibrillator at the nearby fire station and staff could access this if needed. At the February 2018 staff did not know where the defibrillator or the oxygen cylinder were located. At this inspection staff we spoke with knew where the defibrillator and the oxygen cylinder were located if a medical emergency occurred.</li> <li>• The nursing team had introduced weekly checks for the oxygen cylinder. However, when we reviewed these records we noted the checks were not carried out when the nurse was absent.</li> <li>• The nursing team had introduced a vaccine inventory and all the vaccines we checked on the day of our inspection were in date. The nursing team had also introduced a cold chain policy. However, records showed that the temperature of the medicine refrigerator in the nursing room had not been recorded on three occasions in April 2018. There was only one thermometer in each medicine refrigerator. Records showed the practice nurse had asked on a number of occasions for temperature trackers or loggers to be installed, including in the action plan dated 29 June 2018. However, the practice leaders had not responded to this action. A second thermometer provided a method of cross checking the accuracy of the temperature.</li> </ul>	

## Track record on safety and lessons learned and improvements made

Significant events	Y/N
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 since the last inspection.	10
Number of events that required action	10

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

Event	Specific action taken
Wrong patient booked for hub appointment	<p>This error was identified by staff at the hub who took immediate action to rectify the situation and inform the practice. This event took place on the 24 May 2018. The practice told us staff were advised to follow protocol and check three points before dealing with any patient. However, there were no records of which staff members were involved or how the incident was shared with staff.</p> <p>There were no notes made on the record that any apologies or discussion had taken place with the patient. A similar event occurred again on the 29.06.2018. This was not noted on the log so that the practice could identify trends. No changes to protocol were made.</p> <p>The practice told us they had added alerts to the system but this was not recorded in either event.</p>
Nurse couldn't get hold of GP on his mobile	<p>The nurse became very concerned about a patient attending the practice. The nurse was the only clinician at the practice and attempted to get support from the GP. The nurse was unable to get a reply from the GP. Contact was made with the local paramedic practitioner home visiting service and the patient was admitted to hospital. The significant event report showed the GP was at a private appointment and was not able to answer his mobile telephone. Staff were advised in this instance they should leave a message and GP would return their call. Records did not show that the practice had undertaken a risk or impact assessment for this issue both for staff and patient safety.</p> <p>We spoke with staff who reported this was not the only occasion where staff were left without GP support. However, other incidents of this type had not been reported or recorded.</p>
Wrong prescription issued	<p>The patient noticed the wrong medication had been issued and returned it to the pharmacy. The practice issued the correct prescription the next day. Records show the practice manager discussed this with the member of staff. However, the record was not dated and did not indicate if any further learning or monitoring was required. Records showed there had been three events</p>

involving prescriptions recorded on the significant event log. The events lacked sufficient detail to understand cause and there was no indication that the practice had identified individual learning needs or undertaken any trend analysis.

### Any additional evidence

- At the February 2018 inspection we found that the practice did not have a systematic approach to reporting significant events. At this inspection we found that minimal progress had been made to improve:
- The practice did not have a systematic approach for identifying and learning from significant events. We reviewed the 10 significant events recorded at the practice since our last inspection. Of the 10 events six had not been recorded on the significant event log to support identifying and learning from trends.
- None of the significant event forms detailed which staff had been involved or subsequent conversations with them. The significant event policy stated that all significant events would be discussed at monthly practice meetings. The practice had held two meeting since the February inspection, on the 19.04.2018 and 22.05.2018. This did not meet the requirements of local policy. It was not clear from the minutes what significant events had been discussed or what learning had been achieved or changes to practice made. Where staff had been asked to improve there were no systems and processes to monitor any changes made. We noted that some incidents continued to occur for example prescription errors and patient identity errors.
- The practice told us actions had been undertaken, for example, adding alerts to computerised patient records. However, significant event records did not support this. We did review one patient record and noted an alert had been added.
- The practice told us they contacted patients involved. However, significant event records did not support this. We also checked one patient's notes and there was no record made of a discussion with the patient regarding the significant event.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes

## Effective

Effective staffing	Y/N
The practice had an induction programme for all newly appointed staff.	Yes
<p>Comments on systems in place:</p> <p>At the inspection in February 2018 we found that the practice did not always maintain up to date training files for all permanent and locum members of staff. For example, the practice did not have personnel files showing what training had been undertaken by locum GPs directly employed by the practice. There was a lack of evidence to show that the practice nurse was up to date for vaccine and immunisation training.</p> <p>At this inspection records showed the practice nurse was up to date with her role specific training. However, the Locum GP files had not significantly improved, for example, the practice was not able to demonstrate that one of locums had the correct safeguarding training.</p>	

# Responsive

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received since the last inspection	0
Additional comments:	
<ul style="list-style-type: none"><li>• The practice told us they had not received any new complaints since our last inspection. The practice had failed to review and effectively update their complaints system since our inspection in February 2018.</li><li>• Staff we spoke with told us the practice did not have a complaints leaflet. The practice manager provided us with one. The practice's complaints leaflet did not contain up to date information. For example, the leaflet still referred to the primary care trust (PCT) rather than the clinical commissioning group (CCG).</li><li>• The practice was unable to demonstrate any retrospective analysis management of complaints received over the last 12 months. This meant the issues we found about actions taken to improve practice had not been monitored for effectiveness. This did not meet the requirements of the practice's complaints policy which states that any changes will be followed up to check compliance.</li></ul>	

# Well-led

## Leadership capacity and capability

### Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
<ul style="list-style-type: none"> <li>Practice leaders had not established appropriate policies, procedures and activities to ensure safety and had not assured themselves that they were operating as intended. For example, health and safety, medicines management, significant events and complaints.</li> <li>Staff told us that systems had been introduced to help ensure appropriate staff cover. However, we noted from significant events that there were a number of occasions where staff cover was not sufficient and the practice was either closed during opening times or left without sufficient GP cover.</li> </ul>	
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	No

Any additional evidence
<ul style="list-style-type: none"> <li>The nursing team had reviewed the practice policies and ensured that all staff were aware of their location on the computer system. Staff had completed a signature sheet to acknowledge they knew how to access the local policies.</li> <li>The nursing team had introduced a system for covering some clinical duties during times of clinical staff absence. For example, practice nurse duties. However, this was not always effective. For example, we noted there were a number of occasions where the temperature of the medicines refrigerator had not been recorded, nor had the oxygen cylinder been checked, when the practice was open.</li> </ul>

## Managing risks, issues and performance

Examples of actions taken to address risks identified within the practice

Example of risk management activities
<p>At this inspection we found that the practice had improved the storage of hazardous chemicals and availability of emergency medicines. However, the practice had not reviewed or made improvements to how they identified, managed and addressed risks to patients. For example, the practice was unable to demonstrate that it had undertaken a health and safety risk assessment since February 2018. After our inspection the practice wrote to us demonstrating that a health and safety risk assessment had been carried out on 7 July 2018. However, this lacked detail and had not followed the process laid out in the audit tool. Nor did it systematically cover all areas of the practice or state how actions to undertaken by other organisations had been shared.</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, 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>

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://gof.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](#) ).