

# Care Quality Commission

## Inspection Evidence Table

**Dr Shabir Bhatti (1-2715509380)**

**Inspection date: 1 October 2018**

**Date of data download: 15 October 2018**

## Safe

Infection control	Y/N
Risk assessment and policy in place	Yes
Date of last infection prevention and control (IPC) audit:	8.2.2018
The practice acted on any issues identified	Yes
Detail of issues found in the last IPC audit:	
<ol style="list-style-type: none"><li>1. The practice did not have a written scheme for the prevention of legionella contamination in water pipes and other water lines. Water temperature monitoring was carried out by NHS property services (NHS PS). But the IPC auditor found that the records showed that the hot water temperature had been less than the recommended 50 degrees centigrade in some areas. This matter was immediately reported to NHS PS, who confirmed they would attend the practice urgently.</li><li>2. A sharps safety venepuncture kit was not available for use when taking blood. There was evidence that the needle the practice was using did not have a needle safety device, the practice was requested to procure the appropriate venepuncture kits and to make use of their sharps safety kit devices.</li><li>3. An aluminium ear syringing noot tank was in use for ear irrigation procedures. The practice was requested to ensure disposable noot tanks are made available and used on all ear syringing procedures.</li><li>4. Cosmetic damage was found in some clinical rooms, which was reported to NHS PS.</li></ol>	
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

Any additional evidence
<ul style="list-style-type: none"><li>• Infection prevention and control risks in the practice's previous and newly proposed minor surgery rooms were not addressed.</li><li>• The practice's latest IPC report did not assess any aspect of the premises' suitability for minor surgery.</li><li>• The provider did not conduct their own IPC audits, as recommended by The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. They did not have alternative or better arrangement in place to assess and monitor IPC risks.</li></ul>

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Not assessed
Comprehensive risk assessments were carried out for patients.	Not assessed
Risk management plans were developed in line with national guidance.	Not assessed
Staff knew how to respond to emergency situations.	Yes
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.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
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.	Yes
<p>Explanation of any answers:</p> <p>The provider sent us copies of training certificates showing that the doctors had completed training sessions in sepsis in primary care and paediatrics on 7 August 2018. In addition, following their training, one of the GP partners had provided most of the administrative staff with an overview session on sepsis. At a previous focused follow up inspection carried out on 3 and 11 September 2018, we spoke with some of the administrative staff during that inspection, and they verified that they had attended the training session with the GP partner. The provider had also added a training module on sepsis to their mandatory training programme delivered through an online provider.</p>	

# Effective

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>We found that at this inspection, the provider had now put in place arrangements to ensure consent was appropriately sought.</p> <p>They now had the facility to document on the electronic patient records the steps they had taken in seeking consent.</p>
Any additional evidence

# Caring

Not assessed on this inspection.

# Responsive

Not assessed on this inspection.

# Well-led

## Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice	
<ul style="list-style-type: none"><li>We have ongoing concerns about the leadership's capability to ensure infection prevention and control risks are addressed. The practice is near the end of a three-month suspension period from carrying on the regulated activity of surgical procedures. In the suspension period they have not successfully addressed infection prevention and control risks which led to the suspension.</li><li>There is a lack of quality monitoring and improvement activity in relation to surgical procedures.</li></ul>	

Any additional evidence

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Minor Surgery Protocol
Other examples	
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

### 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](#)).