

Care Quality Commission

Inspection Evidence Table

A J Cole and Partners (1-537781321)

Inspection date: 12 December 2018

Date of data download: 10 December 2018

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
Explanation of any answers and additional evidence: At our inspection in March 2018 we found there was a lack of evidence all staff had received up-to-date safeguarding training appropriate to their role. Immediately following the last inspection, the practice provided evidence they had completed an investigation and identified which staff required refresher training in this area. At this inspection we found all but one member of staff had attended an external training event at a level relevant to their role. Access to an eLearning package for safeguarding training had also been made available since April 2018 and most staff had completed this training.	

Health and safety

At the inspection in March 2018 we found there was a lack of evidence all staff had received up-to-date safety training.

Immediately following the last inspection, the practice provided evidence they had completed an investigation and identified which staff required refresher training in this area.

At this inspection we found staff access to an eLearning package had been made available since April 2018 and staff had a list of required training and a timeframe for completion. The system provided a wide variety of health and safety training and enabled the provider to track and monitor training completed. The system provided alerts to the manager and staff member when training was due. Records showed staff had completed training in areas such as fire safety, understanding accident reporting, working with display screen equipment, basic life support, control of substances hazardous to health (COSHH) and moving and handling.

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.	Y
Date of last infection prevention and control audit: June and September 2018. Decontamination audits completed monthly	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in March 2018 we found action taken in response to identified shortfalls in the infection prevention and control audits (IPC) was not always recorded on the action plans to enable the practice to monitor progress. Records to evidence cleaning of equipment, such as the ear irrigation equipment, had not been completed consistently and there was a lack of evidence to show all staff had completed IPC training relevant to their role.</p> <p>Immediately following the last inspection, the practice provided evidence they had completed an investigation and identified which staff required refresher training in this area.</p> <p>At this inspection we found IPC requirements had been discussed in staff meetings. We found two detailed IPC audits had been completed. An action plan had been developed to address the shortfalls identified for example, keeping floors clear to enable effective cleaning. We found the practice to clean and tidy and action had been taken to address the shortfalls although the person responsible and completion dates were not included on the action plan. The practice manager told us they would add this detail. Additional audits had also been implemented for example, monthly room audits to monitor IPC standards.</p> <p>Records to evidence cleaning of equipment, such as the ear irrigation equipment, had been completed consistently and decontamination audits had been developed and completed monthly to monitor standards of cleaning.</p> <p>Staff access to an eLearning package had been made available since April 2018 and included IPC</p>	

training at levels one and two. The records showed the majority of staff had completed training at a level relevant to their role and completion was monitored by the manager.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in March 2018 we found the practice protocol for the management of letters received into the practice did not provide sufficient clarity for staff in respect of sharing information relating to children with GPs.</p> <p>At this inspection we found the protocol had been reviewed by clinicians, updated and shared with relevant staff.</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 ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in March 2018 we found the cold chain for storing vaccines had not been maintained in line with recommended parameters and action had not been taken in response to this. There were gaps in records used for monitoring fridge temperatures. One fridge was plugged into an extension socket which was plugged into a wall socket. There was a risk this fridge could be accidentally switched off because although the extension socket had a do not switch off notice the wall socket did not and it was not obvious this was a vaccine fridge socket.</p>	

Medicines management	Y/N/Partial
<p>Immediately following the inspection, the practice contacted the local screening and immunisation team (SIT) to report our findings and agree an action plan to minimise risks for patients.</p> <p>At this inspection we found the practice had followed the recommendations of SIT and had improved records relating to fridge temperature monitoring. They had also reviewed and updated the policy and procedure to support practice in this area. Staff responsible for monitoring fridge temperatures had received training for this task.</p> <p>We saw the fridge plugs were clearly marked to minimise the risk of these being switched off accidentally.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection in March 2018 we said the provider should consider developing a written policy and procedure and central action log to support the management of alerts. Whilst this had not been completed we saw that alerts were held together and actions had been recorded by a member of staff who was the lead for this area.</p>	

Diabetes Indicators	Practice	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 in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	64.8%	71.8%	78.8%	Variation (negative)
Exception rate (number of exceptions).	2.8% (19)	7.3%	13.2%	N/A
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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	63.1%	72.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	3.8% (26)	6.1%	9.8%	N/A

Any additional evidence or comments

We discussed the data above relating to diabetes care with provider as this had been published since the last inspection and was below local and national averages.

The provider was aware of the data and the practice pharmacist had completed an audit of diabetes care in 2017 and had reviewed this again in November 2018. The provider had held an educational event relating to the outcomes of the first audit to assist in improving the care and treatment and was planning an additional event to try to improve practice further following the 2018 audit.

To improve practice, they had increased the time of appointments for a diabetic review to 30 minutes and three health care assistants had completed training in foot care for diabetic patients.

The practice had a lead GP and practice nurse for diabetes care. There was an active recall system for patient reviews and patients who did not attend were followed up. Alerts were put on patients records to highlight the need for diabetic health checks.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	86.0%	86.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	0.6% (1)	6.3%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	73.6%	85.9%	90.0%	Variation (negative)
Exception rate (number of exceptions).	1.2% (2)	3.6%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	76.1%	82.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.9% (5)	7.0%	6.6%	N/A

Any additional evidence or comments

We discussed the data above relating to the care of patients with schizophrenia with the provider as this had been published since the last inspection and was below local and national averages.

The provider told us they were aware of the data and this information should be recorded in each case as it was part of the patient record assessment template for patients with severe mental illness. They were considering an audit to establish the reasons why this information was not being recorded.

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 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 re