

Care Quality Commission

Inspection Evidence Table

Dr Sangeeta Rathor (1-511237925)

Inspection date: 07 March 2019

Date of data download: 05 March 2019

Overall rating: N/A

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

Safe

Rating: N/A

Safety systems and processes

The practice had not have 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
There was active and appropriate engagement in local safeguarding processes.	Yes
Explanation of any answers and additional evidence: At our last inspection on 03 December 2018, we found concerns relating to a safeguarding matter that had not been appropriately acted on. During the inspection we saw that refresher training had been undertaken by the concerned clinical staff and on- going discussions were being held in clinical meetings to ensure all safeguarding systems and processes were being followed.	

Recruitment systems	Y/N/Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Explanation of any answers and additional evidence: At our last inspection on 03 December 2018 there was no evidence the practice kept accurate records relating to clinical staff's registrations with the appropriate bodies. The practice had developed their systems to ensure they held accurate records relating to clinical staff registrations. We saw all clinical staff personal records contained information relating to their professional qualifications.	

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
Explanation of any answers and additional evidence: At our last inspection on 03 December 2018 there was no evidence that the practice offered sufficient cover for patients during busy periods. At this follow up inspection, the practice were able to demonstrate that they had reviewed clinical cover. The number of GP sessions being offered had increased to 13 sessions from 10 sessions. The practice had also introduced Saturday morning clinics from 09:00-11:00am to improve patient access to appointments.	

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 structured medicines reviews for patients on repeat medicines.	Yes
Explanation of any answers and additional evidence: At our last inspection we saw no evidence that the nurse was provided with appropriate guidance and supervision and were working beyond their remits by carrying on the role of a nurse prescriber. At this inspection we saw that the nurse was not carrying on work that was beyond their role and were not involved in any prescribing of any form.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Explanation of any answers and additional evidence: Since our last inspection on 03 December 2019, we saw that that the practice had been updated their policies and systems. We found significant events were a standing item on the agenda of clinical meetings.	

Well-led

Rating: N/A

Leadership capacity and capability

Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
There was a leadership development programme, including a succession plan.	Partial
Explanation of any answers and additional evidence: At our inspection on 03 December 2018, the principal GP explained that the practice was undergoing a period of difficulty and therefore, they had not been able to provide sufficient leadership at the practice. We found concerns relating to the lack of GP time and lack of managerial and clinical oversight. At this inspection we found that the principal GP had undertaken a review of the practice. They had made some arrangements to increase the GP sessions available at the practice. This had provided them with more time to spend time at the practice working to provide managerial and clinical oversight. We saw evidence that the practice was working with the CCG to resolve some contractual issues that were preventing the practice from recruiting a GP partner. The practice were also working to increase the availability of long-term locum GPs to provide cover when required. The principal GP explained that they had started to plan for succession. However, until the issues relating to the practice contracts had been resolved they would not be able to make further long-term plans of the future of the practice.	

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
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: At our last inspection on 03 December 2019, we found concerns with the governance of the practice. The practice did not have clear governance arrangements in place. The practice held no clinical governance meetings, and the systems of recording learning, sharing and making improvements following Significant Events Analyses (SEA) and complaints were not effective. Though the practice had policies, these were not being followed. We found a number of uncollected prescriptions, some which	

were over six months old.

At this inspection on 07 March 2019; we found that the practice were working to make improvements. Clinical governance meetings were being held at the practice. Minutes of these meetings demonstrated that the system of learning and making improvements as well as learning from complaints was had been improved. We also saw that the practice had designated a member of staff to ensure all prescriptions were collected. A weekly spot check was being undertaken by the practice manager to ensure all uncollected prescriptions were followed up on, including an attempt to contact the patient or their representative.

All outstanding staff appraisal had been undertaken with a new policy introduced with the support of a human resources consulting firm to facilitate this.

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 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
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.
- 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 CCG 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: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **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.

