

# Care Quality Commission

## Inspection Evidence Table

**Dr Mannath Ramachandran (1-496503527)**

Inspection date: 24 June 2019

Date of data download: 20 June 2019

## Overall rating: Not rated

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

## Safe

**Rating: No ratings given**

### Infection prevention and control

**Appropriate standards of cleanliness and hygiene were met.**

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 08/04/19	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:  Previously we found there was an ineffective system to manage infection prevention and control as the practice had not carried out an annual infection control audit since 2015. At this inspection, we reviewed the practice's infection control policy and found it had been updated within the last year, there was a designated lead to monitor infection control and an annual audit had been carried out. The audit had identified areas of risk and we found that actions had been implemented to reduce these risks. For example, the practice had removed and replaced a seat that was torn in reception.	

### 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
There was an effective induction system for temporary staff tailored to their role.	Yes

When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Previously we found there were some arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. The practice found it challenging to employ a permanent practice nurse and relied heavily on locum nurses and GPs. At this inspection, we found the practice had employed one long term locum nurse in the last year. Locum staff were provided with an induction and were supported by the practice manager and GP when required.</p>	

## Appropriate and safe use of medicines

Medicines management	Y/N/Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Previously we found that:</p> <ul style="list-style-type: none"> <li>• There was an ineffective induction system for temporary staff that was not tailored to their role.</li> <li>• Patient group directions had not been signed by all relevant staff before administering vaccinations.</li> <li>• There were ineffective systems for the management and storage of medicines, including vaccines and emergency medicines.</li> <li>• Vaccinations were not stored or monitored in line with Public Health England's guidance to ensure they remained safe and effective.</li> <li>• Staff failed to understand the importance and significance of maintaining cold chain.</li> </ul> <p>At this inspection we found:</p> <ul style="list-style-type: none"> <li>• The practice had implemented an effective system to ensure all locum staff received a practice specific induction which covered areas such as staff contact details, IT information, emergency equipment location, health and safety and where to locate the policies and procedures.</li> <li>• We found PGDs were reviewed and monitored by the practice manager. All relevant staff members had appropriate authorisations to administer vaccinations as they had signed the PGDs.</li> <li>• We found that the majority of recommended emergency medicines were stored at the practice or had been risk assessed if not available. However, the practice had not considered two emergency medicines they might require and had not carried out a risk assessment for them. Before the end of the inspection the practice had ordered both medicines. The practice had implemented a list of the</li> </ul>	

Medicines management	Y/N/Partial
<p>emergency medicines with expiry dates and checked when they were due to expire, however these checks had not been documented. We found no out of date medicines.</p> <ul style="list-style-type: none"> <li>• The monitoring of emergency equipment and medical gasses was ineffective. The practice carried out checks on equipment yearly which was not in line with national guidance.</li> <li>• Since the previous inspection the practice had updated their cold chain policy, new staff including locums were directed to the policy when they started. We reviewed three months of documentation of the monitoring of cold chain and found it had been monitored appropriately. Staff we spoke with understood the importance of recording it and were aware of what to do if temperatures were outside of normal limits.</li> </ul>	

## 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
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	1
Number of events that required action:	1
Explanation of any answers and additional evidence: Previously we found the practice learned and made improvements when things went wrong but lessons learnt were not shared with the team.  At this inspection, we found that there as a relevant policy in place, staff were aware of how to raise a significant event and were informed of outcomes as a result of any investigations. Significant events were discussed at practice meetings and lessons learnt were disseminated to all staff. We spoke with staff who were aware of recent events.	

## Effective

## Rating: No ratings given

### Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
The learning and development needs of staff were assessed.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: Previously we found: <ul style="list-style-type: none"><li>• The practice had not understood the learning needs of the nursing staff by failing to highlight where further development was needed. For example, understanding the significance of the cold chain procedure and who to inform when breaches occurred.</li><li>• There was not a clear approach for supporting and managing locum staff when their performance was poor or variable. For example, when they lacked knowledge of the practices cold chain procedures.</li></ul> <p>At this inspection, we found learning needs were addressed on a regular basis, for new staff they were discussed during induction and for existing staff, including locums, needs were assessed through informal one to one meetings and appraisals. Locum staff were supervised by the practice manager and the doctor when required. All staff we spoke with understood the importance of appropriately managing the cold chain procedure.</p>	

## Responsive

Rating: No ratings given

### Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

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

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: Previously, complaints and concerns were responded to however the practice had not updated their complaints procedure since 2015 and lessons learnt from complaint were not shared with staff. Since the previous inspection, the practice had updated their complaints policy. They had received one complaint which was handled in line with the practice policy. We found that lessons learnt from complaints were discussed at practice meetings. We spoke with staff on the day and found that they were aware of learning outcomes from complaints.	

## Well-led

## Rating: No ratings given

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	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
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:  Previously we found: <ul style="list-style-type: none"><li>• Leaders had not ensured that risks were mitigated.</li><li>• Roles and responsibilities had not been not clearly outlined since the practice manager had left.</li><li>• The practice had ineffective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.</li></ul> At this inspection, we found the practice had established an effective governance structure. The practice manager had oversight of the surgery and was aware of the challenges they faced including succession planning.	

### Culture

**The practice had a culture which drove high quality sustainable care.**

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
Explanation of any answers and additional evidence:  Previously we found: <ul style="list-style-type: none"><li>• The systems and processes to support clinical staff were ineffective.</li><li>• Leaders and managers did not act on behaviour and performance inconsistent with the vision and values.</li></ul>	

- Lessons learnt through complaints and significant events were not shared with the practice team.

Since the previous inspection the practice had strengthened systems to ensure clinical staff were included and supported by leaders. Regular practice meetings had been established to ensure staff were able to discuss concerns. Lessons learnt as a result of significant events and complaints were disseminated during the practice meetings.

## 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:	
Previously we found that structures, processes and systems to support good governance and management were not clearly set out, understood or effective. The governance and management of clinical partnerships such as the nursing team were not interactive. However, during this inspection, we found that the practice had employed a regular locum who was supervised directly by the practice manager. Oversight for clinical duties such as the monitoring of infection prevention control and ensuring policies were updated and cascaded to staff had been improved as the practice had dedicated staff to monitor these responsibilities.	

## Managing risks, issues and performance

**There were processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
Although the practice had strengthened the process to identify, monitor and address current risks to patient safety, we found systems to ensure the monitoring of emergency medicines and equipment were ineffective.	



## 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 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 Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.