

Care Quality Commission

Inspection Evidence Table

Church Street Practice (1-566605800)

Inspection date: 31 July 2019

Date of data download: 18 July 2019

Overall rating: Good

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

Safe

Rating: Requires improvement

We rated the practice as requires improvement for providing safe services because:

- Infection control training and fire training had not been completed annually by all staff in accordance with practice policy.
- The recording of fridge temperatures where vaccines were stored and action taken when temperatures were out of range needed to be improved.
- The practice did not maintain clear and unambiguous records of prescription forms that were distributed to prescribers and prescription forms were not stored securely once distributed to prescribers.

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.	Partial
Explanation of any answers and additional evidence: On the day of inspection, we reviewed records of staff training and found that six clinical staff and three non-clinical staff had not completed adult safeguarding training in the last two years in line with the practice training requirements. We also found that four clinical staff and six non-clinical staff had not completed child safeguarding training in the last two years in line with the practice training requirements. We also noted that there were gaps in training records for eight staff where there was no record of the date training was last completed. Since the inspection the practice has provided up to date training records which showed five clinical staff and three non-clinical staff had not completed adult safeguarding in the last two years and five clinical and six non-clinical staff who had not completed child safeguarding in the last two years. We also noted that there were gaps in safeguarding training for six staff where there was no record of the date training	

Safeguarding	Y/N/Partial
<p>was last completed.</p> <p>On the day of inspection, we reviewed records of staff training and found that not all staff had completed training in information governance, health and safety or manual handling in line with practice requirements and four clinical staff had not completed basic life support training in the last year. Since the inspection the practice has provided up to date training records which still showed gaps in training as above.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed recruitment files for two locum GPs who had recently worked in the practice and found all appropriate recruitment checks including photographic proof of ID and two references for each.</p> <p>We noted that the practice was only monitoring clinical staff immunisation status for hepatitis B and measles, mumps and rubella which was not in line with current Public Health England guidance. There was no risk assessment to demonstrate why the practice had determined which diseases to monitor staff immunity.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 06/03/2019	Yes
There was a record of equipment calibration. Date of last calibration: 06/03/2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: November 2018	Yes
There was a log of fire drills. Date of last drill: 22/11/2018	Yes
There was a record of fire alarm checks. Date of last check:	Yes
There was a record of fire training for staff. Date of last training:	Partial
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 29/05/2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: We reviewed staff training and found that nine staff had not completed fire training in the last year. The practice determined that fire training should be undertaken annually.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 25/07/2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 02/05/2019	Yes
Explanation of any answers and additional evidence: Specific risk assessments were undertaken where appropriate, we saw evidence of a risk assessment undertaken where injury required an individual's role to be assessed.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Partial
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: February 2019	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: We reviewed staff training and found 13 staff, including eight clinical staff, who had not completed infection control or hand hygiene training within the last year. The practice determined that infection control training should be completed annually by all staff.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
There was a process in the practice for urgent clinical review of such patients.	Yes

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	0.69	0.82	0.88	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2018 to 31/03/2019) (NHSBSA)	10.3%	9.0%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) (NHSBSA)	5.11	5.83	5.61	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	1.24	1.50	2.07	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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
The practice had a process and clear audit trail for the management of information about	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Partial
<p data-bbox="57 1055 810 1093">Explanation of any answers and additional evidence:</p> <p data-bbox="57 1144 1541 1361">Blank prescription forms were not monitored in line with current national guidance. We reviewed the system for tracking blank prescription forms within the practice. The tracking information of each box of prescription forms was logged and allocated to a single room. The stock of blank prescription forms were stored in a locked cupboard. Each room was supplied with prescription forms from its allocated box but tracking details of the prescription forms were not recorded when rooms were stocked. We observed approximately 200 blank prescriptions in the printer tray of an unlocked clinical room.</p> <p data-bbox="57 1413 1541 1675">We saw evidence that the practice had reviewed how they monitored patients prescribed high risk medicines and ran regular audits of patients prescribed high risk medicines. This was reviewed by the clinical pharmacist and GPs. Appointments were offered with the pharmacist where patients were under or over requesting medicines. Patients were supported to take their medicines safely through appointments with the pharmacist who also informed patients about side effects and the importance of appropriate monitoring. The practice had a system for patients who were overdue monitoring to reduce the number of days supply patients were prescribed to seven days until they attended for monitoring.</p> <p data-bbox="57 1727 1541 1836">Data loggers were not routinely checked, although the practice storage, distribution and disposal of vaccines protocol stated that data from the date loggers should be downloaded weekly. Data loggers were not checked when temperatures were out of range.</p> <p data-bbox="57 1843 1541 2063">The recorded maximum temperatures were out of range on 17 occasions between January and July 2019 with no explanation recorded. There were a further three occasions where the recorded temperature had been out of range but a recheck of the temperature later in the day demonstrated it was back within range. There was two days where temperatures were not fully recorded. There were some comments indicating where stock checks or vaccine deliveries had been carried out, but it was not always clear on which date these had taken place.</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" (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)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > 1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 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.