

# Care Quality Commission

## Inspection Evidence Table

**Dr Rajesh Pandey (1-496144059)**

**Inspection date: 10 September 2019**

**Date of data download: 09 September 2019**

**Overall rating: Good**

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

**Safe**

**Rating: Good**

At our last inspection in August 2018 the practice was rated as requires improvement for providing safe services. This was because:

- Refrigerators containing vaccines and other temperature sensitive medicines did not have their maximum and minimum temperatures recorded daily. One fridge was overstocked with medicines.
- Unclaimed scripts other than for controlled drugs were not reviewed for five to six months.
- The practice could not produce evidence that one member of the nursing staff was adequately covered by medical indemnity for their role.
- The practice could not demonstrate that staff vaccination was maintained in line with current Public Health England (PHE) guidance.

At this inspection, we found improvements had been made and the practice is now rated as good for providing safe services.

### **Safety systems and processes**

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

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
Explanation of any answers and additional evidence: We saw evidence that the practice had checked and recorded the immunity status for Hepatitis B and MMR (measles, mumps and rubella) for clinical staff. They had arranged and provided boosters as necessary.	

We found the practice had requested the immunisation status for all staff, including non-clinical. We saw they had also taken the decision to offer Hepatitis B vaccination to all staff. All staff were also offered an annual flu vaccine. They had documented any refusals.

However, we noted that not all clinical staff had recorded immunity for varicella or “chicken pox”. Following our inspection, the practice demonstrated they took our concern seriously and sent us varicella immunity reports for the clinical staff. They had also improved their recording methods and sent us a table showing the immunisation status for clinical staff for Hepatitis B, MMR, varicella, flu and BCG.

At our last inspection in August 2018 we found staff files did not always contain up to date information to confirm clinical staff were currently registered with the appropriate professional body. At this inspection we found the practice had improved their systems to confirm and record registration checks. The expiry date of the individual registrations was now clearly recorded.

We were shown evidence to demonstrate the GP had appropriate medical indemnity insurance until August 2020. The nursing staff were covered by the new clinical negligence scheme for general practice (CNSGP).

Safety systems and records	Y/N/Partial
There were fire marshals.	Y
Explanation of any answers and additional evidence: At our last inspection in August 2018, we found there were no designated fire marshals. At this inspection we saw evidence that a member of staff had received training as a fire marshal from a recognised first aid charity. We saw a certificate confirming this was valid from April 2019 to April 2022.	

## 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
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence:  At this inspection we found the practice had updated their cold chain procedures and improved their recording of the vaccine refrigerator temperatures. In response to our concerns at the last inspection, they sought advice from Public Health England (PHE) and following recommendation they had purchased data loggers to monitor the temperatures (an electronic device used to continuously record). They had replaced the main refrigerator in the treatment room. They also recorded daily temperatures appropriately for each of their three refrigerators. The practice ensured all staff had completed online training courses on vaccine storage. We confirmed this with a sample of certificates. We checked the temperature of the refrigerators and these were all in range and not overstocked.  Since our last inspection, due to these additional processes, the practice identified a power cut that had occurred in May 2019, over a bank holiday weekend. We saw evidence that the practice took appropriate action in response to this event. They informed PHE and sought advice from vaccine manufacturers. The practice recorded this as a significant event and fully investigated what had happened. An electrician discovered a fault with the boiler had caused the power failure and this was	

<b>Medicines management</b>	<b>Y/N/Partial</b>
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immediately repaired. Additional preventative measures were installed to ensure the refrigerators would not be affected by future power cuts. We saw this had been discussed in a staff meeting in June 2019. We saw the practice had recently purchased a refrigerator alarm, which would send a text message to a designated staff member if the temperature exceeded recommended limits when the practice was closed.

The practice told us they monitored uncollected prescriptions They were checked monthly and if they remained at reception for more than three months, they were destroyed and the GP was informed.

At our last inspection, we found that completed medicine reviews were recorded within the electronic clinical records system, but they were not being recorded in a specific location required by the software. This meant they were showing as overdue on patient prescriptions. At this inspection the practice demonstrated they now recorded medicines reviews in the correct location in the software. They had not experienced any further problems.

<b>Any additional evidence or comments</b>
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At our last inspection we found the practice childhood immunisation uptake rates had not all met the World Health Organisation (WHO) target, which is the recommended standard for herd immunity. At this inspection the practice told us they now had a member of staff who had been given protected time to call and recall patients to the practice for their immunisation. If a child was not brought to their appointment this was followed up with a call, text and letter. As a result, the practice demonstrated their immunisation uptake rates had now met targets.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	31	34	91.2%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	27	30	90.0%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	28	30	93.3%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	28	30	93.3%	Met 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:  
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

### 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 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.