Care Quality Commission

Inspection Evidence Table

Olive Medical Practice (1-7262793866)

Inspection date: 29 January 2020

Date of data download: 24 January 2020

Overall rating: Not rated at this inspection

This inspection was a focussed follow up inspection to monitor the actions undertaken by the GP provider to meet the requirements identified in the warning notice issued following the last inspection in September 2019. The key question Safe was not rated.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe Rating: Not rated at this inspection

At our previous inspection on 25 September 2019 we identified gaps in the management and coding of patient safeguarding information and records, patients' test results and the management of tasks were not timely, some patient safety alerts had not been actioned and clinical staff working in advanced roles were not sufficiently monitored.

This warning notice follow up inspection identified improvements in all these areas.

Safety systems and processes

The practice was working with the local safeguarding team to ensure they implemented clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence: • At our previous inspection we noted there were gaps in the practices and procedures undertaken by the practice team in relation to safeguarding young people. This included incomplete coding of family members for those children with a child protection plan in place and the lack of follow up action for those children who did not attend appointments. • This inspection identified improvements in these areas. The practice manager along with other GP practices in the locality were working with the clinical commissioning group (CCG) safeguarding team to develop a clear and consistent methodology to maintain accurate registers of patients with different types of safeguarding concerns. This included ensuring the correct coding for the electronic patient records. The practice manager confirmed a further meeting to discuss this with the safeguarding team was scheduled for February 2020. • The practice manager had reviewed all the safeguarding registers and attempted to ensure they were accurate as far as possible. Active cases had been reviewed and contact made with patients to ensure details such as patient addresses and information was accurate. The practice manager had liaised with the safeguarding team to ensure the action undertaken in relation to specific patients were appropriate. • Following the last inspection the practice provided us with a policy that detailed the actions to be implemented by staff following a missed appointment or 'Did not attend' by a patient. A log was maintained of all patients who did not attend appointments and reception staff contacted the patient or parent to query this, record any explanation and offer another appointment. A system of weekly checks on the list of 'did not attend' appointments was established, and this was further supported by a monthly search to ensure appropriate action had been implemented. The deputy practice manager confirmed that the list was monitored alongside the safeguarding children's registers and to identify any themes.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-	Y

clinical staff.	
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Explanation of any answers and additional evidence:

At our previous inspection we noted the management of correspondence including test results and tasks was not timely or comprehensively managed. At this inspection we observed improvements in almost all the areas previously identified.

For example:

- The patient electronic record system now contained four pages of tasks (previously there were 30 pages). The oldest task was dated 24 January 2020. The practice manager confirmed none of the outstanding tasks were urgent and all two week referrals to secondary care services were undertaken on the day of the consultation.
- The inbox for laboratory test results, was up to date with 15 results received the day before our inspection. These were all actioned on the day of our visit.
- Systems to ensure cytology reports were viewed and actioned immediately were established and the practice nurse maintained their own separate records to ensure records of results of all samples sent for testing were received.

The practice team confirmed that there was one area requiring further improvement, and this was the appropriate filing of non-urgent correspondence, that had been reviewed and assessed by the workflow hub. (The practice was participating in a pilot scheme to manage document workflow at a local hub site. However the 'hub' had experienced staffing problems and a large influx of correspondence relating to flu injections resulting in a backlog of routine correspondence.) The practice manager and GP partner confirmed that the practice received approximately 95 to 100 pieces of correspondence daily and the liaison with the 'hub' had identified that the backlog of 600 documents were expected to have been cleared in approximately one week. The practice team confirmed none of the correspondence awaiting filing required action. We undertook a random check of a small sample of these and found there was no patient issues requiring attention.

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
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers,	Y

Medicines management	Y/N/Partial
and there was regular review of their prescribing practice supported by clinical supervision or peer review.	
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	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
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
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.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
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 the time of last inspection the practice used a regular locum advanced nurse practitioner (ANP) to undertake two minor illness consultation clinics on Mondays. At that time a system to formally monitor the clinical decision making and prescribing of the ANP was not established. At this inspection the ANP was no longer working at the practice. The practice were in the process of attempting to recruit to this role.
- However, the practice now employed four clinical pharmacists (including full and part time employment), who undertook various clinical roles including patient consultations and medicine reviews with patients. A system of monitoring clinical decision making and quality assurance had been implemented. Each GP partner was designated lead for mentoring and supporting members of the clinical pharmacist team. A monthly review of 10 patient consultations for each pharmacist was undertaken. The recorded reviews for November and December 2019 were available and these showed consultation records were assessed under different headings of 'History', 'Examination', 'Treatment' and 'Safety netting'. The reviews also included written comments identifying good practice and suggestions for development.
- All clinicians attended weekly clinical meetings where a range of clinical issues were discussed

Medicines management	Y/N/Partial
including subjects to share learning and recent Medicines and Healthcare Products Regulatory Agency (MHRA) alerts.	

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

Explanation of any answers and additional evidence

- At our previous inspection we identified two alerts sent out in 2019 for medicines Febuxostat used to prevent attacks of gout (circulated in July 2019) and Carbimazole used to treat hyperthyroidism (February 2019) had not been received despite the practice being signed up to the Central Alerting System (CAS). This is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information.
- Following our inspection these omissions were recorded as a significant event and actions implemented to ensure patients were safe and receiving the correct treatment in accordance with guidance.
- At this inspection, the practice employed four clinical pharmacists and one of these was the lead for reviewing and responding to patient safety alerts including those from the MHRA. In response to the concerns regarding Febuxostat and Carbimazole the pharmacist had undertaken a retrospective review of all medicine alerts received in 2019 to ensure patient care was appropriate and complied with up to date guidance.
- The practice's web based information management system was the central repository for all alerts and the system enabled oversight of alerts, including the dissemination and action required and undertaken in response to the alert. The practice manager ensured alerts were forwarded to the appropriate clinicians and team members. In addition to provide additional safety netting the pharmacist took the lead in monitoring patients prescribed medicines flagged in alerts, and implemented the appropriate action as required. A separate spreadsheet logging alerts and action was maintained and this provided a comprehensive overview.
- The practice manager also provided evidence of appropriate action in relation to other alerts including the Wuhan novel Coronavirus (WN-CoV) received the day before the inspection. The information from the alert had been shared with the whole staff team and flow diagrams for the management of a suspected case of the virus had been printed and provided to each consultation room and staffing area.

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.