

Care Quality Commission

Inspection Evidence Table

KH Medical (1-585217311)

Inspection date: 30 March 2020

Date of data download: 30 March 2020

Overall rating: **Good**

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

Safe **Rating: Good**

At the last inspection in November 2019 the practice was rated as requires improvement for providing safe services because:

- Systems and processes were not in place to assess the security of the premises and risks to health and safety to identify them and act to address them.
- There were shortfalls in the management of controlled drugs.

At this desk top follow up inspection, we found the provider had satisfactorily addressed these issues.

Safety systems and processes

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: November 2019 at both sites	Y
There was a record of equipment calibration. Date of last calibration: various dates in the last 12 months	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: April 2019 at all sites	Y
There was a log of fire drills. Date of last drill: Lundwood and Cudworth September 2019, Monk Bretton February 2019	Y

There was a record of fire alarm checks. Date of last check: Weekly at all sites	Y
There was a record of fire training for staff. Date of last training: on line training completed on various dates.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: Lundwood Sept 2019, Monk Bretton November 2019 and Cudworth December 2019	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection November 2019 the spirometry equipment was overdue a calibration and the provider did not have a risk assessment for the Cudworth branch site.</p> <p>At this inspection the provider provided evidence that the spirometry equipment had been calibrated in December 2019 and a fire risk assessment had been completed for the Cudworth branch site.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: December 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: December 2019	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection in November 2019 a health and safety risk assessment and a premises and security risk assessment had not been carried out for the main site or the two branch sites.</p> <p>At this inspection the provider provided evidence that health and safety and premises and security risk assessments had been completed at all sites and actions identified for improvement. For example, the provider identified that disposal of confidential waste paper met the statutory requirements.</p>	

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, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Not applicable
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.	Not applicable
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
<p data-bbox="55 1861 807 1906">Explanation of any answers and additional evidence:</p> <p data-bbox="55 1951 1513 2058">At the last inspection not all medicines were safely stored with restricted access, emergency medicines were not checked weekly as recommended by the Resuscitation Council UK guidelines and medicine refrigerators only had one integral thermometer.</p>	

Medicines management

Y/N/Partial

At this inspection the provider provided evidence that the controlled medicines previously kept on the premises had been destroyed in line with recommended guidance. Emergency medicines and equipment were now checked weekly in line with recommended Resuscitation Council UK guidance. Medicine refrigerators now had a second thermometer that was independent to the built- in integral medicine refrigerator thermometer.

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.