

# Care Quality Commission

## Inspection Evidence Table

### Coniston Medical Practice (1-541107281)

Inspection date: **24 August 2021**

Date of data download: 24 August 2021

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

### Safe

### Rating: Good

Following our previous inspection on 2 November 2020, (published 9 December 2020), we were not assured that the management of premises safety checks for services and equipment was satisfactory. Furthermore, the management of patients on some high-risk drugs was in need of review and recordings of fridge temperatures did not include the minimum and maximum temperature ranges.

As part of this desk top review, we were provided with evidence that action had been taken to ensure portable appliances, the electrical wiring installation and clinical equipment had been appropriately inspected, tested and calibrated. Furthermore, we were provided with assurance that any 'shoulds' identified at the last inspection had been actioned.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Explanation of any answers and additional evidence: During our inspection in November 2020, we noted that the recruitment policy did not include reference to obtaining a full employment history together with written explanation of any gaps in employment. Furthermore, there was no reference to obtaining satisfactory information about any physical or mental health conditions which are relevant to a prospective employee's capability after reasonable adjustments are made as per Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As part of this review, the provider assured us that the recruitment policy had been updated in line with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.	

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: 25 March 2021	Yes

There was a record of equipment calibration. Date of last calibration: 5 August 2021	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in November 2020, we noted that the provider did not have a periodic electrical wiring installation condition certificate for the premises. The document did not provide assurance that the report had been completed by an accredited, competent person, such as a registered electrician and lacked key information such as the name and position of the inspector. The provider informed us that they maintained and assessed their electrical equipment in-house and therefore did not have a Portable Appliance Test certificate. We saw evidence during this inspection that some appliances had an inspection label attached to them dated 17/06/2019. We were unable to check all portable appliances during the inspection and were not provided with an inventory of all portable appliances to verify that they had been checked and maintained in a safe condition as per the Electricity at Work Regulations 1989. The provider also informed us that they undertook their own testing and calibration of clinical equipment. We saw evidence of annual testing undertaken by the provider on 14/05/2020 and associated records. These records did not verify the person completing the calibration was suitably trained to complete this.</p> <p>For this review, we saw evidence of a portable appliance testing inventory log, that had been completed on 25 March 2021.</p> <p>Furthermore, we viewed a copy of an electrical installation condition report dated 19 June 2021, that had been completed by an independent contractor.</p> <p>Additionally, the provider sent us evidence that clinical equipment at the practice had been independently inspected, tested and calibrated by a contractor on 5 August 2021.</p>	

## Information to deliver safe care and treatment

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

	Y/N/Partial
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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in November 2020, we found the system for coding communications coming into the practice when GP partners were absent remained in need of review. Staff spoken with told us that they would welcome additional / refresher training in this area, as they did not routinely undertake coding tasks on a regular basis. This could result in post being left in the document tray for coding by GPs upon their return to work. Practice leaders spoken with reported that more in-house training was provided for staff in May 2020 and that additional training was being sought to address the outstanding training needs of staff.</p>	

As part of this review, the provider informed us that a member of the practice team had attended a coding course on 11 March 2021 and had in turn cascaded the training to two other colleagues. We noted that another colleague had also been booked on to a coding course to attend training in May 2021 and that all three administration team members were being involved in supervised in-house coding training.

During our inspection in November 2020, we also noted that clinicians were referring patients under the two-week-wait referral criteria but had not always used the designated procedure or referral forms. This did not allow for Public Health England (PHE) data to be accurate.

For this review, the provider assured us that two-week wait templates were accessible for all specialities on all desktops and were being used for query cancer referrals. Furthermore, the provider informed us that a spreadsheet had been established to record any two-week wait referrals. We noted that systems had also been introduced to ensure the spreadsheet was routinely monitored and to maintain contact with patients to ensure they received their appointments within the required timeframe.

## 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
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
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>During our inspection in November 2020, we found evidence that the management of patients on high-risk drugs was taking place but it was not according to best practice, because not all the monitoring tests were being done as best practice guidelines recommend.</p> <p>For this review, the provider assured us that systems for the management of patients on high risk medications had been reviewed. We were assured that all patients prescribed Warfarin (medicine that help prevent blood clots) were logged on a spreadsheet and part of a regular call and recall system via diary dated searches, which was routinely monitored. We noted that the GPs had also switched to using the North of England Commissioning Support Unit (NECS) Medicine Optimisation guidance for Disease-modifying antirheumatic drugs (DMARDs) - a group of medications commonly used in people with rheumatoid arthritis and were monitoring patients accordingly.</p> <p>The provider also informed us that searches had been run on patients prescribed novel anticoagulants and patients on medications requiring electrolyte monitoring. Electrolytes are salts and minerals, such as sodium, potassium, chloride and bicarbonate, which are found in the blood. We were assured that the relevant patients had been invited for review and appropriate blood tests had been done. We noted that searches will be repeated regularly and have been added as action points to the Conniston Medical Practice worklist.</p> <p>During our inspection in November 2020, we also found that medicines that required refrigeration were not monitored in line with PHE best practice guidance to ensure they remained safe and effective in use. While fridge temperature checks were carried out and documented, the maximum and minimum temperature was not recorded as part of this monitoring, only the actual temperature. Consequently, the provider could not assure themselves that temperatures had remained at all times in the required temperature range for safe storage. The actual temperatures of the fridges at the time of the checks were all documented as being in the appropriate range.</p> <p>The provider, for this review, advised us that fridge monitoring had been adjusted as per Public Health England (PHE) guidance. We were informed that a fridge temperature monitoring sheet supplied by the Immunisation and Screening Team had been downloaded onto the desktops and was now filled in daily with the time, actual reading, minimum and maximum readings and the details of the person responsible for checking and resetting the thermometer.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
<p>Explanation of any answers and other comments on dispensary services:</p> <p>At our last inspection in November 2020, we were provided with a copy of a medicines delivery policy dated October 2020. We also noted that standard operating procedures were in place for most dispensary activities, however these did not include for example, managing uncollected medicines and controlled drugs ordering and audit.</p> <p>For this review, the provider assured us that the Standard Operating Procedures for the dispensary had been updated to include additional procedures for managing uncollected medicines and controlled drug ordering and audit.</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)	$\leq -3$
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. 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.
- \*PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- $\text{‰}$  = per thousand.