

Inspection Evidence Table

Dr K Manivannan & Dr B Gurung

(1-544467614)

Inspection Date: 9 May 2023

Date of data download: 2 May 2023

Overall rating: **Good**

The practice was rated good overall as a result of this inspection. Our findings were as follows:

- The provider had made improvements to the practice's systems, practices and processes to help keep people safe and safeguarded from abuse.
- The provider had taken action and made improvements to systems and processes to help maintain appropriate standards of cleanliness and hygiene.
- Improvements had been made to the way risks to patients, staff and visitors were assessed, monitored and managed.
- The provider had made improvements to the arrangements for managing medicines that helped keep patients safe.
- The provider continued to deliver care and treatment in a way that was accessible to patients.

Safe

Rating: Good

The practice was rated good for providing safe services as a result of this inspection. Our findings were as follows:

- The provider had made improvements to the practice's systems, practices and processes to help keep people safe and safeguarded from abuse.
- The provider had taken action and made improvements to systems and processes to help maintain appropriate standards of cleanliness and hygiene.
- Improvements had been made to the way risks to patients, staff and visitors were assessed, monitored and managed.
- The provider had made improvements to the arrangements for managing medicines that helped keep patients safe.

Safety systems and processes

The provider had made improvements to the practice's systems, practices and processes to help keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
<p>At our inspection in May 2022, we found the practice's computer system alerted staff of children that were on the risk register. We looked at the records of 5 such children and found the practice's computer system did not alert staff to all family and other household members of these children. However, during our inspection the provider instructed staff to add relevant alerts to all family and household members records of children who were on the risk register. After our inspection the provider told us that this activity had now been completed for all relevant patients.</p> <p>During our inspection in May 2023, we found the practice's computer system continued to alert staff of children that were on the risk register. We looked at the records of 5 such children and found the practice's computer system also alerted staff to all family and other household members of these children.</p>	

Safety systems and records	Y/N/Partial
Records showed the practice carried out fire drills.	Y
Records showed the fire alarm system was tested regularly.	Y
The practice had designated fire marshals.	Y
<p>At our inspection in May 2022 records showed that a fire drill had not been carried out since 20 May 2021.</p> <p>During our inspection in May 2023 records showed that a fire drill had been carried out on 6 February 2023.</p>	

At our inspection in May 2022, records showed that the fire alarm system had been checked weekly up to and including 25 April 2022. However, staff told us that the fire alarm system had not been checked regularly since then. We looked but could not find evidence to show that the fire alarm system had been checked since 24 April 2022.

During our inspection in May 2023, records showed the fire alarm system was now being tested regularly on a weekly basis.

At our inspection in May 2022, there was no member of staff on duty at the time of our inspection who had been trained as a fire marshal. After our inspection the provider wrote to us and told us that a member of staff had been trained as a fire marshal, but they did not have evidence to confirm this. They also told us that they were in the process of arranging fire marshal training for all reception staff so that there would always be a fire marshal on duty in the practice in the future.

During our inspection in May 2023, staff told us that all reception staff and 2 of the practice's managers had been trained as fire marshals. We saw records that confirmed this.

Infection prevention and control

The provider had taken action and made improvements to systems and processes to help maintain appropriate standards of hygiene and cleanliness.

	Y/N/Partial
We observed the premises to be clean and all areas accessible to patients were tidy.	Y
<p>At our inspection in May 2022, we saw that most chairs in the practice were cloth covered and some in the waiting room were stained. However, records showed that cloth covered chairs were detailed on the practice's cleaning scheduled and were due to be steam cleaned on 6 June 2022.</p> <p>During our inspection in May 2023, we saw all chairs in the practice waiting room had been cleaned and were free from staining.</p> <p>At our inspection in May 2022, we found pull cords used to operate the lights in the cleaning cupboard and kitchen were dirty and not able to be cleaned. These represented a source of infection to anyone that used them. This had not been identified by the IPC audit.</p> <p>During our inspection in May 2023, we found the pull cord to operate the light in the cleaning cupboard had been removed and replaced with an automatic light that came on when movement was detected. We also found the pull cord to operate the light in the kitchen had been replaced with a switch that was able to be cleaned.</p>	

Risks to patients

The provider had made improvements so that risks to patients, staff and visitors were assessed, monitored or managed effectively.

	Y/N/Partial
There was an up-to-date legionella risk assessment and an action plan to address issues identified.	Y
<p>At our inspection in May 2022, we saw that some flooring in the reception area and on the stairs to the first floor were secured with tape. Staff told us that repairs had been required for several months and that the tape was a temporary fix. This had not been identified by the health and safety risk assessment. However, records showed that an external flooring company had been booked to attend the practice on 30 May 2022 to carry out a site visit.</p> <p>During our inspection in May 2023, we saw that these repairs had been carried out and all flooring in the practice was now intact.</p> <p>At our inspection in May 2022 staff told us that there was not an up-to-date legionella risk assessment, the temperature of water from hot and cold outlets was not being monitored and recorded on a regular basis and water samples had not been sent to establish if the building’s water system had been colonised by legionella. However, records showed that a legionella risk assessment had been booked to be carried out by an external company on 6 June 2022.</p> <p>During our inspection in May 2023, records showed that a legionella risk assessment had been carried out on 9 September 2022. There was an action plan to address issues identified. Records also showed:</p> <ul style="list-style-type: none">• The temperature of water from hot and cold outlets was being monitored and recorded on a regular basis. Results show hot water was reaching the required temperature and cold water was not exceeding the maximum temperature required to help reduce the risk of legionella colonising the building’s water system.• Little used water outlets were being flushed on a regular basis.• Water samples had been sent and results received on 6 September 2022 showed the building’s water system had not been colonised by legionella.	

Appropriate and safe use of medicines

The provider had made improvements to arrangements for managing medicines to help keep patients safe.

Medicines management	Y/N/Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	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. 2	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>At our inspection in May 2022, we looked at 5 patient group directions (PGDs) and found that none of them had been completed correctly. For example, additional staff had been added to 4 of the PGDs that we looked at after the date the PGD had been signed by the authorising manager. This meant that the nurses had not therefore been authorised by the authorising manager to use the PGDs to administer medicines. Also, none of the PGDs that we looked at had had blank areas crossed through (to prevent the addition of more staff names after the authorising manager had signed the PGD). After our inspection the provider sent us evidence to show that PGDs had been reviewed and had now all been completed correctly.</p> <p>During our inspection in May 2022, we looked at 6 PGDs and found 3 had been completed correctly. The remaining 3 did not contain the name of the organisation where they were to be used. However, during our inspection the name of the organisation was added to all 3 PGDs.</p> <p>At our inspection in May 2022, we looked at the records of 17 patients who were prescribed high-risk medicines such as warfarin, methotrexate, lithium and zopiclone (a controlled drug). Whilst records showed that best practice guidance had been followed for the majority of these patients, improvements were required to the prescribing of: warfarin for 1 patient; methotrexate for 3 patients; and lithium for 1 patient. After our inspection the provider wrote to us with evidence to show that all patients prescribed high-risk medicines where best practice guidance had not always been followed had been contacted and reviewed or booked in for relevant blood tests and subsequent review.</p> <p>During our inspection in May 2023, we looked at the records of:</p> <ul style="list-style-type: none"> • Five patients who were prescribed warfarin and found that best practice guidance was being followed for the prescribing of this high-risk medicine. • Five patients who were prescribed methotrexate and found that best practice guidance was being followed for the prescribing of this high-risk medicine. • Two patients who were prescribed lithium and found that best practice guidance was being followed for the prescribing of this high-risk medicine. <p>At our inspection in May 2022, we found medicines that required refrigeration were stored in 2 designated medicines refrigerators at the practice. We looked at the temperature monitoring records for these refrigerators. Records showed that the temperature of 1 of the medicines refrigerators had been recorded as being outside of the acceptable limits (of between 2 and 8 degrees centigrade) on 7 occasions between January 2022 and May 2022. We asked to see the written guidance available for staff to follow if the temperature of the designated medicines refrigerator went outside of acceptable limits. We also asked to see records that showed what action staff had taken when the temperature of the medicines refrigerators had</p>	

been recorded as being outside of acceptable limits. However, we were not provided with any.

After our inspection the provider wrote to us with evidence to show that a cold chain policy had been introduced at the practice that contained guidance for staff to follow in the event that either of the medicines refrigerators were recorded as being outside of acceptable temperature limits.

During our inspection in May 2023, we found medicines that required refrigeration continued to be stored in 2 designated medicines refrigerators at the practice. We looked at the temperature monitoring records for these refrigerators. Records showed that the temperature of 1 of the medicines refrigerators had been recorded as being outside of the acceptable limits (of between 2 and 8 degrees centigrade) on 11 occasions between January 2023 and May 2023. Records also showed that the temperature of the other medicines refrigerators had been recorded as being outside of the acceptable limits on 3 occasions between January 2023 and May 2022. There was written guidance available for staff to follow if the temperature of the designated medicines refrigerator went outside of acceptable limits. We asked to see records that showed what action staff had taken when the temperature of the medicines refrigerators had been recorded as being outside of acceptable limits. Records showed that there had been a power cut on 10 January 2023, staff had followed written guidance and contacted the manufacturers of the medicines stored in the refrigerators at that time. Some of the medicines needed to be discarded and records confirmed staff took the correct action. This incident had also been reported as a significant event.

However, there were no records of the action staff took for any of the other occasions when the temperature of either of the medicines refrigerators were recorded as being outside of acceptable limits. Staff told us that written guidance had been followed and data loggers checked. Data loggers monitor and record the internal temperature of medicines refrigerators so that the length of time temperatures are outside of acceptable limits can be ascertained to establish if further action by staff is necessary. However, they told us they had not recorded this action. We looked at a random sample of data logger records. These confirmed the temperature of both of the medicines refrigerators did not go outside of acceptable limits for any unacceptable amounts of time on any of the occasions when the temperature of the medicines refrigerators were recorded as being outside of acceptable limits. This confirmed that medicines stored in either of the medicines refrigerators continued to be safe to use.

Safety alerts	Y/N/Partial
The practice had systems for managing safety alerts.	Y
Information from safety alerts was shared with staff.	Y
Staff understood how to deal with safety alerts.	Y
The practice acted on and learned from safety alerts.	Y
The practice kept records of action taken (or if no action was necessary) in response to receipt of all safety alerts.	Y
<p>At our inspection in May 2022, during our clinical searches, we reviewed 2 safety alerts and found that 1 regarding the prescribing of the medicine valproate had been managed well. An alert regarding the medicines amlodipine and simvastatin had not been acted upon effectively. We looked at 4 patients' records who were prescribed these medicines and found that the correct dosage was not being prescribed. After our inspection the provider wrote to us with evidence to show that all these patients had been contacted and the dose of medicines prescribed altered to reflect information given in the relevant safety alert.</p> <p>During our inspection in May 2023, we looked at the records of the 4 patients who we found had been</p>	

prescribed the incorrect dosage of simvastatin at the time of our last inspection. We found they were now being prescribed the correct dosage of this medicine. However, we found 2 other patients were being prescribed the incorrect dosage of simvastatin in combination with amlodipine. We told the provider about our findings. They took immediate action and altered the dosage of this medicine for both patients. They told us the incorrect dosage of this medicine had been prescribed by locum staff and sent us evidence to show they had introduced monthly searches of their computer system to help ensure this error was not repeated again in the future.

Responsive

Rating: Good

The data and evidence we reviewed in relation to the responsive key question as part of this inspection did not suggest we needed to review the rating for responsive at this time. Responsive remains rated as good.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Practice Opening Times	
Day	Time
Monday	8am to 1pm and 3pm to 6.30pm
Tuesday	8am to 1pm and 3pm to 6.30pm
Wednesday	8am to 1pm and 3pm to 6.30pm
Thursday	8am to 1pm and 3pm to 6.30pm
Friday	8am to 1pm and 3pm to 6.30pm

Further information about how the practice is responding to the needs of their population
Patients had a named GP who supported them in whatever setting they lived.
The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.

Appointments were available outside of school hours so that school age children did not need to miss school in order to receive care and treatment.

Some sexual health services were available at the practice such as chlamydia screening.

The practice held a register of patients living in vulnerable circumstances such as homeless people, Travelers and those with a learning disability.

People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travelers.

The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

The practice had its own car park with designated parking available for patients with mobility issues.

Patient toilets were available that included ones that were suitable for use by people with mobility issues.

Baby changing facilities were available.

A hearing loop was available at the practice reception to assist patients who were hard of hearing or deaf.

Access to the service

People were able to access care and treatment in a timely way.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
The practice had systems to help ensure patients were directed to the most appropriate person to respond to their immediate needs.	

There were arrangements with other providers to deliver services to patients outside of the practice's working hours.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
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 (01/01/2022 to 30/04/2022)	78.1%	N/A	52.7%	Significant variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	84.9%	48.8%	56.2%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	77.7%	48.5%	55.2%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	87.2%	68.4%	71.9%	Tending towards variation (positive)

Any additional evidence or comments

Feedback regarding access at Dr K Manivannan & Dr B Gurung from the national GP patient survey published in July 2022 was positive (significantly so in one indicator).

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.
- **UKHSA:** UK Health and Security Agency.
- **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.
- ‰ = per thousand.