# Care Quality Commission

## Inspection Evidence Table

## Dr Rex Obonna (1-495150053)

**Inspection date: 12 April 2019**

**Date of data download:** 25 March 2019

# Overall rating: Good

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

# Safe                                    Rating: Good

**We inspected this practice on 3 July 2018, and we rated the practice as requires improvement for providing safe services because the arrangements to monitor patients who were prescribed high-risk medicines were not always effective. The practice's system to monitor and record health and safety was not effective and fire safety records were incomplete.**

**In April 2019, we found the practice had made improvements. We rated the practice as good for providing safe services.**

**Safety systems and processes**

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

| Recruitment systems | Y/N/Partial |
|---|---|
| There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored. | Yes |
| Explanation of any answers and additional evidence: <br><br> In July 2018 we found the practice did not check the clinical registration of the nurse on a regular basis. Prior to our inspection in April 2019, the practice sent us proof that both the professional registration of the practice nurse and GP were up to date. During the inspection, the practice manager told us she had now set up a calendar alert to remind her to check this annually. | |

| Safety systems and records | Y/N/Partial |
|---|---|

| | |
|---|---|
| There was a fire procedure. | Yes |
| There was a record of fire extinguisher checks.<br>Date of last check:  August 2018 | Yes |
| There was a log of fire drills.<br>Date of last drill: 18 October 2018<br>A fire evacuation was also carried out on 12 March 2019 following a false alarm triggered by dust from building work carried out on the property. | Yes |
| There was a record of fire alarm checks.<br>Date of last check: Carried out weekly 4 April 2019 | Yes |
| There was a record of fire training for staff.<br>Date of last training: 22 August 2018. | Yes |
| There were fire marshals. | Yes |
| A fire risk assessment had been completed.<br>Date of completion: 30 October 2017 | Yes |
| Actions from fire risk assessment were identified and completed. | Yes |
| Explanation of any answers and additional evidence:<br><br>In July 2018, we found the practice did not have an effective process that assured them that risks related to fire safety were managed and monitored. In April 2019, we found the practice had taken steps to address this. There was a building fire risk assessment in place and the practice had carried out their own risk assessment, in July 2018, to identify and reduce the risk of fires. They told us they planned to repeat this annually. All staff had received fire training within the last year, with the GP last to complete this in August 2018. Additional staff had also completed fire warden training. | |

| Health and safety | Y/N/Partial |
|---|---|
| Premises/security risk assessment had been carried out.<br>Date of last assessment: 1 April 2019 | Yes |
| Health and safety risk assessments had been carried out and appropriate actions taken.<br>Date of last assessment:  May 2018 | Yes |
| Explanation of any answers and additional evidence:<br><br>In July 2018, we found the practice did not have a health and safety risk assessment in place. In April 2019, we found the practice had addressed this. | |

**Infection prevention and control**

## Appropriate standards of cleanliness and hygiene were met.

| Any additional evidence or comments | |
|---|---|
| Additional evidence:<br><br>At the July 2018 inspection, we found the practice had last completed an assessment of the risk of legionella in June 2016. However, there was no evidence of risk identification and mitigating action.<br><br>In April 2019, the practice sent us the legionella risk assessment carried out in August 2018. There were a number of issues identified, including relating to water temperatures, lack of management and control procedural documents in place and some of the plumbing systems were not up to current standards and were considered at higher risk of bacterial growth. We spoke to the practice about this. They told us the follow up of this was the responsibility of the landlord. None of the area of concerns related to the parts of the premises occupied by the practice. We contacted the landlord, NHS Property Services, on 15 April 2019 to check what action had been taken. We did not receive a reply from them. | |

**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. | Partial |
| The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases. | Yes |
| There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use. | Yes |
| Explanation of any answers and additional evidence:<br><br>In July 2018, we found the process for managing high-risk medicines did not always include monitoring and clinical review prior to prescriptions being issued.<br><br>In April 2019, we found the practice had put in place arrangements to monitor patients' health in relation to the specific medicines listed in the previous report. They had placed all these medicines onto acute prescriptions and implemented pop up alerts to make clinicians aware additional checks were required prior to the issue of a prescription. However, they had not widened this to cover all high-risk medicines. We found an example of a disease modifying antirheumatic (DMARD) medicine where the practice had not implemented this approach, and no arrangements were in place to safeguard the patient on this medicine. The practice told us they had concentrated their approach on the ones previously mentioned but would widen this approach to all high-risk medicines. | |

**Track record on safety and lessons learned and improvements made**

**The practice made some improvements to ensure they learned and made improvements when things went wrong. However, further improvements were needed to ensure the system was effective.**

| Significant events | Y/N/Partial |
|---|---|
| Staff knew how to identify and report concerns, safety incidents and near misses. | Yes |
| There was a system for recording and acting on significant events. | Yes |
| Staff understood how to raise concerns and report incidents both internally and externally. | Yes |
| There was evidence of learning and dissemination of information. | Partial |
| Number of events recorded in last 12 months: | 68 |
| Number of events that required action: | Unclear |
| Explanation of any answers and additional evidence:<br><br>In July 2018, we found the practice did not always record within significant events the lessons learned and the actions to be taken to ensure the event did not happen again.<br><br>In April 2019, we found the practice had recorded 68 significant events since April 2018. However, most of these events related to where the practice had fed back concerns about other agencies. For example, when records had been sent to the practice by other organisations for patients who were not on their practice patient list.<br><br>We saw some individual examples of significant events where it was clear the practice had learnt and improved as a result of the incident. However, the number of incidents recorded where there was no clear learning for the practice had impeded the ability to focus on the ones that would add value and better support the practice to learn and improve. The practice did not have a process in place to check for trends and themes in significant events. | |

Example(s) of significant events recorded and actions by the practice.

| Event | Specific action taken |
|---|---|
| Referral sent for wrong patient | GP reminded to check identity of patient on clinical system prior to processing referral. |

# Effective                                    Rating: Good

**We inspected this practice on 3 July 2018, and we rated the practice as good for providing effective services. However, we rated the population group of working age people (including those recently retired and students) as requiring improvement for providing effective services for this population group, because performance in relation to the detection and monitoring of cancer was lower than average.**

**In April 2019, we found the practice performance had improved in this area. We rated the practice as good for providing effective services for working age people (including those recently retired and students)**

**Effective needs assessment, care and treatment**

**Patients' needs were assessed, and care and treatment was in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

## Working age people (including those recently retired and students)

## Population group rating: Good

| Findings |
| --- |
| In July 2018, we told the practice they should evaluate and improve the systems for the referral of patients with suspected cancer and the process in place for reviewing patients once diagnosed. |
| In April 2019, we found the number of new cancer cases treated which resulted from a two week wait referral had increased from 21.4% to 35.3%. The practice told us district nurses were informed of all new cancer diagnoses. The district nurses offered support and guidance in health and benefits patients might be entitled to. They told us patients attended the hospital for regular reviews and the progress was monitored by the practice, who offered additional support where necessary. Where required, patients were discussed at multi-disciplinary meetings with the district nurses, community matron and age concern to identify and plan the support required. The practice did not have a process in place to review cancer diagnosis to identify if there were any earlier opportunities for referral or identification. |

| Cancer Indicators | Practice | CCG average | England average | England comparison |
| --- | --- | --- | --- | --- |
| 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) (01/04/2017 to | 76.4% | 75.6% | 71.7% | No statistical variation |

| 31/03/2018) (Public Health England) | | | | |
|---|---|---|---|---|
| Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE) | 66.1% | 75.6% | 70.0% | N/A |
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE) | 48.9% | 55.9% | 54.5% | N/A |
| The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE) | 70.0% | 72.9% | 70.2% | N/A |
| Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE) | 35.3% | 43.6% | 51.9% | No statistical variation |

## Any additional evidence or comments

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|---|
| |

**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.