

Care Quality Commission

Inspection Evidence Table

Dr Christopher Cole and Partners (1-550899237)

Inspection date: 26 August 2020 Date

of data download: 24 August 2020

Overall rating: Good

We previously carried out an announced comprehensive inspection at Dr Christopher Cole and Partners on 28 January 2020. The practice was rated as Good overall. The practice was rated as good for the provision of effective, caring, responsive and well-led services and requires improvement for safe services.

This focused desk-based review was undertaken to review the rating of safe services.

Safe

Rating: Good

At our previous inspection in January 2020, we rated the practice as Requires Improvement for providing safe services due to some systems and processes not being fully embedded to maintain appropriate oversight for specific areas. For example, staff recruitment checks had not taken account of name changes, risk assessments in place of approved Disclosure and Barring Service checks were not consistently used, and the security and monitoring of blank prescription stationery was not in line with national guidance.

At this desk-based review on 26 August 2020, we rated the practice as Good for the provision of safe services as the practice had revised its Disclosure and Barring Service and recruitment procedures and improved the security and monitoring processes of blank prescription stationery.

Safety systems and processes

Safeguarding	Y/N/Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Explanation of any answers and additional evidence: At our previous inspection in January 2020, we found discrepancies with the Disclosure and Barring Services (DBS) checks for three employees at the practice. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We found the practice had applied for DBS checks but there was no confirmation that the checks had been completed. We found no risk assessments by the practice as mitigation for allowing those staff to commence employment at the practice prior to receiving approved DBS checks.	

Safeguarding	Y/N/Partial
<p>At this desk-based review, we reviewed the practice's DBS procedure which had been amended since our previous inspection. The practice had formalised its arrangements for a risk assessment to be completed on any future staff member, prior to a confirmed DBS check being received. Since our previous inspection, five new members of staff had joined the practice. Of those five, only one had not received a confirmed DBS check before starting at the practice. We reviewed the subsequent risk assessment that the practice had completed. The mitigation measures taken by the practice included the staff member not having any unsupervised access to clinical documents or practice software, undertaking training away from operational areas in the practice, and utilising 'dummy' records when being trained by the practice's training officer on the practice's software systems. The DBS check for the staff member was received two days after starting employment at the practice.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in January 2020, we found the practice had not gained adequate assurances for a staff member whose name was different to the identification documents provided as part of their recruitment check.</p> <p>At this desk-based review, we reviewed the practice's recruitment procedure which had been amended since our previous inspection. There was now a dedicated staff member at the practice, responsible for checking all identification documents to ensure the practice had been provided with the correct name and current address of any future employees at the practice. The practice demonstrated appropriate reassurances regarding the employee who had a name change had been sought. The practice informed us that no further staff members had needed to confirm any name changes since our previous inspection.</p>	

Appropriate and safe use of medicines

Medicines management	Y/N/Partial
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes

Explanation of any answers and additional evidence:

At our previous inspection in January 2020, we found the practice was recording serial numbers of blank prescription stationery when re-stocking printers in consultation and treatment rooms at both sites. However, the quantity of prescription stationery used each time was not recorded and there were not appropriate security measures in place at the end of the day. For example, the printers were not emptied, and any unused blank prescriptions were not recorded. The consultation and treatment rooms were locked at both sites when not in use, but printers were not locked. The practice had not risk assessed access to those rooms, by unsupervised members of staff and external contractors.

At this desk-based review, we reviewed the practice's prescription stationery policy which had been revised since our previous inspection. The practice had taken the following steps to maintain the security and monitoring arrangements of its blank prescription stationery:

- The practice had commenced a drive to register all appropriate patients to the Electronic Prescription Service (EPS), thereby reducing the number of prescriptions needing to be printed at the practice. (EPS is a national service which enables prescriptions to be sent electronically

Medicines management	Y/N/Partial
<p>from the GP practice to a pharmacy of a patient's choice). The practice provided data to demonstrate that since July 2018 the number of 'electronic' prescriptions issued by the practice had risen from 87% to 97% by July 2020, amounting to more than 32,000 prescriptions being issued electronically, and only 767 requiring a manually printed prescription.</p> <ul style="list-style-type: none"> • The practice had removed all blank prescription stationery from its practice printers, except for two centralised printers, one at each site. These printers were located away from clinical areas and were secured with tray locks. • All blank prescription stationery was logged, recorded & stored securely within the practice. • When blank stationery was used to replenish the dedicated printers, authorised staff were documenting appropriate records in line with the NHS Counter Fraud guidance. 	

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.