

Care Quality Commission

Inspection Evidence Table

Mayflower Medical Group - Stirling Road Surgery (1-4349994072)

Inspection date: 21 September 2021

Date of data download: 05 October 2021

Overall rating: Inadequate

We carried out a desk top review on the 21 September to monitor the progress of the warning notices served in May 2021 for Regulation 12 Safe care and treatment and Regulation 17 Governance. We reviewed evidence sent to us by the practice and through remote searches of the clinical records system, which included the practice's management system and a sample of patient's electronic records.

Safe

Rating: Not Rated

At our review in September 2021 we found:

The practice's system for managing patient and drug safety alerts did not ensure medicines were prescribed safely. We found the practice had not properly actioned any of the three alerts we reviewed. There was no evidence to show the practice had taken action to protect patients from avoidable harm.

The practice did not evidence a safe system to ensure patients on high risk medicines were appropriately managed in a timely way.

The practice did not fully evidence that patients had a structured and comprehensive medicine review. We identified reviews had been coded on the clinical system but there was no evidence in the clinical records of a structured medicine review or consultation with the patient.

The practice could evidence they had systems in place to learn and make improvements when things went wrong but these were not yet embedded.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment.

	Y/N/Partial
There was a documented approach to the management of test results and this was managed in a timely manner.	Partial
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	No
Explanation of any answers and additional evidence:	

At our inspection in May 2021, we found as part of our remote access of patient records and patient consultations, 52 patients who had a missed diagnosis of diabetes as the provider was not able to be assured that these patients were being monitored effectively.

At this inspection, we found some improvements, for example:

- All of the 52 patients had been reviewed and where necessary coded as pre-diabetic so on going monitoring could be put in place.

However, improvement was not seen with:

- Identification of patients with a missed diagnosis of Chronic kidney disease (CKD). This is a long-term condition where the kidneys don't work as well as they should. CKD can get worse over time and eventually the kidneys may stop working altogether. We found 157 with a potential missed diagnosis, of the five records viewed, three patients required further reviews.

Appropriate and safe use of medicines

The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation

Medicines management	Y/N/Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	No
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	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.	No
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in May 2021 the practice were unable to demonstrate the competence of non-medical prescribers through regular reviews and supervision.</p> <p>At this inspection in September 2021 the medical group were still unable to demonstrate the competence of non-medical prescribers. They provided us with an audit plan that showed these were due to commence on November 2021.</p> <p>At our inspection in May 2021 we found two Patient Group Directions (PGDs) used by the home visiting team that were not in date. PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber such as a doctor or nurse prescriber. These were updated during the day of inspection.</p> <p>During our review of the service in September 2021 we were told that the provider had withdrawn the PGDs from the home visiting team and their future use would be under review. We were sent copies of PGDs used by the nursing teams and found these to be signed and dated appropriately.</p>	

At our inspection in May 2021 we reviewed patient records and found the appropriate monitoring was not being completed before re-authorising medicines following a review. From the 40 patients records we reviewed to ascertain that the appropriate monitoring and clinical review had taken place prior to providing repeat prescriptions, we found 33 where insufficient monitoring was in place. For example:

58 patients were identified as in receipt of Amiodarone, a medicine used to treat heart rhythm disturbances and of those, 35 appeared not to have had the necessary monitoring carried out within the last six months. Side effects from Amiodarone include thyroid and liver dysfunction.

Our remote searches in September 2021 found:

58 patients were identified as being prescribed Amiodarone, and of these, seven appeared not to have had the necessary monitoring carried out prior to a prescription being issued.

In May 2021 we found thirty patients were identified as being prescribed Lithium, a medicine used to treat mental health illness, of these 20 appeared not to be being monitored appropriately. We reviewed the records of five of the patients on Lithium. Although Lithium levels were being checked, other checks including blood monitoring and weight measurement were overdue for all five patients. The monitoring of patients on this medicine is important as Lithium is a potentially toxic medicine, which can alter thyroid function and calcium metabolism.

Our remote searches in September 2021 found:

30 patients were identified as being prescribed Lithium, of these nine were not being monitored appropriately. In the five records we reviewed we found crucial blood tests had been done but two required their body mass index (BMI), a toll used to find out if you're a healthy weight, as a side effect of Lithium is weight gain.

Our searches in September 2021 also found:

The searches identified 140 patients had been prescribed Spironolactone (diuretic) and an ACE-I/ARB (for hypertension): 39 of those patients had not received the correct monitoring; there was no evidence in the patients' records that the prescriber had checked that monitoring was up to date, prior to issuing prescription. We reviewed four records and found that three of those patients were at risk. All of these medicines have the potential to cause raised potassium levels which may cause heart arrhythmias (irregular heartbeats) and muscle weakness and can be fatal.

We found 213 patients prescribed methotrexate which is a high-risk medicine prescribed to help reduce inflammation, of these 12 had not received the appropriate monitoring. From the five records we reviewed, four patients were at risk. During treatment, blood tests are required to check patients blood, liver and kidney functions.

The provider has a pharmacy Hub and this is the role and responsibility of Pharmacists. The records review highlighted pharmacists were not checking that appropriate monitoring had been done when re-authorising medication following a review. By failing to carry out appropriate medication reviews the provider could not be assured patients were safe or reduced the risk of harm through toxicity, side

Medicines management	Y/N/Partial
effects of medication and remaining on medicines that were no longer necessary or taking them for longer than was necessary.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
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

Explanation of any answers and additional evidence:

At our inspection in May 2021 from the records we reviewed we found incidents and the actions taken were listed, however no records confirmed that a root cause analysis had been completed or was available.

Following our inspection in September 2021, we found Mayflower Medical Group had put in place processes and systems to discuss issues where improvements could be made. They told us how they were developing further processes to ensure that learning from significant events was embedded within the practice.

Although the practice could evidence they had systems in place to learn and make improvements when things went wrong but these were not yet embedded, therefore we could not assess effectiveness.

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

Event	Specific action taken
A blood test result had been received by the practice requiring further investigations and input from the clinical staff. The practice had not been able to contact the patient. This had not been acted upon in a timely way.	The practice reviewed their triage processes for abnormal blood results and their protocol for contacting patients, these were circulated to all staff. These protocols also included processes for ensuring all staff were aware of the daily duty GP tasked with reviewing test results across the six sites.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	No

Explanation of any answers and additional evidence:

At our inspection in May 2021 we reviewed patient records relating to medicine safety alerts. (where patients were prescribed medicines where there could be potential risk to their health). For example, 154 patients appeared to have been co-prescribed Clopidogrel and Omeprazole together. Omeprazole reduces the effectiveness of taking Clopidogrel to prevent cardiovascular disease. Of the five records reviewed, four of these patients were taking Clopidogrel and Omeprazole together despite a safety alert for this being issued in 2014.

At this inspection in September 2021 we found 141 patients continue to be co-prescribed Clopidogrel and Omeprazole together, of the six records we reviewed, all six patients were at risk.

We also reviewed patients being prescribed a combination of amlodipine, a medicine used to treat high blood pressure, plus simvastatin 40 mg, a medicine used to reduce cholesterol. The Medicines and Healthcare products Regulatory Agency (MHRA) issued a Drug Safety Update in December 2014 advising that using doses of 40mg or greater of simvastatin in combination with amlodipine increased the risk of myopathy (muscle pain/damage). The update advised that, when used in combination, the dose of simvastatin should not be greater than 20mg or an alternative statin should be used. We found 54 patients, following a medicines review, being prescribed this combination of medicines and of the five records we reviewed, all five were at risk, with one patient at a higher risk of bleeding as they were also prescribed Aspirin without a medicine to line the stomach.

Well-led

Rating: Not rated

At our May 2021 inspection we rated the practice as inadequate for providing well-led services, We issued a warning notice for the breach of Regulation 17, Governance because;

- The practice did not have clear and effective processes for managing risks, issues and performance.
- Quality improvement opportunities were not consistently recognised and systems and processes to support this were ineffective.

At our review undertaken in September 2021 we found some improvements had been made but this did not provide sufficient assurance of embedded governance, management of risks, issues and performance.

Governance arrangements

New governance arrangements were in place, but needed time to become embedded.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Partial
There were appropriate governance arrangements with third parties.	Partial
Explanation of any answers and additional evidence: At our inspection in May 2021 we found the practice did not have clear governance structures and systems in place. For example, we found the practice did not have systems in place to ensure that: <ul style="list-style-type: none">• Medicine reviews were fully completed.• High risk drug monitoring was undertaken in line with guidance.• Medicine and patient safety alerts were appropriately managed.• There was no performance monitoring of the prescribing practices of non-medical prescribers.• That significant events and complaints were recorded and learnt from.• Patients with a long term condition such as diabetes were appropriately managed in line with guidance.• There was evidence from the clinical records review of staff potentially working outside their level of competency for example, a paramedic reinitiating a blood-thinning medication without ensuring appropriate blood monitoring checks had been done, and a nurse who was not part of the diabetes team giving advice on diabetes blood tests. At this inspection we found some improvements had been made. For example: <ul style="list-style-type: none">• The reviews for medicines, including the high risk medicines we identified in our May inspection had been completed, however we found reviews for other high risk medicines requiring monitoring had not been undertaken.• New processes had been put in place to monitor and manage patient safety alerts, however these were yet to be embedded as we found further medicine alerts that had not been acted upon.	

- The Mayflower medical group had undertaken an audit of the antibiotic prescribing practices of non-medical prescribers and all were found to have been prescribed appropriately. Further audits of non-clinical staff competencies were planned for November 2021 so had not been completed.
- We reviewed 15 patients records with a potentially missed diagnosis of diabetes, they had all been followed up with a blood test and were coded as pre-diabetes. There were no missed diagnoses of diabetes.
- We also reviewed records for patients with a diagnosis of atrial fibrillation (AF), this is a condition where patients experience an irregular heartbeat. Treatment for AF can include taking medicines that help to thin the blood. From the five records we reviewed all five required further treatment.
- We looked at patients recorded as having hypertension, also known as high or raised blood pressure (BP). From the 10 records we reviewed all required a follow up appointment and management of their raised BP.
- The practice had undertaken an antibiotic prescribing audit for all non medical prescribers. The results from this audit demonstrated antibiotics had been prescribed appropriately. However, individual competency audits to ensure staff were working within their competencies were not scheduled to commence until the 1 November 2021 which was out of the completion date of the warning notice.
- Processes and systems had been put in place to record significant events and complaints received into the medical group. Following this inspection we were provided with documented evidence where these had been discussed and learning shared.

However these areas were not embedded and needed further improvement.

Managing risks, issues and performance

The practice had put processes for managing risks, issues and performance in place but these needed to become embedded.

	Y/N/Partial
There was a quality improvement programme in place.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
Staff were trained in preparation for major incidents.	Partial
Explanation of any answers and additional evidence:	
<p>At our inspection in May 2021 we were not assured that the practice had clear and effective processes for managing risks, issues and performance. For example:</p> <ul style="list-style-type: none"> • Not all staff would check to see if blood monitoring has been completed before issuing repeat prescriptions. We saw evidence that patients had been issued medicines when they had not received the necessary monitoring. • The practice did not have a programme of targeted quality improvement audits to improve care and treatment. • There was no effective oversight to ensure staff remained suitably qualified for their role. For example: Staff training was not monitored effectively. This included training identified as 	

mandatory by the practice as well as role specific external training and updates undertaken by staff such as basic life support.

At our inspection in September 2021 we found:

- There was evidence that blood monitoring checks were still not being completed before issuing repeat prescriptions.
- A programme of audits to drive improvement had been devised but was not due to commence until 1 October 2021.
- However: staff training was being monitored and staff were undertaking basic life support training on the day of our inspection.

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.
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- ‰ = per thousand.