

Care Quality Commission

Inspection Evidence Table

Auckland Surgery (1-549827392)

Inspection date: review of training records 11 - 12 July 2022, clinical review 15 July

Date of data download: 27 June 2022

We carried out this announced focused inspection of Auckland Surgery to check whether the provider had addressed the issues in the warning notice served following the last inspection, and now met the legal requirements. At this inspection we found the breaches of regulation in our warning notices had now been complied with.

This report covers our findings in relation to those specific areas, is not rated, and does not change the current ratings held by the practice.

Safe

At the previous inspection in April 2022, we rated safe as inadequate because some arrangements did not ensure patient safety. We served a warning notice which required the practice to make improvements in medicines management, monitoring of patients, and staff training.

At this inspection (11 – 15 July 2022), the provider had improved to comply with the regulations and staff were continuing to progress and embed those improvements.

Safety systems and processes

Safeguarding	Y/N/Partial
Partners and staff were trained to appropriate levels for their role.	Partial
There were systems to identify vulnerable patients on record.	Y
Explanation of any answers and additional evidence: At the last inspection we found that two clinicians and one non-clinician had not completed safeguarding training. At this inspection we found that all staff (apart from those on long-term leave) had completed training in how to safeguard children and adults. National guidance about the levels of training required for different roles was updated in 2019. The provider was unaware of the update so had ensured that all were trained to the previous levels specified. We raised this with the practice and were sent, within two days, evidence that all staff (apart from those on long-term leave) had completed additional training to the appropriate level. At the last inspection we found that the practice was actively attending multidisciplinary meetings and supporting vulnerable patients, but there was no service-wide system for reviewing and monitoring vulnerable patients.	

Safeguarding	Y/N/Partial
At this inspection we found that appropriate systems were in place and the provider explained improvements that had been made to strengthen safeguarding arrangements, particularly for vulnerable adults.	

Infection prevention and control

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection we found that five clinicians had not completed training on infection prevention and control. At this inspection we found that all staff had completed training on infection prevention and control.</p>	

Risks to patients

	Y/N/Partial
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection we found that six clinical staff members had not completed basic life support training.</p> <p>At this inspection we found that we found that all staff (apart from those on long-term leave) had completed online training in basic life support and the practice had booked face-to-face training to ensure staff were competent in the practical aspects.</p> <p>We did not review all aspects of the practice's readiness to respond to medical emergencies, as this was a limited inspection, to follow up enforcement action.</p>	

Appropriate and safe use of medicines

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.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection we found that the practice had failed to safely monitor patients on high risk medicines, as recommended by guidance.</p> <p>At this inspection we found (from a high-level review and a sample of records) that the practice had arranged monitoring of patients on high-risk medicines and were following up any patients who did not attend.</p> <p>Practice staff told us about changes being made to systems and processes to ensure that these improvements were sustained, and about plans for future improvements.</p>	

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection we found that although the practice was recording all safety alerts there was no schedule for safety alerts to ensure new patients were also checked.</p> <p>At this inspection we found we found that (from a high-level review and a sample of records) the practice had reviewed patients on a number of medicines subject to safety alerts and made changes where appropriate to keep patients safe.</p> <p>Practice staff told us about changes being made to systems and processes to ensure that improvements were sustained and fully embedded and about plans to ensure all medicines subject to alerts had been considered.</p> <p>The practice had shared their learning with local stakeholders and was working with other practices and national bodies to improve the resources available for GPs when managing the risks for women of childbearing age of a particular medicine known to have the potential to increase the risk of birth defects and development disorders.</p>	

Effective

At the previous inspection in April 2022, we rated effective as requires improvement because some arrangements did not ensure good patient care. We served a warning notice which required the practice to make improvements in medicines management, monitoring of patients, and staff training.

At this inspection (11 – 15 July 2022), the provider had improved to comply with the regulations and staff were continuing to progress and embed those improvements.

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

	Y/N/Partial
Patients' treatment was regularly reviewed and updated.	Y
Explanation of any answers and additional evidence: At the last inspection we found that the practice had failed to review and update some patients' treatment. One patient prescribed carbimazole had not been directly informed of the risks this medication presents. Another patient prescribed carbimazole had not had sufficient monitoring. At this inspection we found (from a high-level review and a sample of records) that the practice had arranged reviews of patients whose diagnosis or treatment required it and were following up any patients who did not attend. Practice staff told us about changes being made to systems and processes to ensure that these improvements were sustained, and about plans for future improvements.	

Management of people with long term conditions

Findings
At the last inspection we found that some patients with long-term conditions had not had sufficient monitoring. We found patients with asthma, chronic kidney disease, hypothyroidism and diabetes who were overdue monitoring. At this inspection we found (from a high-level review and a sample of records) that the practice had arranged reviews of patients whose diagnosis or treatment for asthma, chronic kidney disease, hypothyroidism or diabetes required it and were following up any patients who did not attend. Practice staff told us about changes being made to systems and processes to ensure that these improvements were sustained, and about plans for future improvements.

Effective staffing

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection that 21 staff out of 25 had not completed training at the level or frequency that would be expected for their role. Three staff had not completed the expected safeguarding training, seven staff had not completed the expected basic life support training, 21 staff had not completed equality and diversity training, five staff had not completed health and safety training, five staff had not completed infection control training and seven staff had not completed information governance training.</p> <p>At this inspection we found that we found that all staff (apart from those on long-term leave) had completed training in safeguarding, basic life support, equality and diversity, health and safety, infection control training and information governance. Not all staff had completed training in safeguarding to the level advised by national guidance. We raised this and within two days were sent evidence that all staff (apart from those on long-term leave) had completed additional training to the appropriate level.</p> <p>Training had been completed online. Additional face-to-face basic life support training was planned.</p>	

Well-led

At the previous inspection in April 2022 we rated this practice as requires improvement for well-led because there were some areas where leadership oversight was lacking, including arrangements to ensure effective safety systems. We served a warning notice which required the practice to make improvements in medicines management, monitoring of patients, and staff training.

At this inspection (11 – 15 July 2022), the provider had improved to comply with the regulations and staff were continuing to progress and embed those improvements.

Leadership capacity and capability

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection we found evidence that patients on high-risk medicines and patients with long-term conditions had not been safely monitored or reviewed as required by guidance. The leaders were not aware of these gaps. The practice leaders immediately implemented an action plan to identify and action lists of patients within these two areas so that they could be safely monitored and reviewed.</p> <p>At this inspection we found that the leaders demonstrated insight into the factors that had caused the issues we found in April and the reason these were not identified before the last inspection. Leaders had identified how systems and processes needed to be improved to ensure issues did not re-occur, and were working through a plan to implement and embed these</p>	

Culture

	Y/N/Partial
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection 21 staff had not completed equality and diversity training.</p> <p>At this inspection we found that we found that all staff (apart from those on long-term leave) had completed training in equality and diversity.</p>	

Managing risks, issues and performance

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Explanation of any answers and additional evidence:	

At the last inspection we found that there were some aspects of the service that did not have effective assurance, including safeguarding, management of high risk medicines and MHRA alerts, which meant that some risks were not well managed.

At this inspection we found (from the limited sample of systems reviewed) that arrangements for managing risk had been strengthened. The provider was in the process of assessing their assurance systems overall, and had plans for further improvements.

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)	≤ -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.