

Care Quality Commission

Inspection Evidence Table

Doclands Medical Centre (1-548933540)

Inspection date: 14 September 2018

Date of data download: 12 September 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
<p>Additional Comments:</p> <p>During our inspection in February 2018 staff could not locate the safeguarding adults policy and the safeguarding children policy was out of date. We saw at this inspection a review of practice policies and procedures was in progress. Policies and procedures had been reviewed and organised to enable them to be better located by staff. We saw the practice safeguarding adults policy was easily accessible in the "current" policies file on the practice shared computer drive. There was an "archive" file for all policies no longer in use in the practice. The practice safeguarding children policy was in date and reflected best practice. Staff we spoke with were able to access practice policies and procedures easily.</p> <p>At our last inspection, we saw the practice chaperone policy was out of date. At this inspection, we saw the policy had been reviewed and was current.</p> <p>New staff training records had been developed for all staff and GPs that enabled managers to easily identify completed staff training and training in need of updating. We saw all safeguarding training was appropriate and up to date.</p> <p>We saw since our last inspection, the practice had introduced a health questionnaire for new staff to check whether working conditions were appropriate. We reviewed the file for a new member of staff to confirm this.</p>	

Risks to patients

Question	Y/N
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Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
<p>Additional comments:</p> <p>Since our last inspection in February 2018, we saw the practice had developed more comprehensive processes and procedures to recognise and manage patients with suspected sepsis. All staff had trained in this and a sepsis file had been put together for each clinician for easy reference.</p>	

Information to deliver safe care and treatment

Question	Y/N
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Additional Comments:</p> <p>At our previous inspection, we saw staff were removing items of post without sight of a GP, with no practice protocol in place and with no GP audit of the process. At this inspection, all administrative staff had trained in the management of incoming information to the practice. There were comprehensive practice pathways in place for all categories of documents received by the practice and staff told us how they would remove documents according to these pathways. We saw pathways that covered emails, encrypted emails, paper post, electronic post, faxes and internal tasks. The process was new to the practice and had been started shortly before this inspection. Prior to the implementation of the document pathway protocols GPs had reviewed all the post. The protocols allowed for GP audit to check these were being followed safely and staff told us this was planned. At our inspection in February 2018, we found there was no protocol in place to check patients referred under the urgent two-week-wait process had attended appointments. At this inspection, we saw a new pathway was in place to manage these referrals and staff were also carrying out an audit of the process every three months to ensure it was working effectively. We saw new pathways had also been introduced for both routine and urgent patient referrals.</p>	

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y

There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
Up to date local prescribing guidelines were in use.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Additional Comments:</p> <p>At our previous inspection in February 2018 we found the practice lacked comprehensive policies and procedures associated with the prescribing of medicines. At this inspection we saw a number of practice pathways had been developed to support staff with prescribing procedures and to provide guidance and advice on best practice. These included pathways for prescription processing, due diligence prescription processing, controlled drugs with potential for misuse, uncollected prescriptions and vulnerable patients medication ordering. All these pathways were clearly set out in the form of flowcharts that could be easily followed.</p> <p>During our February inspection, we saw loose prescriptions were not monitored appropriately. At this inspection, we saw monitoring sheets were in place to ensure prescriptions were comprehensively monitored.</p> <p>Our previous inspection identified the practice had not carried out a risk assessment for those emergency drugs the practice had decided not to have available. We also saw clinicians would take emergency drugs out of the practice if needed for a home visit. At this inspection, we saw this had changed. The practice had reviewed those emergency medicines held in the practice and had added certain medicines to those held. They had discussed the provision of medicines with the neighbouring pharmacy and made arrangements for supply in an emergency for controlled drugs. Following our inspection, the practice sent us a formal risk assessment that had been recorded for those medicines not held in the practice.</p> <p>All medicines were held securely in the practice in tamper-proof bags and were checked regularly. Staff told us they planned to produce a memorandum of understanding with the new pharmacy after their move to new premises in November 2018.</p> <p>During our inspection in February 2018, we saw refrigerated vaccines were not always held and monitored safely. At this inspection, we saw a digital thermometer had been provided for use in the second fridge to better monitor temperatures. All medicines were stored appropriately and temperatures were comprehensively monitored. Staff carried out a monthly audit of the storage of refrigerated medicines to ensure practice processes were followed.</p> <p>Since our inspection in February 2018, the practice had purchased a thermometer for use in babies under four weeks of age and a paediatric pulse oximeter.</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
<p>Additional Comments:</p> <p>Our previous inspection in February 2018 found processes for the management of significant events in the practice were lacking; there was no ongoing summary of those events or review of any actions taken. At this inspection, we saw a comprehensive policy for incident management was in place and staff described how they would follow this policy. There had been only two new events since our last inspection, both associated with the loss of power to the practice. We saw minutes of a staff meeting held following our inspection visit where a standing agenda had been used. This agenda included discussion of significant events.</p>	

Examples of significant events recorded and actions by the practice;

Event	Specific action taken
There was a loss of electricity supply to the practice during the night.	Staff were called and attended the practice. Power was restored and fridges were checked to ensure temperatures for refrigerated medicines had not gone outside safe limits. Medicines were assessed to be safe.
There was a total loss of power to the surgery over a weekend.	Checks on fridge temperatures showed they had exceeded safe limits. The practice followed appropriate procedures as agreed by Public Health England. Remedial work was done to ensure continued electricity supply to the practice in the future.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>At our previous inspection we identified managers were not always assured action had been taken in response to safety alerts. At this inspection we saw the pathway to implement patient medicines safety alerts had been reviewed and actions taken were recorded in a printed file. We saw a new pathway for the management of patient safety alerts had been devised. Staff told us they planned to implement a spreadsheet to transfer information regarding actions taken to the practice computer system. We saw alerts were kept for locum staff. Staff showed us a detailed, documented audit of women taking the medicine Valproate (the subject of a patient safety alert) which showed action taken and defined the period for re-audit.</p> <p>We saw meeting minutes to evidence patient safety alerts were discussed in staff meetings to share learning.</p>	

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

One of the practice advanced nurse practitioners was leading on a practice transformation programme. They demonstrated how they were taking the practice forward using a project plan to effectively implement change. They demonstrated comprehensive knowledge and experience of this change process and since our last inspection, they had been allocated one day every week to lead and work on this plan.

Staff had been allocated leadership roles within the practice. There were staff champions in place for patients with dementia, cancer, mental health problems or who were carers. All staff champions had been trained in their own area of focus. There were informative, colourful notice boards in the practice for each of these patient groups. We saw the practice had identified 89 patients as carers (1.3% of the practice list) at the time of our inspection, an increase of 43 patients (at our previous inspection, 0.7% of the practice list). Staff had developed a new pack of useful information for carers.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice had implemented new care pathways for complex care patients and those with some long-term conditions. We saw pathways for patients needing complex care, those with dementia (both in the practice and in patients' own homes) and patients with mental health problems (both in the practice and in patients' own homes). These pathways included step-by-step processes and staff responsibilities, timings and references to best practice guidelines. There was a constant feedback process in place to allow for service improvement if needed and all pathways were tested with staff who did not provide the service to ensure they were meaningful. The complex care pathway allowed for patients to have a 15-minute appointment with the healthcare assistant followed by a 30-minute appointment with a practice nurse and a 45-minute appointment with a doctor. A patient questionnaire had been developed for patients using the complex care pathway to assess satisfaction. The practice was monitoring outcomes for these patients and early indications showed a decrease in attendance at the hospital accident and emergency department.

We saw there were further quality improvement projects ongoing in the practice. Each of these projects were led by a named staff member. Staff were working to develop care pathways for the management of patients with chronic kidney disease, chronic obstructive pulmonary disease (a lung disease) and asthma. These projects included relevant references to practice achievement and best practice and allowed for staff training as they were developed. There was also an ongoing project to better streamline the call and recall of patients with multiple long-term health conditions. Staff told us they would not remove any patient from the review process unless absolutely essential.

Staff had reviewed the process of reviewing patients with learning disabilities and had developed a questionnaire which was used to test this process with patients and their support workers. We saw evidence of positive feedback.

Staff carried out additional audit processes to ensure safe practice was being carried out. There was a monthly audit of areas infection prevention and control in addition to the external audit carried out for the practice at least twice a year. We saw evidence of audits carried out to ensure staff were following practice protocols such as the monthly fridge checks and audits of the patient two-week-wait referral process.

An audit programme had been formulated for areas of medicines management.

Further quality improvement projects were focused on areas of administration such as the telephony process and dealing with patients.

In line with the clinical commissioning group (CCG) care home agreement, the practice had responsibility for a designated care home. Staff were working to ensure all patient records were as detailed and current as possible for those patients who were to be managed by different GP practices in the future to ensure a smooth handover could take place.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Interviews with staff.	Staff told us they had been involved in the forward movement of the practice towards better management of systems and processes. They said they felt involved and appreciated for their input.

Any additional evidence

We saw evidence of a good meeting structure in the practice and good communication processes. Clinical and administration meetings were minuted and shared with staff. A bulletin was produced after each meeting to summarise the important points; what had happened and what was planned. This allowed the wider practice team to learn about other areas of the practice. In addition, a "What's New" bulletin was produced when needed to headline the changes in the practice for staff. This included things like the introduction of the practice champions, the development of the clinical pathways, GP contract developments and reminders of practice leads.

We saw a document produced to identify trends from staff appraisals and nurse meetings to further inform staff.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	All practice policies and procedures were being reviewed at the time of our inspection. Where possible, pathways had been developed in the form of easy-to-follow flowcharts for staff. There was a spreadsheet in place for managers to indicate review dates for policies. Dates were coloured amber then red automatically when review was due.
Practice meetings	There was a meeting structure with set agendas that allowed for discussion of all areas of quality improvement. Summary bulletins from these meetings enabled learning to be shared with all staff.
Practice staff leads and champions	The practice had appointed staff as leads for quality improvement projects and areas of patient care. This gave better ownership of practice developments and service delivery.
Staff training	There was good management overview of staff training and development. This included a record of clinical staff membership of professional bodies.
Management of significant events and	We saw an improved system to govern significant events in the practice and patient safety alerts. There were new pathways in place for these and

patient safety alerts	spreadsheets in place to give an overview for managers.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Managing risks, issues and performance

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Storage of refrigerated medicines	We saw there were digital thermometers in place in both the practice fridges to allow for better temperature monitoring and mitigate the risks associated with the safe storage of these medicines. Staff also conducted a monthly audit to ensure refrigeration processes were followed.
Risks to staff working	The practice had introduced a staff health questionnaire for new staff to ensure working conditions were safe.
Infection prevention and control (IPC)	The practice carried out its own monthly audit of IPC arrangements in addition to the full external audits conducted twice a year.
Patient urgent two-week-wait referrals	Staff ensured patients were referred, allocated appointments and attended appointments according to a new practice pathway based on service guidelines. They audited this process every three months to ensure the service was operating as intended.

Any additional evidence

The risk of staff removing items of post without sight of a GP that we identified at our previous inspection had been addressed. All staff had trained and comprehensive pathways had been developed.

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Patients taking Lithium (a high-risk psychiatric medication)	The practice used an internal system of patient call and recall ensuring all patients taking Lithium were having the correct blood tests in a timely manner. They demonstrated since 2014 they had achieved 100% compliance using this system.

Any additional evidence

We saw that since our last inspection in February 2018, the practice had invested a great deal of work in quality improvement projects, both clinical and non-clinical. The pathways developed by the practice were comprehensive and served to train and inform staff during their development. One of the practice advanced nurse practitioners initiated and managed these projects along with other relevant designated staff and managers and was supported with dedicated time every week. In addition to those pathways initiated by the practice, we saw the practice had volunteered to work to

improve the identification and management of patients with lung cancer. This work was being done in conjunction with the North West Alliance.

The practice had also been selected by NHS England as one of four sites in the country to pilot a project to optimise the care of patients with chronic obstructive pulmonary disease (a lung disease) and better empower patients to manage their condition. This project linked with secondary care, community services, the pulmonary rehabilitation service and patients with the condition. This project was only thirty days old at the time of our inspection.

Staff told us they planned to work to develop further care pathways for patients who were asylum seekers and those whose first language was not English.

The practice planned to move to new premises in November 2018. They had worked to ensure the premises were fit for purpose. They told us the problems related to patient telephone access to the practice would be resolved after the move.

We saw the practice implemented any changes to process and procedure safely and effectively; all changes were continually monitored and reviewed and improved where necessary.

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 comparable, 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 comparable 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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. ([See NHS Choices for more details](#)).