

Care Quality Commission

Inspection Evidence Table

Heath Hill Surgery (1-5103535322)

Inspection date: 17 October 2018

Date of data download: 09 October 2018

Safe

Safety systems and processes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>Explanation of any answers:</p> <p>The practice had reorganised the staff recruitment files and had checked what documents were missing or not yet requested, in order that appropriate action may be taken. Where possible, references were sought in line with guidance.</p> <p>A checklist had been devised to ensure the correct recruitment paperwork and the required background checks were in each staff file. This would also ensure any new staff would not be unable to commence employment until the checklist was complete.</p>	

Safety Records	Y/N
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: Due October 2018	No
Health and safety Premises/security risk assessment? Date of last assessment: Ongoing	Yes
Health and safety risk assessment and actions Date of last assessment: Due October 2018	Partial
<p>Additional comments and explanation of any answers:</p> <p>The provider informed us that fire training and fire marshal training for staff was booked for November 2018.</p> <p>The completion of a formal fire risk assessment was scheduled for October 2018. Since our last inspection the provider had developed a risk log which had identified some health and safety areas for action such as testing the water for legionella (a bacterium which can contaminate water systems in buildings) and ensuring staff had received manual handling training.</p> <p>An alarm system service and security assessment was undertaken in October 2018.</p>	

Appropriate and safe use of medicines

Medicines Management	Y/N
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
<p>Explanation of any answers:</p> <p>We looked at the clinical records of 16 patients who were prescribed a high risk medicine and six patients who were prescribed a controlled drug and found they had received appropriate and timely reviews which followed best practice guidance.</p> <p>A list of patients taking high risk medicines was reviewed monthly to ensure they had received appropriate and timely reviews. Where a blood test was necessary, the practice reviewed the dates these were due to enable a timely recall before the medicine review.</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	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 3 months.	14
Number of events that required action	14

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

Event	Specific action taken
A GP made a referral for a patient but used the incorrect patient details. The mistake was identified before any details left the practice.	Clinical staff were given additional training and new patient details checks were introduced (ie. Name, date of birth and first line of address).
Some items of correspondence received by the practice did not have a date stamp to indicate when received.	All correspondence to be date stamped before adding to GP or admin tray for action or filing.
A vaccination was given to a patient who was not eligible to receive it.	The lead GP reviewed the process for offering vaccines to patients as part of the national vaccine programme. All vaccines to be given as a patient specific direction (PSD) would be signed by a designated GP on the morning of the clinic to ensure only eligible patients were added.

Effective

Monitoring care and treatment

Any additional evidence

Quality improvement activity had been reviewed by the clinical team. A programme of audits had been commenced:

- An audit in October 2018 reviewed the use of a specific controlled drug patch used for high strength pain relief. It identified 20% of patients required their 12-month review and 10% of patients had an issue with the frequency of prescribing. These patients were being recalled for review. The audit was due to be discussed at the next clinical meeting.
- An audit in September 2018 of post asthma exacerbation reviews found that 42% of patients recorded as having an exacerbation of asthma episode was reviewed within two weeks as recommended in the guidelines. This audit was discussed at a clinical meeting and actions to be taken were shared. These included ensuring appropriate coding on patient records and highlighting hospital and other healthcare provider discharge summaries with a record of exacerbation of asthma to the respiratory lead for follow up.
- An antibiotic prescribing audit undertaken in September 2018 reviewed if antibiotics prescribed were in line with guidance. The audit showed 59% of prescriptions reviewed had the appropriate first line antibiotic prescribed and for the recommended period of time. 23% were for the appropriate antibiotic, but incorrect duration and 10% were not first or second line recommended antibiotics. There were 8% of prescriptions where the information in the patient record did not identify why that course of antibiotic was recommended or offered. The audit was discussed at a clinical meeting where prescribing guidance was reviewed and recent changes to guidelines disseminated. Learning actions included ensuring all prescribing is linked to a diagnosis and clearly documenting if treatment outside of guidance is used.
- A repeat audit of patients taking a medicine for inflammatory disorders found an improvement in also being offered a bone protection medicine. The original audit in 2016 had identified 50% of patients had been offered the bone protection compared to the October 2018 audit which had risen to 85%. The audit was due to be discussed at the next clinical meeting to share the findings and discuss learning actions.
- An audit of pre-diabetes patients in September 2018 found only 51% had been coded appropriately on the practice system. This lack of appropriate coding meant not all patients with a blood sugar level indicating pre-diabetes would have been recalled for a blood sugar test within 12 months. They would also not automatically be offered follow up, support and guidance to help prevent this developing into type two diabetes. The audit was due to be discussed at the next clinical meeting and learning actions developed.

Responsive

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last three months.	6
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>We reviewed five complaints made since the last inspection. Of these, three had been verbal complaints which had documented details of a verbal discussion but no written follow up response including details of the health ombudsman.</p> <p>Another complaint was ongoing and the patient had received an acknowledgement with a full response due within the appropriate timescale.</p> <p>The most recent complaint had been acknowledged, a full response sent, an apology offered and the response letter included details of the health ombudsman.</p> <p>We found some examples where verbal complaints that had been resolved had been added to patient records but not included on the complaints log. The practice decided to review the verbal complaints process and to review best practice guidance for documentation.</p>	

Example of how quality has improved in response to complaints
<p>The complaints process had been reviewed and the complaints lead had updated the practice complaints leaflet to include details of the health ombudsman. Templates for complaints acknowledgement and full response letters had been written so all complaints received a standard and timely response.</p> <p>Staff had been told that complaints had not been handled according to best practice guidance and had been informed of the new process.</p> <p>All complaints were discussed as a regular topic at the weekly team meeting and outcomes and learning was shared.</p> <p>We noted there was some disparity in how complaints had been handled by the practice before and during a period of organisational and management change in September 2018. For example, there had been no acknowledgement letter sent in response to six complaints letters received in August and September 2018. There had been two complaints received since mid-September 2018 (after changes in management had occurred). Both had been acknowledged within the recommended timescale and were appropriately managed and documented.</p> <p>The practice had patient complaints leaflets available in the reception area and on display in the waiting room.</p>

Well-led

Leadership capacity and capability

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

The provider had made some organisational changes and restructured some roles and responsibilities since the last inspection. This included assigning lead roles and administrative support roles for significant events and complaints, engaging with clinical staff to support quality improvement activity and established regular staff meetings to disseminate information and discuss issues. The practice had employed the services of an interim practice manager with experience of working with GP practices placed in special measures.

Culture

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

Staff told us they felt the culture of the practice and staff morale had improved.

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

Source	Feedback
Staff interview	There is a more co-ordinated approach to our work. Feel involved in decisions about the practice and can offer ideas for improvement.
Staff interview	Sense of teamwork and better morale. Kept informed of changes.
Staff interview	Despite the difficulties over the last few months, we have become closer as a team and want to improve.

Governance arrangements

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

Practice specific policies	Practice policies relating to significant events and complaints had been reviewed and were due to be updated with the changes implemented.	
Other examples	Checklist for recruitment documentation and background checks. Spreadsheet of patients taking high risk medicines to monitor review frequencies, blood tests and regular reviews with patients. Monthly check instigated.	
		Y/N
Staff were able to describe the governance arrangements		Yes
Staff were clear on their roles and responsibilities		Yes

Managing risks, issues and performance

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Overall risk management	A risk management policy and procedure document had been developed outlining staff responsibility and actions to be taken.
Fire safety	A fire drill had been carried out in October 2018.
Significant events process	Incident reporting process reviewed and lead appointed to oversee all significant events. Training offered to staff to raise awareness of how and what to report.
Lack of risk assessment process to identify specific risks.	Risk log commenced detailing various areas of risk within the practice. Actions identified and responsible person included. Documented when completed.

Any additional evidence
A significant incident development plan had been developed by the lead GP for significant events. The plan aims to organise incidents into categories and review themes of what is reported and by whom. The plan was due to be presented to all staff at the next staff meeting in November 2018.

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 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](#)).