

Care Quality Commission

Inspection Evidence Table

Harbourside Family Practice (1-552788830)

Inspection date: 4 December 2018

Date of data download: 12 December 2018

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were 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
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: The provider told us there had been no changes to the systems and processes since the inspection in July 2018. During this inspection we reviewed specific areas relating the regulatory breach and the safe domain. We advised the provider to review staff training on safeguarding adults in line with the recently updated guidance published in CQC Nigel's surgery 25: Safeguarding adults at risk (Nov 2018). We were told that practice nurses were booked onto appropriate (Level 3) training in December 2018.	

Safeguarding	Y/N/Partial
Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The provider told us there had been no changes to the systems and processes since the inspection in July 2018. During this inspection we reviewed specific areas relating the regulatory breach and the safe domain.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person.	Y
Date of last inspection/test:	May 2018
There was a record of equipment calibration.	Y
Date of last calibration:	May 2018
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks.	Y
Date of last check:	2018
There was a log of fire drills.	Y
Date of last drill:	July 2018
There was a record of fire alarm checks.	Y
Date of last check:	Weekly
There was a record of fire training for staff.	Y
Date of last training:	April 2018
There were fire marshals in place.	Y
A fire risk assessment had been completed.	Y
Date of completion:	May 2018
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The provider told us there had been no changes to the systems and processes since the inspection in July 2018. During this inspection we reviewed specific areas relating the regulatory breach and the safe domain. We saw that a more recent fire drill had been carried out in July 2018.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y Aug 2017
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y Aug 2017

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control (IPC) audit:	Aug 2018
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: A further IPC audit had been carried out since the inspection in July 2018. We saw evidence of actions identified and being addressed, for example, improvements to the cleaning schedule in some areas and some replacement furniture.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
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
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	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
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Explanation of any answers and additional evidence:

The provider told us there had been no changes to the systems and processes since the inspection in July 2018. During this inspection we reviewed specific areas relating the regulatory breach and the safe domain.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
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>Explanation of any answers and additional evidence:</p> <p>The provider told us there had been no changes to the systems and processes since the inspection in July 2018. During this inspection we reviewed specific areas relating the regulatory breach and the safe domain.</p>	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.73	0.84	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	11.1%	9.6%	8.7%	No statistical variation

Explanation of any answers and additional evidence:

We noted that whilst there was no statistical variation in practice performance data, at this inspection we had access to 2017/18 QOF data, updated from the 2016/17 data available for the July 2018 visit. Public Health England (PHE) has advised CQC that lower percentages are better and practices should aim to be below 10%; and percentages between 5% and 10% are optimal.

We noted that the practice performance shown by the STAR PU indicator remained below the CCG and England averages.

We discussed with the provider the practice performance shown by the second indicator relating to broad spectrum anti-biotics. They told us they take antibiotic stewardship very seriously and regularly audit their performance. For example, an audit of antibacterial prescribing for urinary tract infections had been carried out in Sept 2017, with a second cycle in March 2018; and an audit of broad spectrum antibacterial prescribing had been carried out in April 2018. Improvements had been identified and implemented. For example, the April 2018 audit had revealed that one patient had received 52 weekly prescriptions for a broad spectrum antibacterial medicine, as a preventive measure, during the previous 12 months; and this had disproportionately affected the performance data.

That patient's care had been reviewed and a trial had commenced without the prescriptions for the antibacterial medicine. The practice told us they believed this would result in data indicating improved performance in the future.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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
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
The practice monitored the prescribing of controlled drugs. (For example, investigation of 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
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y

Medicines management	Y/N/Partial
For remote or online prescribing there were effective protocols in place for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Whilst there had been no concerns raised at the July 2018 inspection, we saw at this inspection that the provider had further improved the security for the storage of blank prescription stationery. Locks for paper trays had been installed on all printers in clinical rooms.</p> <p>At the July 2018 inspection the provider had been rated as Requires Improvement for Safe because they had not ensured care and treatment was provided in a safe way to patients. Specifically, the practice vaccine fridges consistently recorded maximum temperatures in excess of the safe storage temperature.</p> <p>At this inspection in December 2018 we saw evidence that a comprehensive action plan had been devised the day after the inspection and that all actions had been completed within two months. This included:</p> <ul style="list-style-type: none"> • Immediate quarantine of all vaccines; and all patients booked for vaccinations contacted to postpone appointments. • Advice sought from NHS England, the Local Medical Committee (LMC) and vaccine suppliers. • Safe disposal of adversely affected stocks of vaccines; review of patients previously vaccinated; and appropriate use of unaffected vaccines. • Significant event meeting held with all members of the nursing team, followed by documented refresher training on cold chain management. • Servicing checks on all three fridges. • Review and update of cold chain policy, including introduction of new temperature recording forms and implementation of regular audits of temperature records. • Installation of digital data loggers in all fridges. <p>We saw that records had been completed daily for each fridge; data loggers had been downloaded and any apparent out of range records explained, for example, higher temperatures recorded whilst the logger was out of the fridge to enable downloading.</p> <p>We saw that the induction plan for new nursing staff included training on cold chain management; and plans to provide this training as part of the induction of a new member of staff.</p> <p>At this inspection the provider was rated as Good for Safe.</p>	

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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded since the last inspection in July 2018:	6
Number of events that required action:	6
Explanation of any answers and additional evidence: There had been no changes to the systems since the inspection in July 2018. We saw evidence of continued clear and transparent recording of significant events, along with sharing of learning.	

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

Event	Specific action taken
The three vaccine storage fridges had temperatures recorded above the recommended range for safe storage of vaccines.	We saw that action had been taken to quarantine stocks; seek advice; contact patients; improve procedures and records; refresh training; and install temperature data loggers. Learning had been shared at staff meetings.
A patient wished to book in her child for immunisations but it was found that the child had missed their six-week check and three immunisations. Subsequent investigation also revealed there was no record of siblings having had immunisations.	We saw that action had been taken to investigate and encourage attendance to complete immunisations; including liaison with health visitors. However, we noted that the practice performance overall was significantly better than the World Health Organisation (WHO) minimum target of 95% of eligible children vaccinated.

Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	120	124	96.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	113	118	95.8%	Met 95% WHO based target (significant variation positive)

The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	113	118	95.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	113	118	95.8%	Met 95% WHO based target (significant variation positive)

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: The provider told us there had been no changes to the systems and processes since the inspection in July 2018. During this inspection we reviewed specific areas relating the regulatory breach and the safe domain.	

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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
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: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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.