

Care Quality Commission

Inspection Evidence Table

Kingsbury Court Surgery (1-569475140)

Inspection date: 27 March 2019

Date of data download: 14 March 2019

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

Safe

At our previous inspection on 9 January 2019, we rated the practice as inadequate for providing safe services and this rating will remain unchanged until we carry out a further full comprehensive inspection within six months of publication of the report from January 2018.

- The system for monitoring medicines that required additional monitoring was not safe. Patients who received repeat medicines did not routinely had reviews.
- The practice did not hold all recommended emergency medicines. There was no risk assessment in place to mitigate the risks of this decision.
- The systems around infection prevention and control needed strengthening.
- There were no audits of prescribing practice for the independent nurse prescriber. There was no clinical supervision to ensure competency.
- Patient Group Directions were not appropriately signed by all clinicians.
- A risk assessment of the security of the premises had not been completed.
- The fire risk assessment needed strengthening and there was no associated action plan. A fire drill had not been completed.
- There was no oversight of safety alerts received by the practice.

These arrangements had improved when we undertook a follow up inspection on 27 March 2019. The practice had taken effective action to comply with the warning notice.

Safety systems and records	Y/N/Partial
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: Weekly	Y
There was a log of fire drills. Date of last drill: 20 March 2019	Y
There was a record of fire alarm checks. Date of last check: Weekly	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the January 2019 inspection we found:</p> <ul style="list-style-type: none"> • The practice had not completed any fire drills since 2016. • A fire risk assessment had been completed however, this needed strengthening and an action plan had not been completed. <p>At the March 2019 inspection we found:</p> <ul style="list-style-type: none"> • The practice had completed two fire drills since the January 2019 inspection. Learning points had been taken from both drills. These included moving the fire assembly point further away from the building. • The practice had planned 'soft' fire drills that included staff only at three-month intervals and whole practice evacuations at six-month intervals. • The practice had completed a fire risk assessment and action plan. The action plan had been implemented and fire marshals were conducting weekly checks that included fire alarms, fire exits, emergency lightening and signage. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the January 2019 inspection we found:</p> <ul style="list-style-type: none"> • A risk assessment for the security of the premises had not been completed. <p>At the March 2019 inspection we found:</p> <ul style="list-style-type: none"> • Shortly after the January 2019 inspection, the practice provided evidence that a security risk assessment had been completed. • The security risk assessment included cyber security risks and personal security risks. The risk assessment and action plan had been shared with staff. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Date of last infection prevention and control audit: November 2018	Y
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: At the January 2019 inspection we found: <ul style="list-style-type: none">• The infection control policy was not practice specific and did not include details of waste collection, sharps management, communicable diseases or audit schedules.• There was not a procedure in place to manage clinical specimens. At the March 2019 inspection we found: <ul style="list-style-type: none">• The practice had developed a thorough infection control policy with support from the Clinical Commissioning group. Staff had received additional training in infection control.• The practice had developed cleaning schedules for the external cleaning agency to document the cleaning that had been completed.• The practice had developed an infection control protocol that detailed how to manage clinical specimens and spillages of bodily fluids.	

Appropriate and safe use of medicines

The practice had 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).	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 for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	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 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
<p>Explanation of any answers and additional evidence:</p> <p>At the January 2019 inspection we found:</p> <ul style="list-style-type: none"> • Patient Group Directions were not signed by an appropriate clinician. • Audits had not been completed for the prescribing practice of independent nurse prescribers. There was no evidence of formal clinical supervision to ensure their competence. • The system for monitoring patients who were prescribed medicines that required additional monitoring was not safe. • Patients who received repeat medicines did not routinely have medicine reviews. • The practice did not hold all recommended emergency medicines. They had not completed risk assessments for the medicines which they did not hold. <p>At the March 2019 inspection we found:</p> <ul style="list-style-type: none"> • The practice had reviewed all Patient Group Directions and these were appropriately signed by clinicians. • Audits had been completed regarding the prescribing practices of independent nurse prescribers. This had been shared with the clinicians and appropriate recommendations made. The practice had plans to complete this regularly and include it within the appraisal process. • The practice had commenced regular clinical meetings where nursing feedback and case 	

Medicines management**Y/N/Partial**

reviews were standing agenda items.

- The practice had reviewed and audited how medicine reviews were conducted. The results had been shared at clinical governance meetings and clinicians were reminded how to enter these reviews correctly onto the computer system.
- The practice held relevant emergency medicines and there was a risk assessment in place to mitigate the risk of any medicines not held.
- Expiry dates of emergency medicines were checked on a monthly basis.

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
<p>Explanation of any answers and additional evidence:</p> <p>At the January 2019 inspection we found:</p> <ul style="list-style-type: none"> • There was no oversight of safety alerts received by the practice and no evidence that actions had been taken. However, we checked a sample of clinical records and saw that these alerts had been actioned appropriately. <p>At the March 2019 inspection we found:</p> <ul style="list-style-type: none"> • The practice had sought support from the Clinical Commissioning Group to manage safety alerts and there was now a system in place to manage these effectively. We saw from clinical records that safety alerts had been actioned appropriately. • The practice discussed all safety alerts at clinical meetings. 	

Effective

Families, children and young people

Findings

At the January 2019 inspection we found:

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets.
- Children who had attended A&E departments or who had not been brought to appointments were not routinely followed up.

At the March 2019 inspection we found:

- The practice had completed a project to identify how they could best support families where children did not attend appointments, both at the practice and with secondary care providers. The practice had developed a protocol where these patients were highlighted on the computer record and contacted by administration staff. Each of these patients was discussed at clinical meetings where any safeguarding needs were identified. Patients were also kept on a register to identify any trends in appointments not attended.
- The practice was working with the Clinical Commissioning Group to identify children who had a high number of A&E attendances.

Child Immunisation	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) <small>(NHS England)</small>	74	77	96.1%	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) <small>(NHS England)</small>	87	99	87.9%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for	88	99	88.9%	Below 90% minimum

Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)				(variation negative)
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)	88	99	88.9%	Below 90% minimum (variation negative)

People experiencing poor mental health (including people with dementia)

Findings

At the January 2019 inspection we found:

- There was no system to ensure medicines were being taken by people in vulnerable groups, such as those suffering from a mental health condition.
- We saw evidence of uncollected prescriptions and patients not attending appointments not being followed up.

At the March 2019 inspection we found:

- There was a system for following up patients who failed to attend for administration of long-term medication.
- Uncollected prescriptions were checked on a regular basis and any prescriptions that had not been collected for over 56 days were passed to a GP. The GP reviewed the patient notes and contacted the patient when necessary. The practice had plans to reduce this timeframe to 28 days to align with the policy for collection of controlled medicines.

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.
- 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.

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.