

Care Quality Commission

Inspection Evidence Table

Lakeside Healthcare at Cedar House Surgery (1-6017886071)

Inspection date: 26 June 2019

Date of data download: 02 April 2019

Overall rating: Good

Population Groups

People with long-term conditions

Population group rating: Good

At the inspection on 28 November 2018 we rated the population group, people with long term conditions, within the effective domain, as requires improvement.

At this inspection we found that patients' health was monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately and we have changed the rating to Good.

Findings

At the inspection in November 2018 we found patients in this group were not having their healthcare needs met in a manner that ensured as far as practical their treatment was safe. The system for repeat prescribing some high-risk medicines to patients with long-term conditions such as methotrexate, lithium and warfarin was not clear and lacked clinical oversight.

- At this inspection we found that the practice had made improvements for patients who had prescriptions for warfarin and regular monitoring was now in place. We also found that the practice had been proactive and reviewed all patients on medicines to treat hypertension and congestive heart failure. Monitoring and recalls for patients on these medicines had been made a priority and regular audits would be carried out to ensure going forward that all patients were reviewed in a timely manner.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: At the inspection on 28 November 2018 we found that there was compassionate, inclusive and effective leadership at all levels. We have found that since the last inspection a merger had taken place between Lakeside at Eaton Socon and Lakeside at Cedar House Surgery and from 1 May 2019 they would be known at Lakeside St Neots. We inspected Lakeside at Eaton Socon on 15 May 2019 and the report is now published on the CQC website www.cqc.org.uk We found that the leadership team had worked extremely hard to ensure that the merger of two locations had gone smoothly. Becoming part of the 'St Neots hub' had allowed additional clinicians to work at the practice, and plans were in place to ensure care was managed across the two sites. Staff and patients had been kept informed of the changes and a newsletter had been produced for both patients and staff. We were shown the workforce plan that Lakeside St Neots had in place. It acknowledged that they had workforce issues with a number of staff vacancies. Recruitment was ongoing and a number of interviews would be taking place over the next two weeks. Staff are currently supporting the management team by working extra hours. The management team had reviewed the actions required from the Lakeside at Cedar House Surgery inspection and had produced an action plan to address the areas identified.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving	Yes

them.	
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in November 2018 we found that the provider, Lakeside Healthcare Partnership had created the vision and values for the group prior to this practice becoming part of the company. There were plans in the future to revisit the vision and values and ensure they were relevant.</p> <p>Since the last inspection a merger had taken place between Lakeside at Eaton Socon and Lakeside at Cedar House Surgery and from 1 May 2019 they would be known at Lakeside St Neots. The lead GP had one session a week to carry out her managerial role which included full clinical oversight.</p> <p>We saw evidence that the new vision and strategy for Lakeside St Neots had been shared with both patients and staff. We saw a copy of the St Neots Spectator newsletter for staff which will be produced monthly and provide staff with information on Lakeside Healthcare along with current and future plans around vision and strategy.</p> <p>A letter to all patients was visible in the reception area which set out the vision for the practice, changes that would be taking place and other information included plans to review how the practice communicate to patients, the introduction of a hot and cold site, the new website and telephone system and how they would like patient to get involved in the patient's participation group.</p> <p>The management team told us they had made a decision on their primary care network and paperwork had been submitted prior to the government's deadline date. A primary care network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations.</p> <p>Progress around the vision and strategy was monitored and one of the current challenges to this was staff vacancies in a number of areas. The management team were actively recruiting and interviews for a number of the posts would take place over the next month. We were told and we saw teamworking was part of the ethos of all the staff who worked at Lakeside St Neots.</p>	

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Following the inspection on 28 November 2018 Lakeside Healthcare at Cedar House Surgery were served a warning notice for Regulation 17, Good Governance, under Section 29 of the Health and Social Care Act 2008. The practice was required to be compliant by 12 February 2019. We carried out this inspection on 26 June 2019 to review the action plan submitted to the Care Quality Commission.</p> <p>On 1 May 2019 two surgeries had merged to become Lakeside St Neots. One of the first changes was</p>	

to stream line the appointment system and how patients accessed appointments. Same day appointments were now carried out at Cedar House surgery and Dumbleton Medical Centre and routine appointments at Eaton Socon Health Centre. This had increased the availability of pre-bookable appointments. Extended hours had also increased from one to two evenings a week. Daily informal meetings helped staff ensure they were aware of changes and ensure the on-call GP was able to assist with house calls and appointments to meet demand. We also saw an aide memoire was in place to help receptionists navigate a patient to the correct clinician for an appointment. For example, abdominal pain, urinary tract infections, diarrhoea and vomiting, coil insertion and removal, minor operations, steroid injections.

At the inspection in November 2018 we saw some emergency medicines and used sharps boxes (which were sealed) were kept in an unlocked room away from the reception area but could be accessed by patients. We were told that these would now be kept secure.

- At this inspection we saw that some improvement had been made. The cupboard which held the emergency medicines now had a lock in place and an oxygen poster had been added to the main door. However, the main door could still be accessed by patients. We spoke with the management team who told us they had ordered a lock for the door which would be fitted by the 28 June 2019.

At the inspection in November 2018 we found that the practice had only identified 86 carers which was less than 1% of the practice population.

- At this inspection we saw evidence that Lakeside at St Neots (which also included Lakeside at Eaton Socon) now had 659 patients identified as carers which was 2.5% of the population. However, we found that there was no information for carers on the practice website and no carers information pack.

At this inspection the management team told us, that since the last inspection they had experienced a backlog of incoming correspondence. This process was carried out by the administration team and whoever scanned the information in to the system made the decision about who needed to see it. We found that there were 136 letters outstanding which dated back to 14 June 2019 but the practice had a plan in place for them to be distributed between the GPs, Advanced nurse practitioners and the clinical pharmacist to ensure they were reviewed and scanned in a timely manner.

At this inspection the management team told us that in recent weeks they had experienced problems in getting repeat prescriptions turned around in 48 hours. They had experienced staff issues which had meant that patients were waiting up five working days for their prescription to be ready. The practice had recruited an extra member of staff and they told us that by the end of June 2019 prescriptions would be ready within 48 hours as per the practice policy.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes

There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection on 28 November 2018 we did not see any evidence of a formal review and support for non-medical prescribers.</p> <ul style="list-style-type: none"> At this inspection we found the management team had produced an effective template for clinical debrief/supervision of their clinical and allied health professional staff. We spoke with the Lead Nurse Consultant who demonstrated how the template was embedded with the patient record system and enabled the supervisor to support each member of staff. There was a separate page for each team and it was also an effective auditable method of objectively evidencing clinical supervision. We were told and we saw evidence that 253 debrief/supervision sessions had taken place since the last inspection. Lakeside Healthcare Group had also put in place a clinical oversight model which would incorporate clinical supervision, prescribing and competence of staff who worked at Lakeside. The policy was now in place and there was an expectation that each registered nurse, allied health professional and health care assistant would have an allocated mentor, continue to have an annual appraisal alongside facilitated clinical supervisions sessions, complete an audit every three years and take part in local quality and nursing/allied health professional meetings. At the time of the inspection this was yet to be put in place by Lakeside at St Neots. 	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in November 2018 we found that prescribers of high risk medicines were not always in possession of accurate and reliable information about patients that enabled them to make safe, considered judgements. This had not been identified as a risk.</p> <ul style="list-style-type: none"> At this inspection we found was an improved process in place 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.

Engagement with patients, the public, staff and external partners

Following the inspection on 28 November 2018 Lakeside Healthcare at Cedar House Surgery were served a warning notice for Regulation 17, Good Governance, under Section 29 of the Health and Social Care Act 2008. The practice was required to be compliant by 12 February 2019. We carried out this inspection on 26 June 2019 to review the action plan submitted to the Care Quality Commission. Complaints were not part of this inspection however we did review comments cards completed for this inspection. We also raised some concerns with the management team which CQC had received directly from patients registered at Lakeside St Neots.

CQC comments cards	
Total comments cards received.	15
Number of CQC comments received which were positive about the service.	7
Number of comments cards received which were mixed about the service.	6
Number of CQC comments received which were negative about the service.	2
Source	Feedback
CQC comments cards	There were mixed results on the comments cards completed by patients. Those that were positive about the service told us that staff were approachable, caring respectful and professional. The negative comments related to dissatisfaction with getting though by telephone, appointment system, travelling between the two sites and a delay in getting their prescriptions.
Complaints from patients sent to CQC	CQC had received a number of complaints over the last few weeks in relation to Lakeside at St Neots (Eaton Socon and Cedar House Surgery). The complaints centred around getting though by telephone, appointment system, travelling between the two sites and a delay in getting their prescriptions. On the day of the inspection we spoke with the management team who told us they now had a new telephone system in place and were able to monitor the number of incoming calls, time waited and plan when extra staff would be required to answer the telephones. Changes had been made to the appointment system in order to see all patients who asked to be seen on the same day. The practice acknowledged that for a number of weeks the practice had not adhered to their policy of prescriptions being ready within 48 hours due to staff sickness. They had recruited a further member of staff to deal with prescriptions and hoped that the backlog would be sorted out by the end of June 2019.

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 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.
- 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.