

Care Quality Commission

Inspection Evidence Table

The New Surgery (1-4628714978)

Inspection date: 12 December 2019

Date of data download: 24 December 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe

Rating: Good

At our previous inspection on 20 March 2019, we rated the practice as requires improvement for providing safe services because:

- The practice's systems and processes to keep people safe were not always comprehensive.
- Staff did not always have the information they needed to deliver safe care and treatment.
- The practice's systems for the appropriate and safe use of medicines, including medicines optimisation were insufficient.
- The practice did not have an appropriate system in place for recording and acting on safety alerts.

During this inspection, we saw evidence of improvement and the practice is now rated as good for providing safe services.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Partners and staff were trained to appropriate levels for their role.	Y
Explanation of any answers and additional evidence: At our previous inspection on 20 March 2019, we found all staff had completed adult and child safeguarding training to the appropriate level before the intercollegiate guidance on safeguarding competencies was published in August 2018 (adult safeguarding) and January 2019 (child safeguarding). (Intercollegiate guidance is any document published by or on behalf of the various participating professional membership bodies for healthcare staff including GPs and nurses). Following publication of the guidance, non-clinical staff and one member of the nursing team were required to complete a higher level of safeguarding training. During this inspection, we looked at the training records of all the nursing and non-clinical staff employed at the practice and found that in the past 10 months, they had all completed adult and child safeguarding training at the appropriate level for their roles, in accordance with the intercollegiate guidance.	

Recruitment systems	Y/N/Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection on 20 March 2019, we saw that four staff (three clinical and one non-clinical) were recorded as not having received the measles, mumps and rubella (MMR) vaccination. One member of clinical staff was recorded as not having received the varicella (chickenpox) or BCG vaccinations. Another member of clinical staff was recorded as not having completed their Hepatitis B vaccinations. There were no risk assessments in place for these staff.</p> <p>During this inspection, we looked at the immunisation records of the relevant staff and saw they had either received the required vaccinations at the practice, provided a positive antibody test, or provided evidence of a history of infection where this was permissible. We saw induction checklists used at the practice for clinical and non-clinical staff had been updated with an additional section on immunisation. All newly appointed staff would have a full record of the appropriate immunisations for their roles in place at the start of their employment.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection on 20 March 2019, we found that the practice's electronic systems and patient records were mostly maintained to a high standard. There were some exceptions to this which impacted on patient care. We saw that of two 'was not brought' children, one had been miscoded on the patient record system. Consequently, there was no record of the practice's response to that event. ('Was not brought' is a term used to refer to children who were not taken to clinic appointments. As children, it is not their responsibility to attend an appointment, but a parental responsibility to take them).</p> <p>We saw that seven of the 31 pre-diabetic patients had been coded as such on the practice's patient record system. The remaining 24 patients were not appropriately coded. Consequently, those 24 patients were not referred to the national diabetes prevention programme.</p> <p>During this inspection, we saw the practice's child safeguarding protocol had been updated and detailed the process in place at the practice to code, monitor and respond to instances of 'was not brought' children. A template was used on the patient record system to accurately record such events. The process was also detailed in the guidelines for working at the practice given to staff. We looked at a sample of patient records and saw instances of 'was not brought' children were appropriately coded and details of the practice's response to such events were well documented, including rescheduling appointments and contact with the relevant parents or guardians. Staff adhered to the recently introduced process in all the cases we looked at.</p> <p>We saw that all the 76 pre-diabetic patients had been coded as such on the practice's patient record system. Staff we spoke with told us that since our last inspection they had completed a search to ensure all the relevant patients were identified. We saw a documented process was in place to ensure the relevant patients were invited to participate in the national diabetes prevention programme, that those who declined had this recorded, and that any patients accepting the invitation were appropriately referred. The process was fully adhered to in both the examples we looked at.</p>	

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
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	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
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
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>At our previous inspection on 20 March 2019, we found there were systems in place to monitor the use of blank prescription forms. These were securely stored before they were allocated to GPs. Once allocated, prescription forms were stored in consultation room printers until used. These were not always secure.</p> <p>Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Not all nurses had signed to confirm their review and understanding of these.</p> <p>We saw the practice obtained, stored and monitored vaccines appropriately. There was no data logger in the vaccine fridge. Data loggers are useful to gain more detailed information about the fridge temperature if there is a cold chain failure, for example a power cut.</p> <p>We found the practice's systems indicated they were considerably behind on patient medicine reviews. Practice records showed approximately 30% of the reviews had been completed in the past year. During interviews, clinical staff told us they were not always registering completion of the process using the appropriate tick box on the clinical system.</p> <p>We saw that medicines prescribed to patients on a repeat basis in secondary care (hospital) were not always listed on the repeat prescription templates used by GPs at the practice. Only repeat medicines prescribed by the GPs were listed and they were not alerted to all the medicines prescribed to patients when providing care and consultation to them.</p> <p>We reviewed the 39 patients on any one of four different types of high-risk medicines. For 37 of the patients, we found their care, treatment and review was well managed. The GPs didn't have sight of the secondary care monitoring results for two of these patients and therefore didn't complete the appropriate clinical review of these patients before prescribing their medicines.</p> <p>During this inspection, we found a process was in place to remove prescription forms from printers every night. Each batch was individually bagged, logged and securely stored in a cabinet. We saw that records were maintained which demonstrated this process was adhered to and for the weeks we checked in November 2019, the records were fully completed.</p>	

Medicines management	Y/N/Partial
<p>From our conversations with staff, we found an appropriate process was in place for the receipt and review of PGDs. We looked at five PGDs, three of which had been received by the practice since our last inspection. We saw these were signed by all the nurses working at the practice and countersigned by a GP.</p> <p>We saw data loggers had been purchased and were used for both fridges at the practice (one for specimens and one for vaccines). We looked at the records produced from the vaccine fridge data logger for four weeks from 8 November 2019 and found that in that period the fridge temperature was maintained within an appropriate range except for the brief periods it was restocked. Records showed an alarm sounded on each of those occasions to alert staff.</p> <p>From our conversations with staff, we found the previously agreed decision for staff not to tick the box on the clinical system when medicine reviews were completed had been reversed and this was now required. We looked at minutes of a meeting where this was discussed in May 2019 which confirmed this decision. Our review of the practice's system showed that 83% of medicine reviews had now been completed and the practice was on schedule to complete all reviews or document the reason why some reviews can't be completed by March 2020. We looked at examples of completed medicine reviews and saw these were well documented and the appropriate tick box was completed each time.</p> <p>From our conversations with staff, we found that a process was now in place and adhered to for medicines prescribed to patients on a repeat basis in secondary care (hospital) to be listed on the repeat prescription templates used by GPs at the practice. We saw the process was communicated to staff in a meeting on 29 May 2019 and by email the following day. The process was also detailed in the guidelines for working at the practice given to staff. We looked at the records of six patients and saw that in each case, the process was fully adhered to and complete records of the medicines prescribed to them were available.</p> <p>Staff told us that since our last inspection, the practice had established a systems link with a second local hospital trust. This enabled staff to view the results of patients accessing that local hospital for high-risks medicines monitoring tests. This was in addition to the main hospital used by the practice's patients whose results could already be accessed. We reviewed the records of 14 patients on any one of three different types of high-risk medicines. We found that for all these patients, the GPs had sight of their secondary care monitoring results and completed the appropriate clinical review of these patients before prescribing their medicines. There was now a comprehensive process in place to ensure the care, treatment, and review of these patients was well managed.</p>	

Track record on safety and lessons learned and improvements made

The system for recording and acting on safety alerts was sufficient.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection on 20 March 2019, we saw that Medicines and Healthcare products Regulatory Agency (MHRA) alerts were received directly by the GPs at the practice. No log was maintained to confirm that each GP had received and reviewed the alerts. MHRA alerts weren't a standing item on the clinical meeting agenda. There was no process in place for the practice to assure itself all MHRA alerts were received, reviewed and discussed and that the appropriate action was taken in response to the alerts. We looked at examples of MHRA alerts received at the practice and found these were managed appropriately.</p>	

During this inspection, we found a process was in place for GPs to sign as reviewed circulated copies of Medicines and Healthcare products Regulatory Agency (MHRA) alerts in addition to receiving them directly. Between them, the provider's dispensary manager and GP prescribing lead were responsible for reviewing, completing searches for, and maintaining a log of appropriate actions taken in response to all MHRA alerts received. We saw the log was well maintained and regularly updated. We looked at the practice's response to three MHRA alerts received since our last inspection and found the appropriate action was taken in each case. This included changes to patients' prescriptions. We saw that MHRA alerts were now routinely discussed at prescribing meetings. We looked at the minutes of these meetings from May, July, and November 2019 which recorded discussions and actions in response to five MHRA alerts. The process in place was sufficient for the practice to assure itself that MHRA alerts were received, reviewed and discussed and that the appropriate action was taken in response to the alerts.

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 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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.