

Care Quality Commission

Inspection Evidence Table

Bakersfield Medical Centre (1-547331315)

Inspection date: 11 October 2022

Date of data download: 12 October 2022

Overall rating: Requires Improvement

The practice was rated as Requires Improvement at the Care Quality Commission (CQC) inspection in June 2022. Following the inspection the practice was served two warning notices in relation to Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance).

At our inspection in June 2022 we found that:-

- The practice's systems and processes did not always keep people safe.
- Risk to patients' staff and visitors were not always assessed, monitored or managed effectively.
- The arrangement for managing medicines did not always keep people safe.
- There were not always effective processes and systems to support good governance.
- The practice's processes for managing risks, issues and performance were not effective.

This follow-up inspection was undertaken in October 2022 to review compliance with the warning notices served following our last inspection in June 2022, and which had to be met by 22 August 2022.

The inspection was not rated and therefore the ratings remained unchanged. The practice will receive a further inspection to review progress in all areas within six months of the original inspection report publication date, and that inspection will be rated.

Safe

At the inspection in June 2022, we found areas of concern that impacted on patient safety. This key question was rated as Inadequate and this was due to :-

- Risks associated with repeat prescribing.
- Poor management of care information and task management issues.
- Insufficient assurance around training and vaccination status of staff.
- Poor oversight of the property and maintenance including fire, legionella and infection control.

This inspection in October 2022 was not rated and therefore the rating of inadequate from our inspection in June 2022 remains unchanged.

Safety systems and processes

The practice had systems, practices and processes in place to keep people safe and safeguarded from abuse but some required further work.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes ¹
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in June 2022, we found that children who had not attended for an appointment had not been reviewed and contacted or coded following a missed appointment with secondary services.</p> <p>1. At this inspection in October 2022 we conducted searches on the patient clinical record system regarding children who did not attend for an appointment. We looked at four records and found documentation that all had been reviewed, discussions had been held with a responsible adult and the appropriate coding was in place.</p> <p>On the day of the onsite visit we also reviewed the information in regard to a potential missed safeguarding concern. An external safeguarding team had visited the practice on 29 September 2022 and had carried out a review of safeguarding policies and procedures. The potential missed safeguarding concern was discussed, and since the last inspection a significant event analysis had been completed and found a safeguarding referral was not necessary, however action had been taken to re-enforce post-operative complications and had plans to introduce leaflets in different languages.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes ¹
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes ¹
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in June 2022 we found in recruitment files we looked at that not all staff had received an appropriate induction or training relevant to their role.</p> <p>1. At this inspection in October 2022, we reviewed four recruitment files and the practice were able to evidence that they had received appropriate training relevant to their role. A member of staff had recently commenced the care certificate standards course and was being supported by the practice to complete this qualification.</p> <p>Indemnity insurance was in place for the GPs who worked at the practice.</p> <p>Evidence was provided for staff vaccinations which included Hepatitis B and a full record of routine</p>	

immunisations required, for example tetanus, diphtheria, polio and MMR.

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: various and ongoing	Yes ¹
There was a fire procedure.	Yes ²
Date of fire risk assessment: 27 July 2022 Actions from fire risk assessment were identified and completed.	Yes ²
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in June 2022, we found that the practice did not have an external risk assessment for legionella. They had completed an internal risk assessment and we were not assured the person who completed the risk assessment had the necessary knowledge and training to undertake this assessment. We also found that not all areas of risk had been identified.</p> <p>1. At this inspection in October 2022, we found that whilst they still did not have an external legionella risk assessment we found that the person responsible for completing the internal risk assessment had completed some legionnaires disease training on 29 May 2022. Water temperature monitoring continued and they had commenced legionella water flushing monitoring for showers and low use taps.</p> <p>At our inspection in June 2022, the practice did not provide us with adequate assurances in regard to fire safety.</p> <p>2. At this inspection in October 2022, we found the practice had further reviewed the internal fire risk assessment on 27 July 2022. We saw the areas that contained the paper records and a separate risk assessment was in place, there were no heat sources and included instructions to staff when they accessed this area. Areas that had required repair, for example, loose light fittings and switches had been repaired. The fire safety policy had been updated to include the names of fire wardens and schedules for fire alarms and emergency lighting.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met but required further strengthening.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 13 October 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes ¹
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	

At our inspection in June 2022, we found clinical oversight for infection prevention and control was not in place.

1. At this inspection in October 2022 we found improvements had been made but further work to strengthen this area was required. In the rooms we looked at we found cleaning schedules were in place and signed, there was no evidence of dirty equipment and sharps boxes were signed and dated. Since the last inspection a repair had been carried out for the examination couch used for circumcisions.

We were told by the management team an external quality visit for infection prevention and control was due to take place on 26 October 2022 and they would be doing a walk round of the premises and discussing the updating of the infection control policy and procedures. Since the inspection an external infection control audit had taken place, actions were identified, some of which had been completed.

On the day of the inspection we spoke with the management team in regard to the cleaning of the premises. They employed an external company who attended the premises once a week and were in the process of recruiting a cleaner to attend daily Monday to Friday to ensure high standards of cleanliness across the whole building. Since the inspection the practice have confirmed they have successfully recruited and the new employee would start on 17 October 2022.

Since the inspection the practice have reviewed and updated their infection control policy.

Information to deliver safe care and treatment

Staff still did not always have 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. ¹	Partial ¹
Explanation of any answers and additional evidence:	
At our previous inspection in June 2022 when we viewed the patient clinical record system we found examples where individual care records were not written in line with current guidance.	
<ol style="list-style-type: none">1. As part of this inspection in October 2022 we found that improvements had been made but further work and oversight was required in relation to staff responding to secondary care correspondence. We reviewed 20 letters received from secondary care of which two needed review and further oversight. These were discussed with the GPs who told us they would review and make the relevant changes. They confirmed the day after the inspection that all five had been reviewed, were coded and any changes to medications had been made. Since the inspection the management team have told us that they continue to strengthen the current processes in place and continue to carry out monthly audit of correspondence received from secondary care.	

Since the inspection the practice had reviewed and updated the policy and guidelines in place to support staff who deal with secondary care correspondence.

Appropriate and safe use of medicines

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

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines. ¹	Yes ¹
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.	Yes ¹
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes ²
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Partial ³
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>At our inspection in June 2022 we conducted clinical searches on the patient record system and found not all patients had been coded as having received a medication review. We also found that prescription request dates were set beyond their review date. Correspondence received from secondary care was not managed effectively, there was a lack of clinical oversight and medicine changes were not always carried out in a timely manner. This meant the GP record displayed incomplete information which may be relied upon by future prescribers.</p> <p>1. At this inspection in October 2022 we conducted clinical searches on the patient record system and reviewed 10 care records. We found they had received a medication review, were appropriately coded and no issues were found.</p> <p>At our inspection in June 2022 we conducted searches on the patient clinical system regarding the prescribing of controlled drugs. We found examples of patients who had received frequent issues of drugs outside of national guidance.</p> <p>2. At this inspection in October 2022 we conducted clinical searches on the patient record system and reviewed 10 patient records for patients on controlled drugs prescribed predominantly for pain relief. These had been monitored in line with national guidance</p> <p>At our inspection in June 2022 we saw logs of regular temperature checks, however, on the day of inspection, we viewed the temperatures of the fridge and found that it showed the vaccines were not stored at the appropriate level in line with the UKHSA guidance and the data logger was not working.</p> <p>At this inspection in October 2022 we reviewed the processes and procedures in place in relation to the management of vaccines. Daily recordings of the external displayed</p>	

Medicines management	Y/N/Partial
<p>temperatures had been completed and data loggers were in place in both refrigerators. Whilst we found they had a control mechanism in place it needed strengthening as we were told the data logger information was only downloaded on a weekly basis but we were not assured the readings were checked. We spoke with the clinical team and were told the readings were checked weekly but there was no evidence to demonstrate this. On data logger sheets reviewed after the inspection, for both refrigerators, we found at least once a day the temperature of both fridges went above the recommended temperature of 8 degrees Celsius but it was not documented as the reasons why this had happened or what actions had been taken. Since the inspection the management team have told us that the data logger readings that were above the recommended temperature were due to the data logger being removed from the fridge, downloaded and saved. The data logger was then reset to start immediately. However, this information was not recorded on the data logger spreadsheet.</p>	

Track record on safety and lessons learned and improvements made

The practice had 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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes ¹
Number of events recorded since the last inspection in June 2022	1
Number of events that required action:	1
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection we found examples of complex significant events where there was not an in-depth analysis and therefore learning opportunities were missed.</p> <p>1. At this inspection in October 2022 we found a significant event had been raised in relation to this potential safeguarding concern and investigated. Guidance had been sought from external partners and learning and actions had been shared with staff.</p>	

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

Event	Specific action taken
vaccine refrigerator not working correctly and an issue with faulty data logger	Significant event had been raised in relation to an issue found at the CQC inspection in June 2022 in regard to a vaccine refrigerator. The management team had taken the appropriate action and had disposed of all the medicines

	<p>stored in this refrigerator and new data loggers had been ordered and were now in place.</p> <p>Staff meeting minutes we reviewed demonstrated that significant events were now a standing agenda item and were reviewed and discussed as required.</p>
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Effective

- At the inspection in June 2022 we rated the practice as requires improvement for the effective domain because:
- Patients treatment was not always reviewed and updated.
- Patients were not given information for further help if their condition deteriorated in other language formats.
- Cervical screening rates were below target.
- Childhood vaccination rates were below target.
- Clinical audits did not identify the extent of concerns.
- There was a lack of competency, knowledge and training checks of staff. Consent was not always obtained in referrals to other services.

This inspection in October 2022 was not rated and therefore the rating of requires improvement from our inspection in June 2022 remains unchanged.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. ¹	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Explanation of any answers and additional evidence: At our inspection in June 2022 we conducted searches on the practice patient clinical record system regarding prescribing of controlled drugs. We found examples of patients receiving frequent issues of drugs which were not in line with evidence-based guidance. We also found examples where patients treatment was not appropriately reviewed and updated. 2. At this inspection in October 2022 we conducted clinical searches on the patient record system and reviewed 10 records for patients on controlled drugs prescribed predominantly for pain relief. These had been monitored in line with national guidance	

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
There was an induction programme for new staff.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes ¹
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in June 2022 we reviewed staff training. Whilst we received evidence post inspection of training that had been completed we found there was a lack of oversight of staff knowledge, training and competency checks. The practice had not considered the training, skills and competency standards in line with the requirements within the Care Certificate for appropriate staff.</p> <p>1. At this inspection in October 2022 we found a member of staff had commenced the Care Certificate and was being supported by the practice to gain the required skills and competency standards.</p> <p>We also saw the management team had spoken to their clinical staff and with external partners to put in place an audit programme. This would enable them to be able to demonstrate the competence of staff who work at the practice. This was still work in progress and the first audit was due to take place in November 2022.</p>	

Responsive

At the inspection in June 2022 we rated the practice as requires improvement for the responsive domain because:

- Changes were required to the complaints literature available to patients to ensure this was accurate and up to date.
- Complaints that were responded to by the practice did not provide details of the Ombudsman if the complainant was unhappy with the practice response.

This inspection in October 2022 was not rated and therefore the rating of Requires Improvement from our inspection in June 2022 remains unchanged.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs/ Services did not meet patients' needs.

	Y/N/Partial
The facilities and premises were appropriate for the services being delivered.	Yes ¹
Explanation of any answers and additional evidence:	
At the inspection in June 2022 we found that the premises and facilities were appropriate to the services being delivered but there were outstanding building repairs required.	
1. At this inspection in October 2022 we found that the repairs identified at the last inspection had been completed. For example, fixing of light fittings and sockets. The management team also confirmed that blood tests were no longer carried out in the practice carpark and we saw this had been discussed and documented in staff meeting minutes dated 26 July 2022.	

Practice Opening Times	
Day	Time
Opening times and Appointments:	
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm
Extended access is provided on a Monday until 8:30pm and a Friday morning from 7am where prebookable appointments with the GP are available.	

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care and information available to patients had been updated.

Complaints	
Number of complaints received since the last inspection.	0
Number of complaints we examined.	0
Number of complaints we examined that were satisfactorily handled in a timely way.	0
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Partial ¹
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: At the inspection in June 2022 we found that the complaints leaflet for patients along with the practice policy needed updating. 1. At this inspection in October 2022 we found the complaints policy had been updated and now included details of the Parliamentary and Health Service Ombudsman. For patients who were dissatisfied with the response from the practice. However, the complaints leaflet on the notice board in the waiting room did not have this updated information on it. The complaints policy had been updated to reflect the changes. Since the inspection the management team have sent in photographic evidence that the complaints leaflet in the waiting area had been updated and complaints information can also be found via the practice website	

Well-led

At the inspection in June 2022 we rated the practice as requires improvement for the Well-led domain because:

- Leaders could not demonstrate they had the skills to deliver high quality sustainable care.
- Governance processes were ineffective.
- Processes for managing risks were poor.
- There was not always a supportive and open culture.

This inspection in October 2022 was not rated and therefore the rating of requires improvement from our inspection in June 2022 remains unchanged.

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 ¹
Explanation of any answers and additional evidence: At the inspection in June 2022 we found that in some areas leaders had not identified and acted upon areas of risk such as health and safety, significant events. 1. At this inspection in October 2022 we found the practice had put together two comprehensive action plans to address the concerns that were highlighted in the two warning notices served on the provider. We were informed, and we could see, staff had worked hard to achieve the required outcomes from the action plan within the timeframe set out by the Care Quality Commission (CQC). However, not all the areas identified at the previous inspection had been fully addressed as some processes needed further strengthening and embedding.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Explanation of any answers and additional evidence:	

At this inspection in October 2022 we found the practice had worked in collaboration with patients, staff and external partners to address the concerns raised in the last inspection.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management but further work was required in order to ensure effective governance systems were in place.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes ¹
Staff were clear about their roles and responsibilities.	Yes
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none">1. Since the inspection in June 2022 we found the practice had improved the oversight of clinical and managerial systems along with governance arrangements. We were told and we saw at the inspection that systems and processes had been assessed and they continued to monitor the service whilst they continued to make the required improvements. However, there were still some areas that needed further embedding. For example, oversight of correspondence from secondary care, infection prevention and control, and management of the cold chain.	

Managing risks, issues and performance

The practice had a clearer process for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes ¹
There were effective arrangements for identifying, managing and mitigating risks.	Yes ¹
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none">1. At this inspection in October 2022 we were told and we found that the practice had focussed on addressing the issues raised in the two warning notices served following the inspection in June 2022. This had helped to improve the governance assurance systems and processes and the arrangements for managing risk. Some of the issues were longer term and therefore required time to be established. For example, health and safety, infection prevention and control, secondary care correspondence and management of the cold chain.	

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 SICBL 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 SICBL 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.
- **UKHSA:** UK Health and Security Agency.
- **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.
- % = per thousand.