

Care Quality Commission

Inspection Evidence Table

Lakeside Medical Centre (RL4X9)

Inspection date: 23 July 2021

Date of data download: 30 July 2021

Overall rating: add overall rating here

A comprehensive inspection carried out in February 2019 as part of our inspection programme rated Lakeside Medical Practice as good overall however, requires improvement for providing safe services.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Safe

Rating: Good

At the inspection in February 2019 we rated the practice as requires improvement for providing safe services because the practice was unable to clearly demonstrate that the systems and processes for keeping patients safe were well embedded. We identified issues related to staff recruitment, staff immunisation, emergency medicines and equipment, health and safety and the completion of relevant staff training and effective monitoring of risks. At this inspection, the rating has been changed to good. The practice had adequately addressed all the issues previously raised.

Safety systems and processes

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

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">At the last inspection in February 2019 we found that there were gaps in the information contained in staff files. There were no records available to confirm safe recruitment practices were followed for the locum GP and there was a lack of records to demonstrate that all staff were up to date with immunisations such as tetanus, diphtheria, polio, MMR and hepatitis B.	

- At this inspection we found that the process for ensuring staff files contained the required information to demonstrate recruitment systems had been reviewed. The recruitment processes and staff registration checks were centralised at the provider level, as part of the overall governance arrangements. The Trust recruitment procedure, a flow chart and checklist was shared with us to show recruitment procedures that should be followed. Confirmation that the procedure was being followed was seen in staff files. We found that the recruitment process for locum staff were included in these arrangements to ensure safe practice was followed.
- We saw that the Trust recruitment and selection process included staff undergoing occupational health clearance and receiving immunisations where required. Information shared with us was seen in staff files which confirmed that staff received appropriate checks and immunisations relevant to their individual roles.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out.	Yes
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • At the last inspection in February 2019 we found that the practice could not evidence that it had completed risk assessments for hazardous substances used at the practice. At this inspection we saw that risk assessments for the safe storage and handling of hazardous substances were in place for substances used at the practice. • At the last inspection we found that fire marshals were not named in the fire safety policy and evidence that they had been trained for the role was not available. We found that this had been addressed. Notices were displayed to identify the fire marshals easily and details were included in local procedures. • The last inspection identified that the surface of radiators in consulting rooms were hot to touch. At this inspection we found a risk assessment had been completed to mitigate any risk of potential scalding or burning. The assessment included ongoing maintenance plans and a long term plan for a review and seeking financial support for the replacement and upgrade of the heating system. 	

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) (01/07/2020 to 30/06/2021) (NHS Business Service Authority - NHSBSA)	0.55	0.79	0.69	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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). (01/07/2020 to 30/06/2021) (NHSBSA)	12.0%	11.0%	10.0%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2021 to 30/06/2021) (NHSBSA)	6.24	6.10	5.38	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	83.3‰	152.4‰	126.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) (NHSBSA)	0.27	0.49	0.65	Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2020 to 31/03/2021) (NHSBSA)	7.2‰	4.0‰	6.8‰	No statistical variation

Medicines management	Y/N/Partial
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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • A Standard Operating Procedure (SOP) was written following a review of the process for monitoring and ordering emergency medicines undertaken by the Primary Care Network (PCN) pharmacy team. Improvements made and included: <ul style="list-style-type: none"> ○ updating the procedures for checking medicines were in date and fit for use. ○ emergency medicines to be held at the practice. ○ ordering replacement medicines from the Trust pharmacy. ○ the introduction of grab bags for ease of access to emergency medicines and equipment. • The Royal Wolverhampton NHS Trust Primary Care Network team were undertaking a further review of its current systems mentioned above for managing emergency medicines held at its GP practices. The provider explained that the purpose of the review was to ensure the individual GP practices held emergency medicines that were appropriate to the patient groups 	

Medicines management**Y/N/Partial**

and services they provided. The review would also consider the ease of accessibility to emergency services. Following the review, the SOP would be updated and an agreed list of emergency medicines to be held at the GP practices put in place. Where some of the recommended emergency medicines were not to be routinely held, risk assessments would be put in place to mitigate the level of risk.

- At the last inspection we found that emergency equipment was not easily accessible and the defibrillator was not working. At this inspection the practice provided us with photographic evidence of the improvements made to the storage of emergency equipment and medicines. Reports we looked at showed that equipment used at the practice had been regularly calibrated and maintained. The report format included information on the action taken to dispose of equipment that had been condemned.

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. 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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- %_o = per thousand.