

Care Quality Commission

Inspection Evidence Table

Catherine House Surgery (1-8550037131)

Inspection date: 29 September 2022

Date of data download: 30 September 2022

Overall rating: Requires Improvement

Following our previous inspection on 13 April 2022, the practice was rated Requires Improvement overall.

We issued the provider with a requirement notice for a breach of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to establishing effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

We also issued the provider with a warning notice for breach of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regard to safe care and treatment.

We have continued to monitor the provider's progress against their action plan which included regular meetings with them and also the commissioner NHS Devon.

To gain further assurances we undertook a remote regulatory assessment on 29 September 2022 to establish whether the warning notice had been met. We have not rated the practice at this inspection as this will be reviewed at a later date through inspection.

Safe

Rating: Not rated

At the last inspection on 13 April 2022, we rated the practice as inadequate for providing safe services because:

- The provider was unable to demonstrate that patients prescribed high risk medicines received necessary monitoring.
- Clear rationale was not always documented in patient records for continuing to prescribe high risk medicines.
- The practice was unable to evidence that all patients diagnosed with long-term conditions had received a review to ensure treatment continued to meet their needs.
- The practice did not have effective systems to review new patients' medicines in a timely way after registering with the practice.
- Systems in place to learn and make improvements when things went wrong were not fully embedded.

- The practice did not have effective systems for the appropriate and safe use of medicines, including medicines optimisation.

At this inspection, we found improvement in those areas, which provided assurance that the warning notice issued had been complied with:

- Clinical records were now detailed, evidencing appropriate engagement and agreed reduction plans (to reduce doses of medicines and associated risks) with patients were in place and monitored for patients who were on high risk medicines.
- Systems were improved and searches and sampling of patient records of those patients with long-term conditions had appropriate recalls to be seen and in date reviews to ensure treatment continued to meet their needs.
- The practice now had effective systems to review new patients' medicines in a timely way after registering with the practice.
- The practice now had effective systems for the appropriate and safe use of medicines, including medicines optimisation.

Appropriate and safe use of medicines

The practice had implemented new systems for the appropriate and safe use of medicines, including medicines optimisation

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.70	0.81	0.82	No statistical variation
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). (01/07/2021 to 30/06/2022) (NHSBSA)	10.1%	8.9%	8.5%	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 (01/01/2022 to 30/06/2022) (NHSBSA)	5.62	5.74	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	248.0‰	139.2‰	128.0‰	Tending towards variation (negative)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group	1.44	0.72	0.59	Variation (negative)

Indicator	Practice	SICBL average	England average	England comparison
Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) <small>(NHSBSA)</small>				
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) <small>(NHSBSA)</small>	5.8‰	7.4‰	6.8‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Not inspected
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Not inspected
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Not inspected
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.	Not inspected
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
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
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. ²	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Not inspected
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Not inspected
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Not inspected
For remote or online prescribing there were effective protocols for verifying patient identity.	Not inspected
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.	Not inspected
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Not inspected
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Not inspected

Medicines management

Y/N/Partial

Explanation of any answers and additional evidence, including from clinical searches.

At the last inspection on 13 April 2022, we found:

- The provider was unable to demonstrate that patients prescribed high-risk medicines received necessary monitoring.
- Clear rationale was not always documented in patient records for continuing to prescribe high risk medicines.
- The practice did not have effective systems to review new patients' medicines in a timely way after registering with the practice.
- The practice did not have effective systems for the appropriate and safe use of medicines, including medicines optimisation.

During this inspection we found:

- Prescribing of hypnotics was now in line with national guidance and promoted safe practice.
- We reviewed a sample of 12 patient records and found all of the patients who were prescribed combinations of opiates and pregabalin (medicines given for severe pain relief) in conjunction with benzodiazepines and Z sleeping tablets (medicines given to slow down the body and brain's functions to help with anxiety and insomnia) had been reviewed.
- The content of clinical records was improved, providing a clear history and rationale for any treatment decisions including prescribed medicines. Records sampled documented evidence of discussion with each patient about associated risks and where appropriate, a reduction plan was in progress. We saw examples of active review and reduction in prescribing to reduce associated risks that promoted patient safety.
- The practice had improved oversight of prescribing for long-term conditions to ensure patients received necessary monitoring and prescribed medicines remained appropriate. We sampled the records of five patients diagnosed with asthma who were prescribed medicines to manage their condition. All had appropriate recalls for monitoring and had their care and treatment reviewed. Standard templates were now used to record reviews of patients with long-term conditions to ensure they were receiving preventative treatments in line with their needs. These templates had prompts to ensure prescribing was consistent and safe for patients.
- The provider told us clinical record systems were now improved to identify diagnoses and also introduced new monitoring processes, with recalls around the date of patient's birth. Coding (the process of applying a code to facilitate searches of patient groups for effective monitoring) had been enhanced with, for example, coding of 'pre-diabetes' and annual blood monitoring of these patients.

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> NHS Devon confirmed they had seen a trajectory of improvement at the practice in regard to safe prescribing and documented monitoring of patients with long-term conditions. 	

Effective

Rating: Not rated

QOF requirements were modified by NHS England for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

At the last inspection in April 2022, we rated the practice as requires improvement for providing effective services because:

- Patient's needs were not always assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance.

At this inspection, we found:

- The practice was now able to evidence that all patients diagnosed with long-term conditions had received a review to ensure treatment continued to meet their needs.
- There was timely review and updating of patients treatment and/or appropriate referral pathways particularly for patients with complex mental health needs and dependence on sedative inducing medicines.
- Improved documentation in patient records providing evidence of rationale and agreed treatment plans, for example to reduce doses of medicines.

Effective needs assessment, care and treatment

Patients' needs were now always assessed, and care and treatment was always delivered in line with current legislation, standards and evidence-based guidance.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes

Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection in April 2022, in searches conducted we found some gaps in the timely review and updating of patients treatment and/or appropriate referral pathways particularly for patients with complex mental health needs and dependence on sedative inducing medicines.</p> <p>We found gaps in the timely review of patients treatment and/or appropriate referral pathways particularly for patients with complex mental health needs and dependence on sedative inducing medicines.</p> <p>At this inspection in searches conducted we found improved systems, care and treatment patient pathways:</p> <ul style="list-style-type: none"> • There was timely review and updating of patients treatment and/or appropriate referral pathways particularly for patients with complex mental health needs and dependence on sedative inducing medicines. The practice had assessed the physical health of people with mental illness, severe mental illness, and personality disorder with all of the patients. We sampled 11 patient records and saw dose reduction plans or limits set for the patient to the maximum prescribed doses of medicines used to treat severe pain or poor sleeping patterns. Clear rationale for treatment decisions was recorded in patient records. • The practice now had embedded systems to demonstrate how they identified patients with commonly undiagnosed conditions. We sampled five patient records and found appropriate coding (a code that is used for any patients fitting the criteria of a search, for example undiagnosed diabetes) had been applied facilitating recall of these patients. Records showed all of the patients were being monitored. • The practice now had effective systems to review patients who had attended hospital or out of hours services due to an exacerbation of asthma. We sampled five patient records and found all of the patients were reviewed in a timely way after an exacerbation of asthma. • Patients with asthma were offered an asthma management plan. 	

Well-led

Rating: Not rated

At the last inspection in April 2022, we rated Well Led as Requires Improvement because we found:

- Processes for managing risks, issues and performance were not fully embedded. They did not provide assurance that all risks were mitigated as far as reasonably practicable.

At this inspection, we found improvement in those areas and assurance that the warning notice issued had been complied with:

- Processes for managing risks, issues and performance were now improved and fully embedded. Actions taken provided assurance that all risks were mitigated as far as reasonably practicable.

Managing risks, issues and performance

There were now improved 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 quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Not inspected
Staff were trained in preparation for major incidents.	Not inspected
When considering service developments or changes, the impact on quality and sustainability was assessed.	Not inspected
Explanation of any answers and additional evidence:	
At the last inspection in April 2022, we found gaps in regard to systems and processes. Specifically, those providing assurance of assessment of risks to the health and safety of service users and doing all that is reasonably practicable to mitigate any such risks.	
We issued a warning notice in May 2022 highlighting concerns in regard to:	
<ul style="list-style-type: none">There was no recorded indication or limited documentation in clinical records where polypharmacy (prescribing of multiple medicines to a patient) presented significant risks.There was little evidence that prescribing patterns were actively reviewed and led to improved health, well-being or reduced risks for patients.Some patients had no evidence of review or recall ensuring they were receiving preventative treatments in line with their needs, for example not all patients who had experienced an acute exacerbation of asthma had been prioritised for review.	

- The provider did not have effective systems to review new patients medicines immediately after registering with the practice.

The provider sent us an action plan, covering a number of areas including actions to address the concerns highlighted in the warning notice. We had regular meetings with the provider and NHS Devon to monitor progress with the action plan.

At this inspection we found:

- There were now embedded systems and processes to assess the risks to the health and safety of service users of receiving care or treatment and the practice were undertaking all that was reasonably practicable to mitigate any identified risks.
- Documentation in clinical records where polypharmacy presented significant risks was improved.
- Prescribing patterns had been actively reviewed to reduce risks and improve the health, well-being of patients.
- Patient recall and reviews now ensured patients were receiving preventative treatments in line with their needs, for example we sampled patients who had experienced an acute exacerbation of asthma and all had been prioritised and reviewed.
- A new patient record system and additional tools were now being used improving the effectiveness of searches, for example to identify any patients with a potential missed diagnosis of diabetes.
- The provider now had an effective system to review new patients medicines immediately after registering with the practice.

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
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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.