

Care Quality Commission

Inspection Evidence Table

Bacon Road Medical Centre (1-572313749)

Inspection date: 26 October 2022

Date of data download: 12 October 2022

Overall rating: Not rated

We previously carried out an announced comprehensive inspection at the practice on 24 August 2022. The practice was rated as inadequate overall and placed into special measures. As a result of the concerns identified, we issued a warning notice on 30 August 2022 in relation to a breach of Regulation 12 Safe Care and Treatment. This review on 26 October 2022 was carried out to assess compliance with the breaches of regulation identified in the warning notice only.

Safe

Inspected but not rated

Following our previous inspection on 24 August 2022, the practice was rated as Inadequate for providing safe services and we issued a warning notice because the registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.

- We found the practice did not have a recruitment process in place which ensured staff had been recruited safely.
- We found the practice did not have oversight of the immunisation status of staff.
- We found the practice used some risk assessments to manage the health, safety and welfare of patients and staff but these had not all been monitored or used effectively.
- We found the practice's system for managing patient and medicines safety alerts did not ensure medicines were prescribed safely.
- We found the practice did not evidence that all patients had received a structured and comprehensive medicines review. We saw that reviews had been coded on the clinical system but there was no evidence in the clinical records of a structured medicines review or consultation with the patient.
- We reviewed patient consultation records and found discrepancies with the coding of medical records.

At this inspection, we found the provider had started to action these risks but had not yet fully addressed them.

Safety systems and processes

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

Recruitment systems	Y/N/Partial
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Partial ¹
<p>Explanation of any answers and additional evidence:</p> <p>1. At the inspection of August 2022, the practice was unable to evidence they had oversight of staff vaccinations status.</p> <p>At this inspection the practice provided evidence of requests they had sent to staff members requesting them to upload their vaccination history. This request was sent via email and through the practice's online system. A weekly reminder system was set up for staff and the practice assessed staff records as they were obtained. The practice was yet to gain all staff members vaccination history. The practice updated their recruitment policy to ensure upon recruitment vaccination history was obtained from all new starters.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were in progress of being met.

	Y/N/Partial
Infection prevention and control audits were carried out.	Yes ¹
Date of last infection prevention and control audit:	
The practice had acted on any issues identified in infection prevention and control audits.	Partial ²
<p>Explanation of any answers and additional evidence:</p> <p>1,2 At the inspection of August 2022, the practice was unable to evidence an infection prevention and control (IPC) audit, therefore, were unable to identify any risks in the practice that may cause harm to patients or staff. We found Control of Substances Hazardous to Health (COSHH) documents were unclear as to which products were being used in the practice and whether the information was regularly reviewed and updated. At this inspection the practice evidenced a completed audit on 7 October 2022 which was completed with the support from the Norfolk and Waveney Integrated Care Board. The practice had arranged a meeting for 31 October 2022 to discuss the audit and create an action plan to address areas identified. This meeting had not yet taken place during the time of inspection and most concerns identified were yet to be addressed. The practice had started on some actions, for example, removing red tape from the flooring and removing cracked seating from the waiting room. These new systems for continuing audits were yet to be implemented and embedded into good practice. The</p>	

practice had a meeting scheduled for 1 November 2022 to discuss COSHH documents and safety data sheets with the cleaning company.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Partial ¹
Explanation of any answers and additional evidence:	
<p>1. The practice has addressed the staff shortages by recruiting a secretary, and continuing to recruit more staff such as health care assistants. However, the practice still had a backlog of work for example, summarising and electronic tasks which they were seeking further support with from the Integrated Care Board (ICB).</p>	

Information to deliver safe care and treatment

Staff 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
There was a system for processing information relating to new patients including the summarising of new patient notes.	Partial ²
Explanation of any answers and additional evidence:	
<p>1. At the inspection of August 2022, we found inconsistencies in the quality of record keeping and coding for medical records. For example, not all medicines reviews contained sufficient detail to be assured that all medicines had been considered, yet had been coded as medicines review completed. At this inspection we reviewed five patient records and found three medicine reviews were thorough and contained sufficient detail. Two patient records reviewed showed a medication review code but not all medicines were taking into consideration. The practice leaders told us they carried out random spot checks on medicine reviews and shared findings in clinical meetings to drive improvements.</p> <p>2. At the inspection of August 2022, we found a backlog of 277 sets of patient medical records to be fully summarised. We also found 292 electronic tasks with the earliest dating back to May 2022, This was a centralised system shared with another practice registered under the same provider. At this inspection we found the practice had recruited a new staff member who was undergoing training for this role. The practice was in discussion with the Integrated Care Board (ICB) to gain further support to help reduce the backlogs. The practice was in the process of filing all notes waiting to be summarised in date received and alphabetical order to allow for ease of access. The practice tasks had increased to 311. The practice leaders told us they were aware of the high number of tasks and were recruiting new staff members to manage workload, they had also changed work priorities to focus on this area.</p>	

Appropriate and safe use of medicines

The practice had some systems 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.	Partial ¹
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.	Partial ²
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes ³
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 ⁴
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>1. At the inspection of August 2022, the practice did not evidence that there was a clear and effective system to ensure patients on repeat medicines were reviewed and all medicines they were taking had been considered. We found examples of medical records where a medication review code had been added indicating a review had been undertaken but the review did not include all medicines or that a discussion had been undertaken with the patient where appropriate.</p> <p>At this inspection we reviewed five patient records and found three medicine reviews were thorough and contained sufficient detail. Two patient records reviewed showed a medication review code but not all medicines were taking into consideration. The practice leaders told us they undertake random spot checks on completed medicine reviews and shared the findings in clinical meetings to drive improvements.</p> <p>2. At the inspection of August 2022, we undertook clinical searches relating to medicines that required monitoring and review. We looked at the systems for managing patients prescribed direct oral anticoagulant medicines (DOACs). These patients required some blood tests, physical monitoring and a calculation (creatinine clearance) to ensure the correct dose is prescribed. Over or under prescribing of these medicines can have an adverse effect and place the patient at risk. We identified 18 patients that were prescribed a DOAC who had not had the required monitoring. We reviewed five of these patients and found in four records there was no evidence that the prescriber had checked the monitoring was up to date prior to issuing a prescription.</p> <p>At this inspection we reviewed five patients that were prescribed a DOAC and found all had creatine clearance, however three out of five patients reviewed did not have up to date monitoring. The practice told us they had planned monthly searches and recalls were set up to ensure patients would be monitored appropriately. Upon prescribing the practice had created a task on their system to remind</p>	

them of appropriate requirements needed for prescribing. These new systems were yet to be implemented and embedded into good practice.

3. At the inspection of August 2022, we identified areas of risk relating to controlled drugs prescribing. The practice did not have a system in place to prevent over ordering and did not meet the legal requirement for controlled drug prescribing. We looked at five out of the 17 patients prescribed Gabapentinoids who did not have a medicines review in the last 12 months and found that all five patients had not had a review in the past 12 months. One patient had not had a review coded so we couldn't be assured of their last review. We found that for two of these patients, the dosage and instructions did not meet the legal requirements for prescribing of a schedule 3 controlled drug. One patient whose review had not been coded had been over prescribed schedule 3 controlled drugs.

At this inspection we identified 16 patients who had not had a review within the last 12 months that were prescribed Gabapentinoids, we reviewed five patient records and found no evidence of over ordering, however all five patients were due a medicines review. The practice leaders told us this was still in progress and batch reports were set up to identify patients who had not had a review and if no engagement from the patient, the practice would review and consider reducing the medicines prescribed.

At the inspection of August 2022, we identified 125 patients who had been prescribed 10 or more prescriptions for benzodiazepines or 'Z' drugs and not had a review within the past 12 months. We reviewed three records and found all three patients at risk of harm. During the time we were undertaking the review of the records the practice added a code to indicate all patients had received a medicine review on that date when they had not received a review, but had instead received a leaflet giving advice on healthy sleeping. Therefore, we were not able to review any other patients from this search to be assured they had a medicine review in the last 12 months.

At this inspection we identified 79 patients prescribed 10 or more prescriptions for benzodiazepines or 'Z' drugs and not had a review within the past 12 months. We reviewed five patient records and found no over ordering of medicines by patients, however, we found one patient at risk of harm due to the combination of medicines they were taking and lack of recent medicines review. The practice took immediate action to contact this patient.

4. At the inspection of August 2022, we found the practice held appropriate emergency medicines, however, the system in place to monitor expiry date was not wholly effective as we found glucagon (used in a diabetic emergency) expired June 2022. At this inspection the practice had appropriate emergency medicines in place and had updated their policy, the practice told us they carried out weekly checks of emergency medicines and leaders undertook monthly checks for managerial oversight.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes ¹
Staff understood how to deal with alerts.	Partial ²
<p>Explanation of any answers and additional evidence:</p> <p>1,2 At the inspection of August 2022, the practice told us safety alerts were received via email and an online system. They were then actioned by a clinical pharmacist and a dispensary lead who alerted staff via an online system where acknowledgement is requested, they then conducted searches, taking appropriate action. The alerts were also discussed at clinical meetings.</p> <p>At the inspection of August 2022, we reviewed safety alerts that may affect patients. An alert we looked at related to the patients age and the increased risk of taking a specific medicine. We identified three patients affected by this alert and reviewed all three patient records and found a medicines review had been coded but, in all records, there was no evidence of structured medicines reviews where all risks had been considered and discussed with the patients annually.</p> <p>At this inspection we looked at an alert relating to a risk of medicine prescribed to pregnant patients. We identified 24 patients and reviewed five patient records. We found all five patients had received a text to contact the practice to discuss the risks of the medicine they were taking. In three patient records we could not see evidence of the patients being informed of the risk. The systems and process needed further embedding to ensure they are effective.</p>	

Effective

Inspected but not rated

Following our previous inspection on 24 August 2022, the practice was rated as Inadequate for providing effective services and we issued a warning notice because the registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.

- Patients' needs were not always assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance.
- Patients with long term conditions had not been proactively monitored.
- We found examples where clinical coding was missing from patient records or the clinical coding applied was not wholly accurate. The poor-quality coding of patient records meant that patients' needs were not always identified and therefore they were not always given appropriate or necessary care and treatment.
- The practice failed to have an effective system in place for recalling, monitoring or treating patients with asthma and diabetes. This did not ensure these patients received the appropriate care to meet their needs.

At this inspection, we found the provider had started to action these risks but had not yet fully addressed them.

QOF requirements were modified by NHS England and Improvement 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.

Effective needs assessment, care and treatment

Patients' needs were not always assessed, and care and treatment were not always 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.	Partial ¹
Patients' treatment was regularly reviewed and updated.	Partial ²
Explanation of any answers and additional evidence: 1. At the inspection of August 2022, we reviewed records of five patients on the asthma register and we found in all five records there was no evidence of an asthma care plan. We also reviewed records	

of five patients with dementia. We examined five patient records and found that three of the five patient records had no dementia care plan in place. During the clinical searches we found inconsistent coding in medical records and medicines had not been linked to conditions. Therefore, we could not be assured that the practice had effective systems in place to assess the needs of their patients.

At this inspection we reviewed the five dementia care plans completed since our last inspection, we found a completed care plan with good documentation. However, we found no evidence of documentation or discussion relation to Respect and do not attempt cardiopulmonary resuscitation (DNACPR) forms on the system. The practice leaders told us all forms should be uploaded onto the system as the practice policy states. The systems and process needed further embedding to ensure they would be sustained. We found a consistent approach to coding with medicines linked to conditions throughout our review of patient records.

2. At the inspection of August 2022, we identified ineffective medicines reviews due to inconsistent coding and the poor linking of medicines to conditions. There was insufficient detail to be assured all medicines had been assessed and the patients ongoing needs had been managed safely.

At this inspection we reviewed five patient records and found three medicines reviews were thorough and contained sufficient detail. Two patient records reviewed showed a medication review code but not all medicines were taking into consideration. The practice leaders told us they undertook random spot checks of the quality of medicine reviews and shared the findings in clinical meetings with staff to drive and sustain improvements.

Effective care for the practice population

Management of people with long term conditions

Findings

- At the inspection of August 2022, we found not all patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. At this inspection we found most patients with long-term conditions were offered a structured review.
- At the inspection of August 2022, our clinical searches identified 32 patients with diabetic retinopathy who's latest HbA1c (test measures the amount of blood sugar (glucose) attached to your hemoglobin) was greater than 74mmol/l. We reviewed five patient records and found in all five were at risk of harm. We found all patients had not had an annual review in the last 12 months, and that all five patients were coded as having received a medicine review but no evidence that all medicines had been considered.

At this inspection our clinical searches identified 28 patients with diabetic retinopathy who's latest HbA1c (test measures the amount of blood sugar (glucose) attached to your hemoglobin) was greater than 74mmol/l. We reviewed five patient records and found all patients were booked for a review and had the required monitoring.

- At the inspection of August 2022, we did not see evidence to show that patients with asthma were offered an asthma management plan. At this inspection we found improvements in reviews for asthmatic patients, however, five patient records we reviewed we found that two out of five patients had not received an asthma care plan. The practice told us the actions they had taken which included writing new protocols for steroid packs, following up patients after out of hours visits,

asthma reviews following point of treatment, reports to monitor exacerbations to ensure patients are followed up every two weeks. The practice had set a respiratory task group which was monitored daily to ensure work was being completed. During the remote searches we found evidence of two patients who had appointments booked for a follow up after steroid prescribing, however the system and process needed further embedding and monitoring to ensure they are sustained.

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient’s mental capacity to make a decision.	Yes ¹
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> At the inspection of August 2022, we reviewed five patient records with a diagnosis of dementia. In four cases there was no evidence of a historic review or mental capacity assessment. At this inspection we reviewed five patient records for dementia reviews and found capacity was recorded in all five cases. 	

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.