

# Care Quality Commission

## Inspection Evidence Table

### Beaumont Leys Health Centre (1-2822986071)

Inspection date: 21<sup>st</sup> April, 28<sup>th</sup> April and 4 May 2021

Date of data download: 20 April 2021

## Overall rating: Good

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

## Safe Rating: Requires Improvement

At the inspection on 30<sup>th</sup> October 2019 we rated the practice as requires improvement for providing safe services because:

- The chaperone procedure did not indicate that staff should position themselves where they can see the patient and what the nurse or doctor was doing.
- Staff recruitment practices were not consistently followed and there were gaps in the staff recruitment documents available in staff files.
- There was a lack of records to demonstrate that the provider had ensured that all staff were up to date with immunisations relevant to their role.

At this inspection we rated the practice as Requires Improvement for Safe services because:

- A system was now in place for staff recruitment and retention
- Records were now kept in regard to staff immunisations
- Chaperone policy was in place which gave guidance to staff.
- We found that the management team continued to liaise and work closely with Leicestershire Partnership Trust to ensure health and safety issues identified were followed up and acted on in a timely manner where possible. However, there were still a number of actions that had been outstanding for two to three years that still needed to be addressed.

At this inspection the practice remained Good overall for providing Effective Services and we rated the population group of Families, Children and Young People as Good because:

- Improvements had been made to childhood immunisation uptake, but further work was required.

At this inspection the population group of Working Age People (including those recently retired and students) remained Requires Improvement because:

- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period was below 70% and below the national target of 80%.
- Improvements had been made so that people were able to access care and treatment in a timely way.

## Safety systems and processes

**The practice had 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
<p>Explanation of any answers and additional evidence:</p> <p>We saw records that demonstrated that since the last inspection the practice had improved their recruitment processes. Recruitment processes were still centralised at Spirit Healthcare Head office. A recruitment guide had been put in place along with an employee documentation pack which gave guidance to managers on what documents were required.</p> <p>The practice ensured that their recruitment and selection procedures had the appropriate checks in place, along with current registration with a professional regulator where appropriate. Disclosure and Barring Service (DBS) checks were completed. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they have contact with children or adults who may be vulnerable). Non-clinical staff who undertook chaperone roles had DBS checks completed and had received chaperone training. A chaperone policy was in place.</p> <p>We saw evidence in place which contained all staff information relevant to recruitment and staff immunisations relevant to their role. They had also carried out risk assessments where historic information was missing from staff files, for example, staff references, curriculum vitae, interview questions.</p> <p>As this was a desktop review, we were not able to check individual staff files.</p>	

Safety systems and records	Y/N/Partial
Actions from fire risk assessment were identified and completed.	Partial <sup>1</sup>
<p>Explanation of any answers and additional evidence:</p> <p>1. At this inspection the Care Quality Commission asked for an update on the Health and Safety Action Plan viewed in October 2019 in regard to actions from the fire risk assessment carried out</p>	

in 2017. Leicestershire Partnership Trust (LPT) owned the property and were responsible for the safe maintenance of the premises. Issues had been identified in 2015 fire risk assessment and again in 2017 with regard to the fire doors. Recommendations had been made to upgrade fire doors to have automatic closers and intumescent strips. This work was still identified as outstanding on the action plan. We were sent evidence that a further workplace fire risk assessment had been carried out on 18 August 2020. Four actions had been identified, of which, two had been completed. Outstanding actions were the Electrical Installation Condition Report (EICR) and the upgrade of the fire doors.

The practice manager sent evidence of correspondence that showed the practice had made which showed considerable efforts to follow up the issues identified. However, there was still a lack or delay getting this action completed. The provider's facilities team also maintained contact with LPT to ensure that immediate action was taken to act on issues that presented an immediate risk to patients.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out.	Partial <sup>1</sup>
Health and safety risk assessments had been carried out and appropriate actions taken.	Partial <sup>1</sup>

Explanation of any answers and additional evidence:

- At this inspection the Care Quality Commission asked for an update on the Health and Safety Action Plan viewed in October 2019. Leicestershire Partnership Trust (LPT) owned the property and the relevant health and safety checks were initiated and carried out by them. At the time of the inspection there was no confirmed date for the electrical installation condition report (EICR) which was last completed in June 2015. At this inspection the EICR was still outstanding. Correspondence we reviewed showed that this had been put on hold due to the Covid pandemic and would be rescheduled. No new date had been confirmed at the time of this report being written  
 Weekly health and safety checks were carried out by the practice to continue to ensure that the premises were safe.  
 A risk assessment and water hygiene report dated 16 November 2012 had been reviewed in September 2016. A list of actions had been identified but there was no evidence that these had been completed. At the time of this inspection no new date had been identified by LPT for a new risk assessment to be carried out. The management team had been in contact with LPT on a quarterly basis to ask for a confirmed date, but at the time of the inspection no date had been confirmed. Water sample testing was carried out by an external contractor on a monthly basis.

## Infection prevention and control

### Responding to Covid 19 Pandemic

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Risk assessments had been carried out in relation to Covid 19	Yes
<p>Explanation of any answers and additional evidence:</p> <p>From the information reviewed at this desk top inspection we saw that the practice had continued to maintain services during Covid 19 and had reviewed its ways of working to respond to the pandemic.</p> <p>Standard Infection Control measures were in place to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection.</p> <p>Covid 19 and infection prevention and control were regularly discussed at provider level to ensure that resources were in place to implement and measure adherence to good IPC practice.</p>	

# Effective

# Rating: Good

Families, children and young people

Population group rating: Good

## Findings

- The practice had continued to carry out child immunisation throughout lockdown. The locality immunisations team supported the practice on clinic days to ensure continuity maintained and parents were encouraged to bring their children and they used the Covid outbreak as key rationale for parents to support vaccination programme. Attendance increased by 1.1% but further work was required.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- A protocol was in place for childhood immunisations, but we found it was not dated and did not have a version control.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)	75	87	86.2%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	127	144	88.2%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	128	144	88.9%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	125	144	86.8%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	76	128	59.4%	Below 80% uptake

## Any additional evidence or comments

The practice provided us with unvalidated data regarding their childhood immunisation rates for the year 1 April 2020 to February 2021. The data was sourced from Leicestershire Partnership NHS Trust, the NHS body responsible for administering the program and collecting the data.

- The practice had met the minimum 90% for two of five childhood immunisation uptake indicators.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/20 to 31/03/2021) (NHS England)	103	96	93.2%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England)	88	83	94.3%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England)	88	76	86.4%%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England)	88	75	85,2%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England)	107	73	68.2%	Below 90% minimum

- The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) had improved to 93.2% which was an improvement from 92.6% since the last inspection.
- The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) had improved to 94.3% which was an improvement from 83.6% since the last inspection.

- The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) had deteriorated to 86.4% which was an improvement from 83.6% since the last inspection.
- The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) was 85.2% which was an improvement from 82.8% from the last inspection.
- The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) was 68.2%. This immunisation data was not part of the information requested at the last inspection.

**Working age people (including those recently retired and students)**

**Population group rating: Requires Improvement**

**Findings**

At the inspection in October 2019 the practice was rated as requires improvement for working age people (including those recently retired and students) due to their cervical screening uptake over previous year being 65.3% and below the 70% national uptake.

At this inspection we found that the uptake rate was 64.5% and lower than the last inspection and was still below 70% and 80% England target. The management team told us that despite doing fewer smears in 2020/2021 due to covid lockdown – the attendance rate has improved from 71% in 19/20 to 83 % in 20/21.

The practice was aware that the cervical screening uptake rate was below the national average and opportunistic screening took place and a pop-up icon was in place on the patients record to highlight to reception staff that an appointment was required. They had continued to offer this service during Covid19 and made every effort to encourage patients to attend for an appointment. Cervical screening events were organised across Spirit Healthcare Limited GP practices. Women were offered flexible appointments to fit around their schedules. There was a cervical smear protocol in place, but it was not dated and did not have a version control

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 30/09/2020) (Public Health England)	64.5%	N/A	80% Target	Below 70% uptake

## Timely access to the service

### People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>After the last inspection the provider had told us that following concerns from patients about telephone access and poor communication the provider, they had introduced a system to record calls so that the quality of calls could be monitored. They had also introduced an appointment cancellation line which enabled patients to leave a message rather than wait for someone to answer the phone. This put appointments back into the system in a timely manner resulting in a reduction of patients who did not attend (DNA) appointments and an improvement in patient feedback.</p> <p>In March 2021 an external company carried out a review of calls to the practice in regard to the four locations registered under Spirit Healthcare. Within this data was a monthly summary on calls missed and calls answered. Telephone calls were monitored daily / weekly and staffing reviewed in line with hot spots. Requirement for minimum resource identified by using the data.</p>	



## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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](#) ).
- ‰ = per thousand.