

Care Quality Commission

Inspection Evidence Table

Newington Road Surgery Limited (1-484473397)

Inspection date: 21 May 2019

Date of data download: 15 May 2019

Overall rating: add overall rating here

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Well-led

Rating: Not rated

Leadership capacity and capability

Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	No
They had identified the actions necessary to address these challenges.	No
There was a leadership development programme, including a succession plan.	No
Explanation of any answers and additional evidence: The practice had three registered partners, two GP partners provided clinical sessions at the practice. It was the intention of the practice to revert to two GP partners. The lead GP explained how the practice wished to diversify their clinical team to reduce pressure on the GP partners. The GPs reported difficulty taking leave. The lead GP told us they had recruited five new staff members, who were learning their roles and responsibilities and needed time to develop their confidence and operate effectively within the team. The practice had no succession plan in place but was aware of the importance of staff taking time off for their well-being and to operate a sustainable service.	

Vision and strategy

The practice was committed to providing high quality sustainable care but did not have an effective system in place to demonstrate assurance.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	No

The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	No
Explanation of any answers and additional evidence: The practice understood that their new administrative management team staff would need time to learn and develop within their roles. Whilst staff understood and were committed to providing good quality accessible care, there were few established systems in place to demonstrate assurance. For example, additional governance checks on the actioning of medicine alerts. We reviewed meeting minutes of staff and the clinical team. All lacked detail of discussion and did not demonstrate progress being monitored. For example, no actions were raised, appointed owners or followed up on to show completion of work streams.	

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	No
Staff were clear about their roles and responsibilities.	Partial
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: At the previous inspection in January 2019 the practice was found to require improvement in the following areas; <ul style="list-style-type: none"> Evidencing their governance arrangements, in respect of clinical audits, following up on children who failed to attend appointments and oversight of medicine safety alerts. To strengthen their identification and embedding of learning through complaints and significant incidents. Improve communication and better joint working amongst the management team. The practice had introduced a series of meetings. However, documents showed some were held infrequently whilst others were ineffective and not sufficiently embedded. The last meeting held with the nursing team was in January 2019. The next was scheduled for June 2019. However, the practice had introduced morning meetings at 11.30 every day between the clinical team and the practising partners. These meetings had a set agenda and reviewed the meeting minute entries. The records did not include who was in attendance and there was a lack of narrative. Safeguarding concerns had been reported during this period but had not been detailed for discussion. We also found a medicine alert noted for discussion, but no searches of the clinical system had been conducted to confirm patients were not potential affected. No actions had been documented from the discussions. We found the practice had followed their non-attendance policy for children who failed to attend primary and secondary care appointment, but it did not account for when disclosures of sexual or physical abuse were made. Furthermore, it did not include concerns being overseen by the lead GP for safeguarding. Consequently, we found no evidence of oversight by the lead GP for safeguarding. A search of one child's record showed that the child had disengaged from services but had a medical condition that	

required regular monitoring placing them at risk. The practice had not contacted the child, guardian or escalated the issue for the attention of the safeguarding lead within the practice or externally.

We checked the practice significant event folder, there were three recorded incidents relating to staff injury, the collapse of a patient and an insecure clinical room. We reviewed the management of the collapsed patient. A review had been conducted and actions identified. However, the documentation did not state who had reviewed the incident and we found no details of who owned the decisions or confirmation that the actions had been addressed. The practice had followed some of the recommendations made, purchasing thermal blankets and pillows to assist them to respond to a casualty. However, we found these were kept in a clinical room and not accessible to all staff. This was brought to the attention of the practice manager who agreed to ensure the items were available to all staff.

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	No
There were processes to manage performance.	No
There was a systematic programme of clinical and internal audit.	No
There were effective arrangements for identifying, managing and mitigating risks.	No
When considering service developments or changes, the impact on quality and sustainability was assessed.	No
Explanation of any answers and additional evidence:	
<p>We found insufficient systems established and operating effectively to identify, manage and mitigate risks to patients some of which were vulnerable due to their age and health conditions.</p> <p>We reviewed the practices policy for children who failed to attend appointments with primary and secondary care. We reviewed patient records for two families where the children were identified as being at risk or in need. We found that the practice had not followed up on children or vulnerable young people who failed to attend appointments. Whilst patients who had not attended appointments were brought to the attention of their named GP. We found the clinician had not reviewed the patient record or identified the risks to the patient from their failure to engage with health monitoring placing them at risk of harm. We found another entry on a patient record, disclosing that their child may be sexually active despite being underage of legal consent. This was not followed up from a health or safeguarding perspective and not brought to the attention of the safeguarding lead.</p> <p>We found poor governance systems operating to ensure the safe management of medicines. The inspection team reviewed the practices management of medicine alerts. A search of the patient record system identified six patients who were being prescribed a mental health medicine that has potentially harmful effects for an unborn child. We checked four patient records and saw none of the patients had been informed of the risks of the medication or had been referred to a neurologist, for a risk assessment, as required.</p>	

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Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	No
Performance information was used to hold staff and management to account.	No
Our inspection indicated that information was accurate, valid, reliable and timely.	No
There were effective arrangements for identifying, managing and mitigating risks.	No
Explanation of any answers and additional evidence:	
<p>The practice was not actively interrogating their data systems to monitor performance and assure themselves of the quality of the service. The inspection team specifically looked at how the practice followed up on children who failed to attend appointments with primary and secondary care and how they managed medicine alerts. We found that there was a reliance on the professionalism of individuals. Whilst individual clinicians held a wealth of knowledge about their patients this was not reflected within documentation. For example, we found the practices registers for children in need and those at risk were not accurate. We found a deceased child was still shown on the register and children flagged as at risk absent from the register despite their brothers and sisters being named. The practice did not regularly liaise with Kent Social Services to confirm the accuracy of their register or identify and alert them to potential discrepancies with their records in order to keep the children safe.</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)	≤ -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.

- 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.

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>

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 considering the types of people who will be receiving that treatment.