

# Care Quality Commission

## Inspection Evidence Table

### Lakeside Healthcare at Stamford (1-6017886696)

Inspection date: 22<sup>nd</sup> August 2019

Date of data download: 22 August 2019

## Overall rating: Good

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

## Safe

## Rating: Good

At our previous inspection on 28 November 2018 we rated the practice as requires improvement for providing safe services as a number of areas required some improvement.

### Safety systems and processes

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
Explanation of any answers and additional evidence: <p>At the inspection on 28 November 2018 we found that there was no evidence held at the practice to show that pre-employment checks had been carried out. After the inspection, the provider told us evidence of pre-employment checks carried out by Lakeside Healthcare was held centrally have been added to personnel files held at site. All checks had been completed but were not included with the files when they were transferred from Corby to Stamford.</p> <ul style="list-style-type: none"><li>At this inspection we were told and was sent evidence that a new employee checklist was in place to ensure that each personnel file had the relevant documents and information were received, checked and the file was complete. These were then audited by the site management team to ensure there were no gaps. We looked at three staff file audits and found all the information required was in place.</li></ul> <p>At the inspection on 28 November 2018 we found that there was no system in place to ensure staff vaccination was maintained in line with current Public Health England (PHE) guidance. Staff vaccination status questionnaires have been completed by all patient facing staff at site. This information has been collated by the central HR team and where there are gaps, individuals have been invited to their local occupational health provider for vaccination. The local provider for Lakeside</p>	

Healthcare at Stamford is North West Anglia Foundation Trust. at Peterborough. After the inspection the practice told us that all new staff were referred to occupational health where immunisations records were checked and kept confidentially. However, the practice did not maintain full records of the immunisation status of staff to ensure staff received the immunisations that were appropriate their role.

- At this inspection we asked the practice about their employee immunisation programme and if they had records to confirm that staff were up to date with their immunisations. The management team told that staff who had gaps in their immunisation records were in the process of being contacted by the Human Resources team to arrange vaccinations with an occupational health provider. For those that did not have the immunisations the practice would then assume the staff member had opted out of this programme.

Safety systems and records	Y/N/Partial
A fire risk assessment had been completed. Date of completion: June 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:  At the inspection on 28 November 2018 we looked at the fire risk assessments for both The Sheepmarket Surgery and St Mary's Medical Centre. All actions identified for St Mary's Medical Centre had been completed. However, actions identified in April 2018 for The Sheepmarket Surgery had not all been completed. The practice told us these would be added to their risk register.	
<ul style="list-style-type: none"> <li>• At this inspection we were sent copies of fire risk assessments for both site which had been carried out by an external company in June 2019. Actions for both sites had been identified and the practice told us that they had all been completed. Going forward the external company would formally review both risk assessments on an annual basis.</li> </ul>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: Sheepmarket Surgery 26/11/18	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Sheepmarket Surgery 26/11/18. St Mary's Medical Centre was risk assessed March 2015 and reviewed April 2017.	Yes
Explanation of any answers and additional evidence:  At the inspection on 28 November 2018 we looked at the legionella risk assessments and water monitoring records at both sites. We found that St Mary's Medical Centre legionella risk assessment was dated 15/12/16, to be reviewed December 2018. The Sheepmarket Surgery legionella risk assessment was dated 16/03/17, review date March 2019. We found that water temperatures were out of range at both sites and no actions were recorded. The provider told us they have contacted the company contracted to carry out the tests and discussed this with them. The contractor advised that the thermostatic mixing valves had been adjusted while on site so no further action was required.	
<ul style="list-style-type: none"> <li>• At this inspection we reviewed water temperature monitoring charts for both St Mary's Medical Centre and The Sheepmarket Surgery. Temperature monitoring had been completed on a</li> </ul>	

monthly basis and the external company visited the practice every month to continue to provide support to the practice. However, records we reviewed since the last inspection showed that not all the rooms were monitored on a monthly basis. It was not clear what actions had been taken when the readings were below the recommended Health and Safety Executive guidance. The practice told us that they had commissioned a new external company to undertake legionella risk assessments and water temperature monitoring once the current contract expired. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings)

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: The Sheepmarket Surgery – April 2019 St Mary's Medical Centre – to be completed by the end of August 2019.	Yes
Explanation of any answers and additional evidence:  At the inspection on 28 November 2018 we looked at the infection control audits for both sites. We found that the audit for St Mary's Medical Centre need to be standardised. <ul style="list-style-type: none"> <li>At this inspection we were told and we were sent the revised templates for the audit paperwork for infection prevention and control. We saw it had now been standardised and would be used at both St Mary's Medical Centre and The Sheepmarket Surgery.</li> </ul>	

## Appropriate and safe use of medicines

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

Medicines management	Y/N/Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence: At the inspection on 28 November 2018 we found that St Mary's Medical Centre did not have	

Medicines management	Y/N/Partial
<p>secondary thermometers to ensure they remained safe and effective to use.</p> <ul style="list-style-type: none"> <li>At this inspection we were sent photographs of the secondary thermometers installed in the two refrigerators at St Mary's Medical Centre. Secondary thermometers were also installed in all the refrigerators at The Sheepmarket Surgery. Data from these thermometers were downloaded on a weekly basis.</li> </ul>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
Access to the dispensary was restricted to authorised staff only.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
<p>Explanation of any answers and other comments on dispensary services:</p> <p>At the inspection on 28 November 2018 we reviewed the dispensary services. At the Sheepmarket Surgery we found that medicines or needles were stored in some areas which were not locked. The provider told us they would look at improving security in these areas. Following the inspection, we saw evidence the practice was looking into practical ways to implement security improvements.</p> <ul style="list-style-type: none"> <li>At this inspection the practice told us that additional security for the dispensary had been agreed. Access to the dispensary was for authorised staff only and a lock had been added to the door to provide further security. On 7<sup>th</sup> September, further work would take place and a new door would be installed to provide further security to the dispensary and cupboards that held medicines would have key pad locks in place.</li> </ul> <p>At the inspection on 28 November 2018 we found there was no risk assessment for acute unsigned prescriptions or for the prescription's delivery service.</p> <ul style="list-style-type: none"> <li>At this inspection we were sent copies of the risk assessments completed February and June 2019 in relation to Acute unsigned prescriptions and the Prescriptions delivery service.</li> </ul>	

## Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes

Explanation of any answers and additional evidence:

At the inspection on 28 November 2018 we found that some staff had not received a yearly appraisal. Following the inspection, the practice provided a programme of appraisals which was due for completion by the end of December 2018.

- At this inspection we were told that all staff from both sites had now had an annual appraisal.

At the inspection on 28 November 2018 we found that there was no oversight of the clinical decision making of nurses who provided same day appointments.

- At this inspection we were told there was now a clinical oversight plan for clinical staff which included the nursing team and allied health professionals. A template developed on another Lakeside Healthcare Group location had been implemented to enable clinical oversight and supervision to be documented. Regular clinical oversight sessions with GP Partners were planned into the rotas of all clinical decision making nurses. These oversight sessions had been extended to other clinical staff, for example, health care assistants, who had practice nurses allocated to them as their mentors. A regular training programme of short lunch time learning modules for the entire nursing team had been created and evidence of this had been seen at an engagement meeting between the practice and the Care Quality Commission on 20 September 2019. Training sessions included contraception and emergency contraception, understanding blood values and antibiotic prescribing and the use of the Royal College of Physicians (RCGP) toolkit.

At the inspection on 28 November 2018 we found that the practice did not carry out audits of nurse prescribing.

- At this inspection we were sent evidence of a clinical audit in regard to nurse prescribing of antibiotics for the treatment of urinary tract infections (UTI's) which had taken place on 15 June 2019. Ten sets of patient notes were reviewed with the competency framework for all prescribers produced by The Royal Pharmaceutical Society. Eight sets of notes met the criteria in full with two further sets of notes suggesting discussion with a GP. The practice planned to introduce templates for UTI's and teaching sessions had been held in relation to antibiotic prescribing so they planned to reaudit in three months' time.

## 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.
- 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 taking into account the types of people who will be receiving that treatment.