Care Quality Commission

Inspection Evidence Table

The Surgery - Dr Mangwana and Partners (1-572889366)

Inspection date: 9 December 2019

Date of data download: 26 November 2019

This inspection was carried out to follow-up on Warning Notices issued to the practice at our previous inspection. We did not review the ratings awarded to this practice at this inspection.

Safe

When we previously inspected this practice (06/08/2019), we rated the service as inadequate for providing safe care. This was because:

- Safeguarding systems were not developed, implemented, and communicated to staff.
- Not all staff had received appropriate safeguarding training.
- The practice did not operate safe recruitment systems.
- Infection prevention and control systems were not operated safely in accordance with national guidance.
- The practice did not have a complete register of staff immunisations or certified immunity.
- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice did not have a fail-safe system to monitor delays in urgent referrals; patient safety alerts and cervical screening.
- The emergency medicines system did not have appropriate maintenance systems in place and did not contain commonly held medicines.
- National guidance regarding the management of vaccines and the cold chain was not adhered to.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y 1
There were policies covering adult and child safeguarding which were accessible to all staff.	Y 2
Partners and staff were trained to appropriate levels for their role.	Y 3
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y

Safeguarding	Y/N/Partial
There were systems to identify vulnerable patients on record.	Y 4
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y 5

1. The provider had made improvements to safeguarding processes and systems since our last inspection. For example, we saw evidence that concerns were discussed at practice meetings and relevant information was discussed appropriately with staff.
2. Safeguarding policies had been reviewed and updated in line with recent intercollegiate guidance.
3. We saw evidence that all staff had undertaken safeguarding training for children and vulnerable adults at the appropriate level in line with national guidance.
4. The provider could demonstrate they had appropriate arrangements in place, on their clinical IT system, to identify children and vulnerable adults. For example, pop-up alerts.
5. We reviewed evidence the provider had undertaken Disclosure and Barring Service (DBS) checks for all staff at the appropriate level.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y 1

1. The provider could demonstrate they operated a safe system regarding recruitment. For example, we aw that all staff files contained photo ID and evidence of regular checking of professional registrations for relevant staff.

Infection prevention and control

The provider had made some improvements to concerns regarding infection prevention and control (IPC).

	Y/N/Partial
The IPC lead had completed additional IPC training (specific knowledge acquisition). could demonstrate they had managed infection prevention and control effectively.	Partial 1
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial 2
The practice managed clinical waste safely and effectively.	Partial 3

1. The provider could demonstrate they had made some improvements to infection prevention and control (IPC) practices. For example, the IPC Lead had completed additional training in line with national guidance. However, we found some concerns, regarding infection prevention and control, remained regarding this.
2. The provider had made some improvements since the last inspection. However, they could not demonstrate, from practice records, that all staff had the required immunisations or certified immunity. We reviewed all staff vaccination records at this inspection to assess whether improvements had been made regarding this. We saw that some gaps remained. For example, two clinical staff and five non-clinical staff did not have their varicella status recorded. Following

the inspection, the provider submitted information regarding the immunisation and immunity status for all staff.
3. We saw evidence on the practice premises the provider had placed a lock on clinical waste bins. However, this was not tethered securely to ensure patients and members of the public were safe from the hazards of clinical waste.

Risks to patients

Gaps remained in practice systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
Comprehensive risk assessments were carried out for patients.	Partial 1
Risk management plans for patients were developed in line with national guidance.	Partial 2

1. We saw that patients were routinely recalled for health screenings and long term conditions reviews. However, the provider had not assured themselves and could not demonstrate that staff employed to carry out these activities had been appropriately trained.
2. We saw the practice nurse, who worked eight hours per week, provided ad hoc supervision for the healthcare assistant. The provider had not assured themselves that either member of staff had undergone appropriate training for the roles they carried out. The provider could not demonstrate evidence that clinical supervision was provided for these staff. Following the inspection, the provider has advised us that training has been booked regarding the practice nurse.

Information to deliver safe care and treatment

Staff had limited information to deliver safe care and treatment.

	Y/N/Partial
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals. Including 2ww and cervical screening	Partial 1 2

1. We reviewed the system and process the provider had in place regarding two-week wait urgent referrals. The provider had made some improvements to its system regarding two-week wait urgent referrals. However, we found evidence that two patients who had been not been included in the practice's system.
2. We reviewed the system and process the provider had in place regarding monitoring and management of female patients who had undertaken cervical screening. Although the provider had improved its system, we identified six patients who had not been included in the practice's safety netting system.

Appropriate and safe use of medicines

The practice had made some improvements to its systems for the appropriate and safe use of medicines, including medicines optimisation.

Medicines management	Y/N/Partial
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y 1
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial 2
There was a process for the safe handling of requests for repeat medicines	Y 3
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 4
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.	Y 5
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y6

1. The provider had improved their prescription safety since our previous inspection. For example, clinical rooms have had combination locks fitted, all prescriptions are locked away safely at the end of the day and serial numbers are logged in line with guidance.
2. We saw that Patient Group Directions (PGDs) were in place to enable the practice nurse to administer medicines. However, we found evidence that the provider did not have appropriate oversight regarding this. For example, we saw a healthcare assistant had signed a PGD regarding administering influenza vaccines to patients. This is not an appropriate authorisation for the administration of medicines by a healthcare assistant. Healthcare assistants must have patient specific directions (PSDs) in place to administer an influenza vaccine.
3. We saw the provider had made improvements to its prescriptions request and collection systems. For example, we did not see any prescriptions awaiting collection for longer than 4 weeks, for patients who are still issued paper prescriptions.
4. We found the provider had made improvements to their management of high risk medicines. However, we found evidence that six patients records had not been audited and included in the high-risk medicines management system.
5. We saw the practice had reviewed its emergency medicines kit and this was maintained in line with national guidance.
6. We saw evidence that vaccines were stored and monitored in line with PHE guidance. For example, we reviewed practice records since our last inspection and these were appropriate and in line with national guidance.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y 1
Staff understood how to deal with alerts.	Y 2

1. The provider had improved its system regarding patient safety alerts. They could demonstrate they had received the latest alerts, undertaken searches for patients who may be affected and how they had responded appropriately.
2. They could demonstrate this information was shared with all staff.

Effective

When we previously inspected this practice (06/08/2019), we rated the service as inadequate for providing effective care. This was because:

- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- The provider could not demonstrate they undertook regular appraisals and clinical supervision with staff.

Effective needs assessment, care and treatment

The provider could not demonstrate they had safe and effective safety netting of referral systems in place to ensure patient safety.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Partial 1
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N 2

1. The provider had not acted to assure themselves that the practice nurse and healthcare assistant had undertaken appropriate training and had been competency checked to undertake specific roles they carried out with patients.
2. The practice nurse undertook long term condition reviews for patients with chronic obstructive pulmonary disease (COPD) and asthma. They had undertaken training regarding this. However, they had not successfully passed the course and had continued to undertake reviews with patients. We are concerned regarding patient safety. Following the inspection, the provider told us they had

booked training for the practice nurse regarding COPD and asthma reviews. We will review the effectiveness of this at the next inspection.

Well-led

When we previously inspected this practice (06/08/2019), we rated the service as inadequate for providing well led care. This was because:

- Leaders did not understand the challenges to quality and sustainability.
- There was no credible strategy to achieve the vision.
- The overall governance arrangements were ineffective and confused at local level.
- The practice did not have clear and effective processes for managing risks.
- The practice did not always act on appropriate and accurate information.
- The practice did not have embedded systems and processes for learning or improvement.

Leadership capacity and capability

The provider had made some improvements. However, they could not demonstrate that they had the necessary capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial 1
They had identified the actions necessary to address these challenges.	Partial 2

1. The management team could not demonstrate they were fully aware of the challenges to delivering care within a contemporary primary care setting or that they had an action plan to address those challenges.
    - Leaders could not demonstrate the capacity to prioritise safety and quality improvement. Several systems and processes had been found to be unsafe and inadequate.

2. We found the provider had made some improvements and had implemented some actions. However, some concerns remain. For example:

    - The provider could demonstrate they operated a fail-safe system regarding patient safety alerts. For example, we found the provider had recorded all safety alerts and had taken appropriate documented completed actions regarding this.
    - The provider had a protocol in place to monitor and safely manage patients who had been prescribed high-risk medicines and had made improvements to its high-risk medicines management system . However, they had not safety netted all relevant patients in this regard. For example, we found three examples of patients who had been prescribed high-risk medicines and who had not undertaken regular blood monitoring.
    - The provider had a process and policy in place regarding a failsafe system for two-week wait urgent referrals. However, they had not safety netted all relevant patients in this

regard. For example, we found two examples of patients who had been referred via this system and who had not been followed up.

- The provider had made some improvements to its system regarding safety netting of cervical screening. However, they could not demonstrate they had a failsafe system in place to manage and monitor cervical smear screening and achievement levels were poor.
- Since the last inspection, the provider could not demonstrate they had assured themselves regarding the training and competency of the practice nurse and healthcare assistant.

Governance arrangements

The overall governance arrangements were limited and ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial 1
Staff were clear about their roles and responsibilities.	Partial 2

1. Since the previous inspection, we found the provider had made some improvements to its structures, processes and systems. For example, patient safety alerts, safeguarding, recruitment, significant events and prescribing of some high-risk medicines. However, we found some concerns regarding systems and processes to support good governance were not effective. For example, we found concerns around the management and monitoring of urgent two-week wait referrals, cervical smear screening and the prescribing of some high-risk medicines.

2. We found concerns regarding the training and competency of the practice nurse and healthcare assistant. We saw evidence of potential risk of harm to patients they had undertaken roles for which they were not trained and competency checked to do so. To compound this potential risk of harm, the provider did not have appropriate arrangements in place for clinical supervision regarding these members of 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.	Partial 1
There were effective arrangements for identifying, managing and mitigating risks.	Partial 3

1. Since the previous inspection, we saw evidence that the provider had responded to external drivers of change from inspection results and enforcement action we had taken. For example, patient safety alerts.
2. The provider had some systems in place to identify, manage and mitigate risks, however these were not effective. For example, the safety netting of urgent two-week wait referrals and cervical smear screening.

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 practices 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 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.