

# Care Quality Commission

## Inspection Evidence Table

### Mevagissey Surgery (1-7243685533)

**Assessment date: 10 & 11 August 2020**

**Date of data download: 02 September 2020**

In light of the current Covid-19 pandemic, CQC has looked at ways to fulfil our regulatory obligations, respond to risk and reduce the burden placed on practices by minimising the time inspection teams spend on site.

In order to seek assurances around potential risks to patients, we are currently piloting a process of remote working as far as practicable. This practice consented to take part in this pilot and the evidence in the report was gathered without entering the practice premises. This was to follow up on areas of high risk and concern, therefore we did not review ratings as part of this assessment.

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

## Safe

### Information to deliver safe care and treatment

**Staff did not 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.	N
There was a system for processing information relating to new patients including the summarising of new patient notes.	N
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	N
There was a documented approach to the management of test results and this was managed in a timely manner.	Partial
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Partial
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Partial
Explanation of any answers and additional evidence:	
During our inspection, undertaken in February 2020, we found that;	
<ul style="list-style-type: none"><li>250 clinical tasks, on the electronic records system, were outstanding since 23 January 2020; we reviewed 35 tasks and found that they included blood test recalls, blood test requests from</li></ul>	

clinicians, changes to prescribed medicines and requests to book appointments for patients. We found that actions had not been taken in a timely way and there was no robust system to alert clinicians to urgent tasks.

- The medical records for 636 patients had not been summarised since 2017. Therefore, patients were at risk of harm as episodes of care and treatment had not been recorded fully for subsequent clinicians to refer to.

Since the inspection undertaken in February 2020, we continued to monitor of the provider's progress against the action plan, relating to the warning notices issued, and conditions applied to the provider's registration.

- In June 2020, we identified that 494 patients registered between 2017 and September 2019, whose notes had not been summarised, also did not have an electronic record. Therefore clinicians did not have a full history to refer to when consulting with and/or treating those patients. Subsequently, the provider had secured the services of an external company to summarise patient paper medical records. However, on 5 August 2020 Kernow Clinical Commissioning Group informed us that 102 patient records could not be located. We discussed this with the provider following our assessment on 10 and 11 August 2020. The provider informed us that they did not know if the records had not been received following the registration of those patients, or if the records were at the practice but had been mislaid.

During this assessment, we reviewed the back log of task management and found there was a backlog of 253 outstanding tasks, dating back to 15 June 2020. Upon review of seven of those outstanding tasks, we found that four tasks, which had not been completed, related to patient care and treatment. For example, on 15 June 2020, a GP requested for an urgent care practitioner to consider prescribing an iron supplement for a patient, which, as of 11 August 2020 had not been actioned.

# Effective

## Effective needs assessment, care and treatment

**Patients' needs were not assessed, and care and treatment was not 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.	N
Patients' treatment was regularly reviewed and updated.	N
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in February 2020 we found;</p> <ul style="list-style-type: none"> <li>The provider was not able to access 2018/19 Quality and Outcomes Framework (QOF) data due to a change in their clinical system. The practice was therefore not able to monitor performance to ensure patients received appropriate care and treatment. We reviewed 'how's my driving' QOF data which showed attainment from 01/04/2019 to 12/02/2020. Data showed that attainment for the majority of indicators was poor, particularly in relation to patients with long-term conditions, and did not provide assurances that the health care and treatment needs of the patients were met. (QOF is a voluntary scheme within the General Medical Services (GMS) contract. It aims to support providers to deliver good quality care.)</li> <li>Coding for patients with long-term conditions was not being used effectively. Staff we spoke with during our inspection stated that patients were not being effectively recalled and monitored. Therefore, the provider was not able to be assured that these patients were being monitored effectively. For example, the practice had 298 patients with a diagnosis of diabetes on the patient list. A clinician at the practice stated that only 60 patients had received a face to face review within the last 12 months.</li> </ul> <p>Since our inspection in February 2020, we were informed via the provider's action plan submitted to us by Kernow Clinical Commissioning Group on 2 May 2020, that the provider had identified a non-clinician had inaccurately inputted information in to patient records.</p> <ul style="list-style-type: none"> <li>The provider informed us that the non-clinician had updated patient records to record that patients with long-term conditions had been seen by a clinician for consultations or had undergone examinations for monitoring, when in fact these patients had not. The provider also confirmed that a non-clinician had updated records to confirm maximum tolerated dosage for patients when they had not been reviewed by clinician.</li> <li>During a telephone conference held between the provider, Care Quality Commission and Kernow Clinical Commissioning Group on 21 May 2020, the provider was not able to provide assurances that all patients affected had been identified, to check whether they had been reviewed by a clinician within the last 12 months. The provider did not have an action plan to ensure that all affected patients would be reviewed and monitored effectively.</li> <li>We issued an urgent notice of decision, on 09 June 2020, to impose additional conditions on the practice's CQC registration. These related to the review of those patients affected, and the review and monitoring of all patients with long-term conditions.</li> </ul>	

- Evidence submitted by the provider on 31 July 2020, did not provide assurances that the 46 patients with diabetes, who had been affected by the incorrect inputting of data, had received an appropriate review in accordance with a condition applied to the registration.

At this assessment, undertaken 10 and 11 August we remotely accessed Mevagissey Surgery's patient clinical records system. Of the 46 affected patients, we reviewed 25 records. We found that all 25 patient records had been reviewed by a GP and referred to podiatry if appropriate. However, only 10 of those 25 patients had received an appropriate review of their long-term condition in accordance with the condition.

## People with long-term conditions

### Findings

Following our inspection in February 2020, we applied conditions to the provider's registration that included the review of all patients with long-term conditions to be completed by 30 September 2020.

We have continued to monitor the provider's progress against the action plan they submitted in accordance with the condition applied to the registration. Through our monitoring we had identified that the practice had made some progress, for example;

- The provider had implemented templates to ensure patients received a full review in accordance to national guidance.
- The provider had recruited additional clinicians to undertake outstanding monitoring reviews for patients with long-term conditions. However, staffing levels remained low due to staff absence.
- The provider's action plan submitted to us by Kernow Clinical Commissioning Group, demonstrated that as of 5 August 2020, there were 393 outstanding reviews for patients with diabetes, asthma and COPD.

During the assessment undertaken on 10 and 11 August 2020, we reviewed 17 records of patients who have asthma and had been prescribed with 12 or more preventative inhalers within the last 12 months. We found that;

- Seven of those patients had not had a review in last 12 months, four of which had not been reviewed since between 2014-2017. All of those patients' records had warnings indicating that a review was required due to the high quantity of inhalers prescribed, which had not been actioned.
- Of the 10 patients who had received a review in the last 12 months, only one demonstrated that a comprehensive review had been completed. For example, three of those patients records had been updated by a non-clinician.

Following this assessment, the provider told us that the following newly recruited staff were due to commence employment to assist with the review of all patients with long-term conditions;

- A practice nurse commencing employment week beginning 17 August 2020.
- Two additional nurses who were due to commence employment.
- Two locum GPs had already started work at Mevagissey Surgery.
- An additional GP who was due to commence employment in November 2020.

The provider confirmed that they felt it was unlikely that the condition relating to the review of all patients with long-term conditions, would not be met by 30 September 2020.

<b>Other long-term conditions</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) <small>(QOF)</small>	26.4%	73.1%	76.6%	Significant Variation (negative)
Exception rate (number of exceptions).	2.5% (8)	13.6%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	11.4%	86.9%	89.4%	Significant Variation (negative)
Exception rate (number of exceptions).	2.8% (3)	16.1%	12.7%	N/A
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) <small>(QOF)</small>	91.3%	89.9%	91.8%	No statistical variation
Exception rate (number of exceptions).	1.4% (2)	5.1%	4.9%	N/A

## 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)	$\geq 3$

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