

Care Quality Commission

Inspection Evidence Table

Abbey Meads Surgery (RN342)

Inspection date: Remote 12th September 2022, Onsite 14th September 2022

Date of data download: 12 September 2022

Overall rating: Not rated

We carried out an inspection of Abbey Meads Surgery on 12 to 14 September 2022 to review compliance with a warning notice 29a issued on 24th May 2022. The inspection considered remote searches of the clinical records system, and an on-site inspection.

Safe

Rating: Not Rated

At our previous inspection in May 2022, we issued the warning notice 29a due to shortfalls as follows:

- Processes to ensure consistent coding on patient records were not embedded.
- Emergency medicines were not stored securely.
- Internal building security did not stop patients and visitors from accessing non-patient areas.
- Systems to record and act on safety alerts were effective. However, historically missed alerts had not been reviewed.
- Information contained in patient records was not always appropriate to ensure patients received care and treatment that met their needs, for example incorrect coding for patients with potential missed diagnosis of diabetes.

At this inspection in September 2022, we saw the practice had:

- Process in place to ensure consistent clinical coding and summarising.
- Emergency medicines were stored in a secure location.
- Keypads had been utilised to ensure patients and visitors to the practice could not enter non-patient areas.
- A system of routine audit had been put into place to ensure appropriate coding of patients with pre-diabetes.
- Historical MHRA alerts were in the process of being routinely audited and reviewed. However, the provider should ensure that this is an ongoing process.

Safety systems and processes

Safety systems and records	Y/N/Partial
<p>Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: November 2021</p>	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in May 2022 we found:</p> <ul style="list-style-type: none"> • There was no internal security to prevent patients and visitors to access corridors or stairs within the building. However, the management team told us that they had recently submitted a request for Close Circuit Television CCTV to address this. • We observed an Emergency trolley was not stored securely and had a defibrillator and sealed emergency medicines bag within a corridor which patients and visitors could access. <p>At the inspection in September 2022 we found:</p> <ul style="list-style-type: none"> • Systems to ensure internal security had been improved. There were key pads on internal doors into all non-patient areas (including the reception office). Management told us they have scheduled to have the numbers changed routinely or after staff changes. There had been no further progress against the request for CCTV which was still under consideration by the trust. • We observed that the defibrillator and sealed emergency bag, containing emergency medicines, had been moved back into the reception office, which was secure with no patient access. Managers told us the health and safety concerns initially around this had been mitigated and were no longer a consideration. We have reviewed the risk assessment document dated 24th May 2022 where the fire officer confirmed the risk is negligible. The trolley was moved out of the reception office overnight to be locked away and was brought back at the start of each working day. 	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
<p>Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. ¹</p>	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in May 2022 we found:</p> <ul style="list-style-type: none"> • Shortfalls in appropriate clinical coding., The management team informed us the service was two months behind with routine clinical coding. We identified there were still shortfalls in systems to summarise patient records on 10th May 2022. The Primary Care Network (PCN) performance tracker summary showed the service had a backlog of 2,741 records waiting to be summarised. The practice told us they were planning on training the broader administration team to cover the coding/summarising/scanning processes to upskill the team and build resilience into the process. <p>At the inspection in September 2022 we found:</p>	

- The PCN had 1100 records outstanding to be summarised. The PCN has approximately 31,000 patients and received on average 350-400 letters a day which meant that the PCN was working within a three day backlog. We reviewed the workflow protocol and there is a process in place that if the backlog exceeds 1100 records, they will redeploy additional trained staff to support to get the workload back within this parameter.

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
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
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.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>At the inspection in May 2022 we found:</p> <ul style="list-style-type: none"> • We observed an emergency trolley containing a sealed emergency medicines bag was stored within a corridor which patients and visitors to the practice could access. • Patients received appropriate monitoring and intervention, however coding on patient records was not always accurate for example: out of 17 records where there was a possible missed diagnosis of diabetes, we sampled five records. Two records showed patients were in the pre-diabetic range had not been coded as pre-diabetic or diabetic and had not been offered the appropriate support for managing this. <p>At the inspection in May 2022 we found:</p> <ul style="list-style-type: none"> • We observed that emergency medications were now stored appropriately within the locked reception office, within a sealed dated bag and was checked weekly. Outside working hours, the trolley that the emergency medications were stored within was kept within a locked cupboard. • We reviewed patient records where there was a possible missed diagnosis of diabetes, we identified four records which we reviewed further. All of these patients were appropriately coded as pre-diabetic; none of the patients had diabetes. 	

Track record on safety and lessons learned and improvements made

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in May 2022 we found:</p> <ul style="list-style-type: none"> The practice did not always have an effective system to ensure medicine safety alerts from the Medicine and Healthcare Products Regulatory Agency (MHRA) or other bodies were being acted on appropriately. The practice had systems and process which were embedded in practice for alerts since 2019. However, historic issues had not been reviewed. For example: In 2014 the MHRA issued an alert that the maximum dose of citalopram in adults over 65 years of age is 20mg. Citalopram is an antidepressant of the selective serotonin reuptake inhibitor class. It is used to treat depressive disorder, obsessive compulsive disorder, panic disorder, and social phobia. The over 65 dose is lower as elderly patients have a higher exposure due to age-related decline in metabolism and elimination. Our searches identified four patients over 65 years of age had a dose of citalopram of greater than 20mg. <p>At the inspection in September 2022 we found:</p> <ul style="list-style-type: none"> We reviewed records for patients over 65 years of age who were on a higher dose than 20mg of Citalopram, we identified five patients, we reviewed all five records, two patients medication had been reduced in steps, One patient had trialed reducing the medication and had decided that he was happy to continue on the higher dose with a full understanding of the risk and this was detailed in their notes. One patient had four failed contact attempts, a script note had been added to the prescription requesting the community pharmacist to contact the patient and review the medication with them, the other patient has had 5 failed encounters and a script note for the pharmacist to review had been added to the prescription. The provider told us they had made efforts to contact all patients and that they would be looking at options around changing the medication/dosage if they could not contact the patient, they will continue to routinely audit. We sampled five patient records out of 224 patients identified as being prescribed a SGLT-2 inhibitors (An oral medication used to treat type 2 diabetes in adults) to understand if advice had been given about Fourniers gangrene (a rare but potentially life-threatening infection that requires urgent medical attention) as outlined in MHRA alert. All patients we reviewed had been sent a letter explaining the risk of the medication. 	