

Care Quality Commission

Inspection Evidence Table

Dr Philip Matthewman (1-485294478)

Inspection date: 18 December 2018

Date of data download: 17 December 2018

Overall rating: At the previous inspection, on 7 August 2018, we the rated practice as overall inadequate and we placed the practice into special measures. We served a warning notice under Section 29 of the Health and Social Care Act 2008, as the provider was failing to comply with the relevant requirements of Regulation 12, (1), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection assessed whether the issues identified in the warning notice had been adequately addressed by the provider. We did not re-rate the practice on this occasion. We will consider re-rating the practice when we carry out a follow up comprehensive inspection, this will be within six months from the publication date of the previous report.

Safe

Rating: Not Applicable

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care	Yes

Safeguarding	Y/N/Partial
professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection the provider could not demonstrate both clinical and non-clinical staff had completed the appropriate level of safeguarding children training for their roles.</p> <p>At this inspection we saw confirming evidence that staff had received up-to-date adult and child safeguarding and safety training appropriate to their role. For example, the GP was trained to Level 3, and administrative staff were trained to Level 1.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 22 October 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 22 October 2018	Yes
Explanation of any answers and additional evidence: At our previous inspection there was no evidence to demonstrate that health and safety risk assessments had been carried out at the premises. At this inspection we saw confirming evidence that a comprehensive health and safety and premises and security risk assessment had taken place. This risk assessment was compliant with the standards set out by the Health and Safety Executive. The provider had identified some risks and action plans were put in place and implemented to mitigate those risks. For example, the practice had identified that it had loose blind cords within the treatment rooms and this posed a risk of small children entangling themselves. To address this the practice attached hooks by the windows for the cords to be securely tied up and out of reach from children.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the previous inspection we found that the provider had not ensured that all non-clinical staff were trained in identifying deteriorating or acutely unwell patient's suffering from potential illnesses such as sepsis. Sepsis, also referred to as blood poisoning or septicaemia, is a potentially life-threatening complication of an infection or injury.</p> <p>At this inspection we were informed that non-clinical staff had been provided with in-house sepsis awareness training by the practice GP. When we interviewed non-clinical staff, we were satisfied that they had an appropriate understanding of how to identify and manage patients with severe infections including sepsis. For example, we were told by non-clinical staff that the associated symptoms of sepsis include high temperature, chest pains, shortness of breath, nausea, vomiting, chills and shivering, and if these symptoms were observed then they would immediately call the GP to assess the patient.</p>	

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
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Explanation of any answers and additional evidence:	
<u>Prescription Security</u> <p>At the previous inspection we found that there were no lockable printer trays to keep prescription stationery secure at all times in the practice. There was no system in place to effectively monitor prescriptions both on delivery and when they were distributed through the practice.</p> <p>At this inspection we saw confirming evidence that a prescription security policy had been put in place and we were satisfied that there was now a safe system for monitoring prescriptions both on delivery and when they were distributed throughout the practice. The new policy stated that printer prescriptions were to be removed from the printer trays at the end of each day, and placed in a locked drawer adjacent to each printer. We saw evidence that when the trays were reloaded, the serial number of the first and last prescriptions were recorded</p>	

Medicines management	Y/N/Partial
<p>in a log book. We also saw that when new boxes of prescriptions were delivered, they were stored in a locked cupboard and the serial numbers of the prescriptions were recorded in the prescriptions log book.</p>	
<p><u>Uncollected prescriptions</u></p>	
<p>At our previous inspection we found that the systems put in place for the monitoring of uncollected prescriptions were ineffective, our review of the prescriptions box found prescriptions for six patients of which prescriptions for four patients were overdue for collection. For these four patients, their uncollected prescriptions were dated from July 2017 to December 2017. We noted that for one patient there were two uncollected prescriptions for high-risk controlled drugs; two prescriptions were issued for vulnerable patients, a child and an elderly person; and for one patient there were three uncollected prescriptions.</p>	
<p>At this inspection we saw confirming evidence that a new policy for uncollected prescriptions had been put in place. We were satisfied that this was an effective and safe system for monitoring patient's uncollected prescriptions. For example, we saw that the new policy stated that all uncollected prescriptions would be reviewed at the end of each month by the reception team and any prescriptions that remained uncollected for a period of one month would be passed to the GP for review. We saw that there was a log book which recorded all uncollected prescriptions that had been passed to the GP for review and the action taken by the GP.</p>	
<p>We also noted that the patients identified at the last inspection with uncollected prescriptions at the practice had been contacted by the GP. We saw that the records for the six patients showed that they had received their medication.</p>	
<p><u>Medicines handed into practice</u></p>	
<p>At our previous inspection we found that 60 tablets of a high-risk drug, returned to the practice unused had not been safely destroyed as recommended by national clinical guidance.</p>	
<p>At this inspection we did not find any patient medication stored at the practice. The practice had provided us with their updated policy on returned medicines, which stated that the practice would not accept any medication returned by patients and instead patients would be re-directed to a local pharmacy where their medicines could be safely destroyed.</p>	
<p><u>Emergency equipment and medicines</u></p>	
<p>At our previous inspection we found that the practice did not have effective systems in place for the management, monitoring and recording of emergency equipment and emergency medicines. In particular, we found that the practice did not store two of the recommended emergency medicines and had not documented a risk assessment to identify a list of medicines that were not suitable for the practice to stock, and the emergency oxygen cylinder was out of date.</p>	
<p>At this inspection the practice provided us with their updated policy on emergency equipment and medicines. The practice now recorded and listed all emergency medicines and equipment along with their expiry dates. We were told that the practice would carry out monthly checks to ensure that emergency medicines or equipment was not out of date, and we saw evidence of this being recorded in a log book. We saw that the emergency oxygen had been replaced, and emergency medicines stored at the practice were in line with recommended national guidelines. If a recommended emergency medicine was not stocked at the practice, then there was an adequate risk assessment in place. For example, the practice did not stock rectal diazepam (used in emergency to treat epileptic fit) as this was no longer being manufactured. The practice had documented a risk assessment for this which stated that in such an emergency the practice would call an ambulance which should take four to five minutes to arrive as the nearest hospital was approximately one mile</p>	

Medicines management	Y/N/Partial
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away.

Monitoring the prescribing of high risk medicine

At our previous inspection we found that comprehensive care records were not maintained for patients that were prescribed Warfarin a high-risk anticoagulant medicine. Anticoagulant medicine acts as a blood thinner used to prevent heart attacks, strokes and blood clots in the veins and arteries. Anticoagulant medicine needs to be adjusted based on the most recent international normalized ratio (INR) blood test result. Both an under dose and an overdose of anticoagulant medicine can prove fatal and therefore careful monitoring of patients prescribed anticoagulant medicine is essential. We reviewed the records for all eight of the patients that had been prescribed anticoagulant medicine. We noted that four of these did not record the patients' last blood test results prior to the prescription of Warfarin being issued. In the other four records it appeared that the most recent blood tests documented within the patient record took place too long ago to be viable such as in 2015.

At this inspection we were told that a new policy had been put in place which ensured that patient blood test results were reviewed by the GP and logged on their record prior to prescribing any anticoagulant medicine. We reviewed the records of all patients that were currently being prescribed anticoagulant medicine and we saw that all the patient records had a documented up-to-date blood test results.