Care Quality Commission

Inspection Evidence Table

Meir Park Surgery (1-540617623)

Inspection date: 30 April 2019

Date of data download: 02 April 2019

Safe

At our previous inspection in March 2019, we rated safe as inadequate and issued a warning notice in relation to safe care and treatment. This was because:

- Not all the suggested emergency medicines were available at the branch practice. A risk assessment to mitigate potential risks to patients had not been completed.
- The process for monitoring patients prescribed high risk medicines was not always effective.
- Medicines and Healthcare products Regulatory Agency (MHRA) alerts were not always acted upon.
- The provider could not demonstrate that staff had completed training required for their role. In particular, safeguarding children and vulnerable adults, infection prevention and control, sepsis, chaperoning and fire marshal.
- Regular children's safeguarding meetings with other agencies had not been held. A system of reconciling children at risk of harm, as identified by the practice, with health visitors and school nurses was not in place.
- The practice did not have arrangements for following up failed attendance of children's appointments following an appointment in secondary care or children who were frequent A&E attenders.
- Recruitment checks had not always been carried out in accordance with regulations.
- 248 patients potentially in the pre-diabetic stage had not been coded appropriately within the practice's computer system or received appropriate life style advise.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	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 professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Partial

Explanation of any answers and additional evidence:

- At our previous inspection we found that not all staff had completed safeguarding training at a level appropriate to their role. At this inspection, we reviewed the training matrix and eight staff files. We found that all clinical and non-clinical staff had completed safeguarding training for children and vulnerable adults at a level appropriate to their role.
- We reviewed the files of eight members of staff and saw that DBS checks had been completed for all these staff.
- Following our previous inspection, non-clinical staff who acted as chaperones had completed training appropriate to this role.
- Systems and protocols for following up children that failed to attend hospital appointments or frequently attended A&E had been implemented. Parents were contacted by telephone to discuss the issues and offered an appointment with a GP if considered appropriate to do so. We reviewed patients' records which confirmed this.
- The practice told us that they communicated with other health and social care staff if they had safeguarding concerns. However, regular children's safeguarding meetings with other agencies had not been implemented. The practice told us it had not been possible to get all the appropriate agencies together for a meeting since our previous inspection. A system of reconciling children at risk of abuse, as identified by the practice, with other agencies had not been established.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes

Explanation of any answers and additional evidence:

- At our previous inspection, we found that recruitment procedures had not always been followed correctly and that staff files were disorganised. At this inspection we found that staff files were organised and recruitment procedures had improved in most areas. We reviewed the records of eight members of staff and found there was photographic proof of identity for all members of staff and gaps in employment history had been explained. However, health assessments had not been completed in the records of six of the staff files we reviewed. The practice informed us they would complete a risk assessment to determine if a health assessment would be required.
- At our previous inspection we found that indemnity cover was not in place for a health care assistant. At this inspection we found that indemnity cover for nurses and health care assistants had been provided under the Clinical Negligence Scheme for General Practice (CNSGP).

Safety systems and records	Y/N/Partial
There were fire marshals.	Yes

Explanation of any answers and additional evidence:

- Following our previous inspection, three members of staff had been identified as fire safety marshals. We saw that they had all received training specific to this role.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Explanation of any answers and additional evidence: • We reviewed the practice's training matrix and saw that all staff had completed training in infection prevention and control at a level appropriate to their role.	

Risks to patients

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

	Y/N/Partial
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
Explanation of any answers and additional evidence: • At our previous inspection we found that non-clinical staff had not received training in the identification of the deteriorating or acutely unwell patient potentially suffering from sepsis. At this inspection we reviewed the practice's training matrix and staff files. We saw that all non-clinical staff had received training this training.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines however they needed to consider other alternatives to promote patient compliance with blood test monitoring.

Medicines management	Y/N/Partial
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
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

Explanation of any answers and additional evidence:

- At our previous inspection, we found that the process for monitoring patients who were prescribed high risk medicines was not effective. We found that a patient prescribed lithium (a medicine used to treat mood disorders) had not received the appropriate blood monitoring for over 12 months. At this inspection we reviewed the records of patients prescribed lithium. We identified seven patients prescribed this medicine. Six patients had received the required blood monitoring however, one patient had not received the required monitoring for five months. We saw that a plan was in place to support the patient to attend for the required blood monitoring.
- At our previous inspection, we found that 45 patients prescribed angiotensin converting enzyme (ACE) inhibitors (a medicine used to treat heart failure and high blood pressure) had not received the required blood screening within appropriate timescales. Two of these patients had not received monitoring in over 10 years. At this inspection we found that the practice had been proactive in recalling patients for the required screening and this had been completed for some patients. However, 35 patients had still not received the required monitoring for over two years. One patient had not received blood monitoring since June 2013 and another patient had never received the required monitoring. We reviewed their records and found that the practice had frequently sent blood screening requests to the patients however, they had failed to comply. We discussed with the practice alternative ways of promoting patient compliance with important blood monitoring.
- At our previous inspection, we found that emergency medicines for suspected bacterial meningitis, epileptic seizures, pain relief and nausea and vomiting were not available at the branch practice. A risk assessment to mitigate potential risks to patients in the absence of these medicines had not been completed. At this inspection, we reviewed the emergency medicines held at the branch practice and saw that all the suggested emergency medicines were in place.
- We saw that there was a system in place to monitor expiry dates of emergency medicines and that all the medicines we checked were in date.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

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

Explanation of any answers and additional evidence:

- A system for reviewing and acting on Medicines and Healthcare products Regulatory alerts (MHRA) had been implemented following our previous inspection. At our previous inspection we found that a MHRA alert regarding the risk of skin cancer associated with the long-term use of a medicine used in the management of high blood pressure had not been acted on. Fourteen patients continued to be prescribed this medicine without any evidence of review. At this inspection, we reviewed the records of three patients prescribed this medication. We found that the patients had received counselling regarding the use of this medication and this was clearly documented in their records. We saw that medication had been changed where required and appropriate follow-up had been put in place.
- We looked at a MHRA alert relating to a medicine used in the treatment of hyperthyroidism. We

ran an electronic search of patients prescribed this medicine and saw that appropriate action had been taken in response to this alert.

Effective

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment were delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

People with long-term conditions

Findings
• At our previous inspection we identified 248 patients in the potentially pre-diabetic stage who had not been coded appropriately within the practice's computer system or received life style advice. At this inspection we found that the practice had been actively recalling and coding patients in the potentially pre-diabetic phase and offering life-style advise. We randomly sampled the records of several of these patients and found that the patients had been correctly coded, follow up by a GP and offered appropriate life-style advise.