

Care Quality Commission

Inspection Evidence Table

Lathom House Surgery (1-4628401367)

Inspection date: 11 April 2019

Date of data download: 10 April 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Staff who acted as chaperones were trained for their role.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">At our previous inspection in October 2018 we found the practice had not considered access to a male chaperone might be needed; all clinical staff at the practice were female. We made a recommendation the practice consider this possibility. The practice reviewed the chaperone policy following our inspection. The practice preferred to use clinical staff to chaperone patients, but the policy allowed for trained non-clinical staff to chaperone also if required. The procedure for chaperoning was discussed in a practice meeting on 27/11/2018. We saw evidence for this inspection of training for the male practice business manager to allow a male chaperone to be offered if necessary.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">When we last inspected the practice, we found there was no evidence in staff personnel files of staff identity or character and professional references. The practice confirmed to us verbal references had been obtained and not documented. Evidence of staff identity had been destroyed when new data protection laws came into effect in 2018. For this inspection, we were sent a copy of the practice recruitment policy which confirmed written	

references would be kept in staff files. This together with evidence of staff identity was subject to written consent by each staff member that personal information could be retained. Staff confirmed to us new evidence of staff identity had been obtained and placed in files together with a copy of staff consent to this being held. As an example, we saw a copy of a signed consent form used for one member of staff. There had been no new members of staff recruited since our last inspection.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Date of last infection prevention and control audit: 16/10/2018	
The practice had acted on any issues identified in infection prevention and control audits.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw at our previous inspection there had been no full audit of infection prevention and control (IPC) and we suggested as part of our recommendations, a full IPC audit be carried out. Following our inspection, the practice arranged for a full audit to be conducted by an IPC nurse from Lancashire County Council. We saw evidence the audit had produced a high standard of compliance and the practice had addressed areas identified for action by the audit. We saw evidence of a hand washing audit conducted with staff on 07/02/2019 as part of a new programme of practice internal IPC audit. 	

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
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At our previous inspection in October 2018, we found examples of patients taking some high-risk medicines who had not been managed appropriately; there were gaps in the monitoring of these patients. The practice had no protocol for the management of patients taking lithium medicine although the principal GP wrote one that day. At that time, we found the practice had started to work with a new medicines management and support service for GP practices within the clinical commissioning group (CCG). This Prescription Ordering Direct (POD) service was managed by pharmacists and trained medicine coordinators. The purpose of the service was to support GP 	

Medicines management	Y/N/Partial
<p>practices to monitor, manage and respond to prescription requests, queries and discharge medicines subject to the patient's GP approval. The POD had a standard operating procedure (SOP) to work jointly with GP practices for the management of high-risk medicines and ensure patients were called in for appropriate health checks.</p> <p>At this inspection, the POD SOP for the management of patients of high-risk medicines had been thoroughly tested and we saw it was comprehensive and did not allow for patients to miss monitoring appointments. The new practice protocol reinforced the necessity to ensure all appropriate monitoring was done before a new prescription was issued.</p> <ul style="list-style-type: none"> At our inspection in October 2018, we saw the practice had no policy or system in place to manage patient uncollected prescriptions. <p>For this inspection, we saw a new policy was in place following discussion at a practice meeting on 27/11/2018. This policy allowed for the safe management of patient uncollected prescriptions.</p> <ul style="list-style-type: none"> Our previous inspection in October 2018 showed the medicines held in doctors' bags were not subject to a formal, recorded check to ensure they were in date and stock levels were sufficient. At this inspection, we saw the practice protocol had been reviewed and amended to include the formal monitoring of medicines held in doctors' bags. Staff confirmed to us this was done in a timely and appropriate manner in line with the monitoring of all other medicines in the practice. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
There was a system for recording and acting on significant events.	Y
There was evidence of learning and dissemination of information.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our inspection in October 2018, we noted the lack of a system to identify any themes and trends in significant events. There was no ongoing or annual review of events. We recommended the practice implement a system to monitor trends in events and conduct an annual review. <p>For this inspection, staff sent us details of an annual review of events scheduled for 25/04/2019 and told us a discussion of an ongoing summary of events was included in the agenda for the next practice meeting. The practice was already using a summary system for complaints and planned to introduce a similar system for significant incidents.</p>	