Care Quality Commission

Inspection Evidence Table

Redburn Park Medical Centre (1-567908958)

Inspection date: 25 April 2019

Date of data download: 25 April 2019

Overall rating: Good

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

Safe Rating: Good

At the previous inspection in January 2019 we rated the practice as requires improvement for providing safe services because:

- The practice did not have appropriate systems in place for the safe management of medicines.
- There were gaps in the systems to assess the risk of, prevent, detect and control the spread of infections.

During this inspection we found the practice had made improvements and had addressed all areas of concern.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Explanation of any answers and additional evidence:

During our inspection in January 2019 we found that the practice did not have an appropriate infection control policy in place and some sharps bins had not been emptied since 2017. Good practice guidelines suggest sharps bins should be locked and stored ready for collection three months after first use, even if not full.

When we carried out our inspection in April 2019 we found improvements had been made. A comprehensive, practice specific policy had been developed and shared with staff. Arrangements to

ensure sharps bins were emptied in line with good practice guidelines had been implemented. Staff had been made aware of their responsibilities in relation to this. We checked a sample of sharps bins and found all had been assembled within the previous three months.

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
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	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

Explanation of any answers and additional evidence:

During our previous inspection in January 2019 we identified a number of concerns in relation to the medicines management arrangements:

- we found blank prescriptions in an unlocked printer in an unlocked treatment room
- the healthcare assistants within the practice administered flu vaccinations and vitamin B12 injections without valid authorisation from a prescriber to administer the medicines.
- no risk assessment had been carried out to determine which emergency medicines it was necessary to store.

When we carried out our inspection in April 2019 we found the practice had made significant improvements. The printer in the unlocked room (unlocked because the emergency medicines were stored there) was no longer used for printing prescriptions. All relevant staff had been informed of this change and alternative arrangements had been made, to send any prescriptions to another printer, if it was necessary to print a prescription out. There was a notice on the printer to remind staff to do this.

Comprehensive protocols had been devised covering the arrangements for the healthcare assistants to administer flu vaccinations and B12 injections. Staff had received individual copies and signed to say they were aware of the new system and that a clinician was responsible for authorising each procedure under a Patient Specific Direction (PSD). We looked at a sample of recent PSDs and saw all had been authorised by a GP.

A formal risk assessment had been undertaken to assess which emergency medicines were appropriate to stock within the practice.