

# Care Quality Commission

## Inspection Evidence Table

### Loxwood Medical Practice (1-548313313)

Inspection date: 9 August 2019

**Overall rating: Good**

**Safe**

**Rating: Good**

The practice was previously rated as requires improvement for safe. This was because:

- Vaccines were not always stored securely with access restricted only to authorised staff.
- Blank prescriptions were not always kept securely, and their use monitored in line with national guidance.
- The provider did not store all the emergency medicines in a single place, so they could be accessed easily in an emergency.
- Directions on dispensing labels did not meet the requirements of national dispensing guidance.
- Dispensing staff were not competency assessed by the provider to ensure they followed the practice's standard operating procedures.
- Risks relating to the health, safety had not always been assessed adequately or acted on, particularly in relation to fire and health and safety risk assessments.

At this inspection, we found improvements had been made and the practice is now rated as good for safe.

#### Safety systems and processes

**The practice had clear systems, practices and processes to keep people safe.**

Safety systems and records	Y/N/Partial
There was a log of fire drills. Date of last drill: 25 June 2019	Y
There was a record of fire alarm checks. Date of last check: 9 August 2019	Y
Explanation of any answers and additional evidence: Since our last inspection the practice had undertaken a planned fire drill on 25 June 2019. We saw that there was a comprehensive record of the drill and that actions identified had been completed, for example the removal of all door stops that prevented doors from closing. The practice had identified a lead fire marshal who had received formal training for this role in October 2018. All staff were booked on to fire marshal training in October 2019.	

We also saw that the fire alarms were checked every week and that accurate records were kept. The practice had identified three staff members responsible for recording the checks and during periods of annual leave, arrangements were now in place to ensure checks were still undertaken and recorded.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 8 <sup>th</sup> August 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 8 <sup>th</sup> August 2019	Y

Explanation of any answers and additional evidence:

Since our last inspection the practice had commissioned an external company to undertake a comprehensive assessment of health and safety and security. The company were in the process of compiling a report and action plan which would be sent to the practice in the next few weeks. The practice had also commissioned the external company to provide in-depth health and safety training to key staff and to provide ongoing support with work place risk assessments and health and safety policies. We saw that there was a plan in place to undertake comprehensive health and safety risk assessments every 13 weeks to ensure that there was a more systematic and thorough approach to identifying and evaluating hazards and risks to patients, staff and visitors. We also saw examples of actions taken since the last inspection in relation to health and safety, for example a health and safety notice board for staff and de-cluttering in the dispensary.

## 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.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
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.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Since our last inspection the practice had put measures in place to ensure refrigerators used to store vaccines were secure. The fridges were now locked, and the keys were placed in a wall mounted key safe that could only be accessed by authorised clinical staff.</p> <p>We also saw records to show that the practice now maintained a record of blank NHS prescription stationery that included the serial numbers of each prescription. Printer locks were now installed to ensure they were secure if consulting rooms were left unattended during the day. Blank prescription stationery was removed from each consulting room at the end of the day and locked in the dispensary.</p> <p>Since our last inspection the practice had updated its emergency medicines policy. It had risk assessed and rationalised its stock of emergency medicines and they were now all stored in a single location to ensure ease of access.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Y
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Y
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Y
<p>Explanation of any answers and other comments on dispensary services:</p> <p>Since our last inspection the practice had employed a pharmacist consultant on a temporary basis to provide additional support to the dispensing team. The consultant held weekly team meetings with the dispensing staff during which they ‘walked through’ a standard operating procedure to support competency. Flow diagrams were also being developed for easy reference. Competency assessments had been updated to include a practical, observed component. We saw evidence to show that one staff member had fully completed their competency assessment and that all staff would be competency assessed by December 2019. We also saw that the practice had implemented a programme of monthly continuing professional development for dispensing staff. Areas covered so far by all dispensing staff included controlled drugs, coeliac disease, asthma, branded dispensing and cancer pain.</p> <p>The practice now had arrangements in place to ensure directions on dispensing labels were correct. It had reviewed the practice formulary and removed all inappropriate directions. Prescribed items were screened for inappropriate directions by the clinician signing them and corrected where necessary. The lead GP for dispensing undertook regular audits of directions and was able to demonstrate a significant reduction in the number of corrections required.</p> <p>The practice was unable to produce dispensing labels in large print with its existing label printing system. However, patients were actively encouraged to identify their communication needs and if large print was required the practice printed off a separate A4 sheet for patients with the dispensing instructions in a large font.</p>	