

# Care Quality Commission

## Inspection Evidence Table

### Highbury Grange Medical Practice (1-543975260)

Inspection date: 18 July 2019

Date of data download: 27 August 2019

**Overall rating:** At the previous inspection, on 5 March 2019, we the rated practice as; Inadequate for safe; Good for effective, caring and responsive; and Requires Improvement for well-led. This gave the practice an overall rating of requires improvement. As a result of the safety concerns we identified, 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 inspection; this will be within six months from the publication date of the previous report.

## Safe

## Rating: Not Applicable

At the previous inspection, 5 March 2019, we found that there was unsafe and inappropriate management and monitoring of patients prescribed high-risk medicines.

At this inspection we were satisfied that the practice had significantly improved and there was now safe and appropriate management and monitoring of patients prescribed high-risk medicines.

### 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
Staff had the appropriate authorisations to administer medicines (including Patient Group	Yes

Medicines management	Y/N/Partial
Directions or Patient Specific Directions).	
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	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 had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	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
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence:	
<p>At our previous inspection we found that individual patient records for patients prescribed the high-risk medicine, Warfarin, Methotrexate, Azathioprine and Lithium were not managed in a way that kept patients safe. We found that clinicians were not always reviewing the latest patient blood test results prior to deciding whether it was safe to prescribe patients' high-risk medicines.</p> <p>At this inspection we saw a new policy had been put in place which ensured that patient blood test results were reviewed by the GP and logged on their clinical record prior to prescribing any high-risk medicine. We also saw that all patients who were prescribed high-risk medicines had a cautionary note on their records, which reminded the clinician to review latest blood test results prior to prescribing.</p> <p>The practice had also created an electronic high-risk medicine monitoring checklist. This document was a quick guide which outlined all the important information and checks needed prior to prescribing any high-risk medicines.</p>	

**Warfarin**

- At our previous inspection we found concerns with two records for patients that were being prescribed Warfarin. Warfarin is a blood thinning medicine used to prevent heart attacks, strokes and blood clots in the veins and arteries. Warfarin needs to be adjusted based on the most recent (within the last three months) international normalized ratio (INR) blood test result. Both an under dose and an overdose of Warfarin can prove fatal and therefore careful monitoring of patients prescribed Warfarin is essential.
- We re-reviewed the records for these two patients and found both patients had their latest blood test results recorded on their patient notes and were now being managed and monitored appropriately.
- We reviewed an additional ten records for patients who were being prescribed warfarin and found they were all also being appropriately managed and monitored.

**Methotrexate**

- At our previous inspection we found concerns with three records for patients that were being prescribed Methotrexate. Methotrexate is used to treat a range of conditions for example cancer and arthritis. One of the side effects of taking this medicine is that it can weaken the immune system and reduce the body's white blood cell count (these are the cells which help fight infections and illnesses in the body). Therefore, prior to prescribing Methotrexate the clinician must be satisfied recent blood test results (taken within the last three months) show the patients white blood cell count is within the correct range.
- We re-reviewed the records for these three patients and found that all three patients had their latest blood test results recorded on their patient notes and were now being managed and monitored appropriately.
- We reviewed an additional ten records for patients who were being prescribed Methotrexate and found that they were all also being appropriately managed and monitored.

**Azathioprine**

- At our previous inspection we found concerns with two records for patients that were being prescribed Azathioprine. Azathioprine is used primarily to treat rheumatoid arthritis. One of the side effects of taking this medicine is that it can weaken the immune system and reduce the body's white blood cell count (these are the cells which help fight infections and illnesses in the body). Therefore, prior to prescribing Azathioprine the clinician must be satisfied recent blood test results (taken within the last three months) show the patients white blood cell count is within the correct range.
- We re-reviewed the records for these two patients and found both patients had their latest blood test results recorded on their patient notes and were now being managed and monitored appropriately.
- We reviewed an additional three records for patients who were being prescribed Azathioprine and found that they were all also being appropriately managed and monitored.

Medicines management	Y/N/Partial
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## Lithium

- At our previous inspection we found concerns with two records for patients that were being prescribed Lithium. Lithium is used to treat manic episodes of bipolar disorder (manic depression). Prior to prescribing Lithium, the clinician must be satisfied recent blood test results (taken within the last three months) show the patient's Lithium levels are within the correct range and this information is also used to adjust the dosage being prescribed. If Lithium is prescribed to a patient whose Lithium levels are not within the correct range then this can result in harmful side effects.
- We re-reviewed the records for these two patients and found that one patient had since left the practice and the other patient had their latest blood test results recorded on their patient notes and were now being managed and monitored appropriately.
- We reviewed an additional four records for patients who were being prescribed Lithium and found they were all also being appropriately managed and monitored.