

# Care Quality Commission

## Inspection Evidence Table

### St Saviours Surgery (1-545320716)

Inspection date: **23 March 2020**

Date of data download: 19 March 2020

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

## Safe

## Rating: Good

### Appropriate and safe use of medicines

**The practice had systems for the appropriate and safe use of medicines, including medicines optimisation**

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2019 to 31/12/2019) (NHS Business Service Authority - NHSBSA)	0.83	1.02	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2019 to 31/12/2019) (NHSBSA)	4.8%	9.0%	8.3%	Tending towards variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2019 to 31/12/2019) (NHSBSA)	5.30	5.69	5.58	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic	2.67	2.13	2.06	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2019 to 31/12/2019) (NHSBSA)				

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
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
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
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.	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 monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	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
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence:	

At the inspection on 5 March 2019 we found:

There was an ineffective system in place to manage and monitor emergency medicines. We found that a number of emergency medicines were not held by the practice and no risk assessments had been completed to determine their rationale. In addition, some medicines were in the process of being ordered by the practice and two of the recommended medicines were out of date. On the day of our inspection, the practice took immediate action to reduce any risks to patients.

At the desktop inspection on 23 March 2020 we found:

The check list of the expiry dates of the emergency drugs stored in the Resuscitation bag was being monitored, checked and signed off by a GP and Practice Nurse on a weekly basis. Medicines and equipment that were within two months of expiry were being re-ordered. The expiry dates of these medicines, equipment and the emergency drugs stored in the nurses' cupboard were also being monitored on the practice computer system which used a system to alert the practice nurse and the practice manager of nearing expiry dates. The storage of drugs policy and risk assessments had been reviewed and the Drug Storage Policy has been updated to include the monitoring that was done on the computer system. The practice computer system was now being used to alert nearing expiry dates of all emergency drugs and equipment in the Emergency Resus Bag and the nurses cupboard.

The check lists had continued to be monitored on a weekly basis and the use of the practice computer system had recently been implemented as an additional monitoring system.