

Care Quality Commission

Inspection Evidence Table

Moredon Medical Centre (RN3X2)

Inspection date: Remote 9th September 2022, Onsite 14th September 2022.

Date of data download: 12 September 2022

Overall rating: Not rated

We carried out an inspection of Moredon Medical Centre on 9 to 14 September 2022 to review compliance with a warning notice 29a issued on 24th May 2022. The inspection considered remote searches of the clinical records system, and an on-site inspection.

Safe

Rating: Not rated

At our previous inspection in May 2022, we issued the warning notice 29a due to shortfalls as follows:

- Processes to ensure consistent coding on patient records were not embedded.
- Internal building security did not stop patients and visitors from accessing non-patient areas.
- Systems to record and act on safety alerts were effective. However, historically missed alerts had not been reviewed.
- Information contained in patient records was not always appropriate to ensure patients received care and treatment that met their needs, for example incorrect coding for patients with potential missed diagnosis of diabetes.

At this inspection in September 2022, we saw the practice had:

- Process in place to ensure consistent clinical coding and summarising.
- Keypads and Key fobs had been utilised to ensure patients and visitors to the practice could not enter non-patient areas.
- A system of routine audit had been put into place to ensure appropriate coding of patients with pre-diabetes.
- Historical MHRA alerts had been audited and reviewed.

Safety systems and processes

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: November 2021	Yes
Explanation of any answers and additional evidence: At the inspection in May 2022 we found: <ul style="list-style-type: none">There was no internal security to prevent patients and visitors to access corridors or stairs within the building. However, the management team told us that they had recently submitted a request for Close Circuit Television CCTV to address this. At the inspection in September 2022 we found: <ul style="list-style-type: none">Systems to ensure internal security had been improved. There were keypads or key fobs on internal doors into all non-patient areas (including the reception office). Management told us they have scheduled to have the numbers on the keypads changed routinely or after staff changes. There had been no further progress against the request for CCTV which was still under consideration by the trust.	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. ¹	Yes
Explanation of any answers and additional evidence: At the inspection in May 2022 we found: <ul style="list-style-type: none">Shortfalls in appropriate clinical coding. The management team informed us the service was two months behind with routine clinical coding. We identified there were still shortfalls in systems to summarise patient records on 10th May 2022. The Primary Care Network (PCN) performance tracker summary showed the service had a backlog of 2,741 records waiting to be summarised. The practice told us they were planning on training the broader administration team to cover the coding/summarising/scanning processes to upskill the team and build resilience into the process. At the inspection in September 2022 we found: <ul style="list-style-type: none">The PCN had 1100 records outstanding to be summarised. The PCN has approximately 31,000 patients and received on average 350-400 letters a day which meant that the PCN was working within a three-day backlog. We reviewed the workflow protocol and there is a process in place that if the backlog exceeds 1100 records, they will redeploy additional trained staff to support to get the workload back within this parameter. During our inspection we saw that the practice were close to the threshold and as such plans were afoot for staff to be available to support if this number was passed.	

Medicines management	Y/N/Partial
Explanation of any answers and additional evidence, including from clinical searches.	
At the inspection in May 2022 we found:	
<ul style="list-style-type: none"> Patients received appropriate monitoring and intervention, however coding on patient records was not always accurate. For example, out of nine records where there was a possible missed diagnosis of diabetes, we sampled five records, two records had not been coded as diabetic. This meant that patients were at risk of not having correct monitoring and access to appropriate support services. 	
At the inspection in May 2022 we found:	
<ul style="list-style-type: none"> We reviewed patient records where there was a possible missed diagnosis of diabetes, we identified three records which we reviewed further. Two of these patients were appropriately coded as pre-diabetic; One patient had two raised HbA1c and had been made aware he had diabetes, the provider had repeatedly tried to contact the patient for a further HbA1c and review but the patient had not responded, the provider had been still working on contacting the patient. 	

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	
At the inspection in May 2022 we found:	
<ul style="list-style-type: none"> The practice did not always have an effective system to ensure medicine safety alerts from the Medicine and Healthcare Products Regulatory Agency (MHRA) or other bodies were being acted on appropriately. The practice had systems and process which were embedded in practice for alerts since 2019. However, historic issues had not been reviewed. For example: We identified 11 patients who were prescribed omeprazole and clopidogrel concurrently. Omeprazole reduces the antiplatelet effect of clopidogrel, and concurrent use should be avoided. We looked at five clinical records of patients who had been prescribed both medicines and found four should not have been prescribed this concurrently. This was identified and responded to during the course of the inspection, however, we were not assured that other legacy alerts prior to 2019 had been identified as part of routine monitoring. 	
At the inspection in September 2022 we found:	
<ul style="list-style-type: none"> We identified that there was no patients on clopidogrel and omeprazole concurrently. We sampled five patient records out of 175 patients identified as being prescribed a SGLT-2 inhibitors (An oral medication used to treat type 2 diabetes in adults or as an adjunct in heart failure treatment) to understand if advice had been given about Fourniers gangrene (a rare but potentially life-threatening infection that requires urgent medical attention) as outlined in MHRA alert. All patients we reviewed had been sent a letter explaining the risk of the medication. 	