

Care Quality Commission

Inspection Evidence Table

Park View Medical Centre (1-566796375)

Inspection date: 11 November 2019

Date of data download: 04 November 2019

Overall rating: Not rated

Please note: Evidence was collected to review whether the practice had carried out their plan to meet the legal requirements in relation to the breaches identified within the warning notice we issued after our inspection in July 2019. Only evidence collected is recorded here.

Safe

Rating: Not rated

Safety systems and processes

The practice had established safety systems and processes to keep people safe.

Safety systems and records	Y
<p>During our inspection in July 2019, the electrical wiring inspection certificate could not be located for the premises. Following our inspection, the provider contacted us on 1 August 2019 to advise the practice was awaiting an electrician to provide an up-to-date certificate. On 5 August 2019, the provider sent us an electrical wiring certificate dated 4 August 2019 for the new sockets and lights fitted in the extension. This did not provide evidence that the electrical safety of the original building had been periodically inspected and checked.</p> <p>On the 6 November 2019, the provider sent us a copy of a scheduled 5-year fixed wiring electrical installation condition report for the premises dated 19 October 2019. This confirmed that that overall assessment of the electrical installation was satisfactory.</p>	

Appropriate and safe use of medicines

The practice had implemented updated systems for the appropriate and safe use of medicines, including medicines optimisation, but these were not yet fully embedded into practice.

Medicines management	Y/N/Partial
Blank prescriptions were kept securely and their use monitored in line with national guidance.	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.	Partial
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	Partial

Medicines management	Y/N/Partial
appropriate monitoring and clinical review prior to prescribing.	
<p data-bbox="57 282 1540 353">During our inspection in July 2019, we found that a log of prescriptions was not maintained to provide an audit trail of their location. Prescription stationery was not stored securely.</p> <p data-bbox="57 409 1540 589">On the 6 November 2019, the registered manager sent us a copy of an updated Prescription Security Protocol dated September 2019. During this inspection we reviewed the systems and processes in place for the management of prescription stationery with the practice manager. We noted that appropriate systems had been established to record incoming and outgoing prescription numbers and to ensure the safe storage of prescription stationery stock.</p> <p data-bbox="57 645 1540 752">During our inspection in July 2019, we identified issues in relation to the safe management of high-risk medicines requiring monitoring and review including the management of patients on repeat prescriptions.</p> <p data-bbox="57 801 1540 981">For example, we noted that a patient prescribed a high-risk medicine was overdue the required blood monitoring tests. The patient had continued to be prescribed the medicine despite no blood tests being done and the prescriptions on the system had been authorised for six months' of issues. We also viewed four patient records where medication reviews had been coded as being completed, but there was no evidence in the patient's record to confirm such a review had been undertaken.</p> <p data-bbox="57 1037 1540 1256">On the 6 November 2019, the registered manager sent us a copy of a new Therapeutic and Drug Monitoring Policy dated October 2019 together with summary information on high risk drug monitoring audits that had been undertaken. We were also sent a Medication Review Policy dated October 2019 together with an action plan to address historical medication reviews. This indicated that the practice had run searches to review the numbers of patients where coding needed to be addressed and that they were aiming to complete the final stage of their plan by 31/12/2019.</p> <p data-bbox="57 1312 1540 1491">At this inspection we found that action had been taken to improve the monitoring of high-risk medicines including the example above. All patient records we reviewed prescribed methotrexate, lithium and azothiaprine indicated relevant monitoring and health checks were now completed as required. However, we noted that two patients identified at the last inspection remained in need of medication reviews or intervention for different reasons.</p> <p data-bbox="57 1547 1540 1767">We noted that two patients were continuing to receive medication on repeat prescriptions despite key monitoring of important conditions such as diabetes being overdue. Both patients had prescriptions on the system authorised for six months' of issues. As both the patients had only received three out of the six issues, they could continue to get prescriptions for another three months. One of these patients was housebound and the practice had not made any effort to visit or assess the patient or check capacity to refuse treatment if applicable.</p> <p data-bbox="57 1823 1540 1921">Following our inspection, the registered manager contacted us by email to provide assurance that attempts had been made to contact and/or visit the relevant patients and to follow up the issues as required to ensure patient safety.</p>	

Track record on safety and lessons learned and improvements made

The practice did not have fully effective systems to receive and act upon safety alerts.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
<p>During our inspection in July 2019, we were informed that the practice did not have a written policy or procedure for the management of safety alerts. Clinicians spoken with were not aware of some recent medicines safety alerts that had been issued by the Medicines and Healthcare Products Regulatory Agency (MHRA). For example, in relation to medicines used to treat thyroid problems, blood pressure and diabetes. We reviewed patients prescribed these medicines and found not all had received appropriate advice in line with these alerts.</p> <p>On 6 November 2019 the provider sent us a copy of a new Policy for Dealing with Medical Alerts and Formulary Guidance dated October 2019. At this inspection we found that some actions had been taken in response to issues identified at the last inspection.</p> <p>However, we found that not all safety alerts had been received, logged and/or actioned by the practice. For example, in relation to prescribing medicines for patients with renal impairment, diabetes and asthma. Practice staff told us that they had experienced difficulties as alerts were sent to the practice via a generic mailbox and sometimes via the practice manager. We saw evidence that the project lead pharmacist, practice manager and practice pharmacist had attempted to contact MHRA prior to and following this inspection in an attempt to rectify the matter. However there remained a risk to patient safety as key personnel had not received important alerts including the above examples, or logged or acted upon the alerts.</p>	

Well-led

Rating: Not rated

Governance arrangements

Action had been taken to improve governance arrangements however some areas were in need of review or not fully embedded into practice.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
During our inspection in July 2019, we found that leaders had not effectively assessed and addressed gaps in the service. We identified issues in relation to governance and the safe care and treatment of patients. At this inspection we found that the provider had developed a range of policies, procedures and / or protocols in relation to the management of medicines, patient safety alerts, exception reporting and prescription security to provide guidance to clinicians and staff. Furthermore, a range of audits had been undertaken for patients prescribed high risk drugs and an action plan produced to address outstanding medication reviews. We could see that progress had been made to improve performance however some areas were not fully embedded or required further action. For example, in relation to the effective management of some safety alerts and the management of some patients in need of medication reviews.	

Managing risks, issues and performance

The practice had not fully embedded effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There was a systematic programme of clinical and internal audit.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
During our inspection in July 2019, we noted that there was not effective oversight by leaders with regards to potential risks and the mitigation of risks. We did not see evidence of a formal or structured approach to audit or processes to identify issues noted during the inspection. For example, the effective management of patient's medicines, prescription stationery and electrical safety. On the 6 November 2019, the provider sent us evidence that a scheduled 5-year fixed wiring electrical installation condition report for the premises had been undertaken. This confirmed that that overall assessment of the electrical installation was satisfactory. We were also sent an up-to-date minor surgery audit that had been completed for the period 1/08/2018 to 31/07/2019 and received assurances that the	

audit recording process overall had been addressed and formalised to ensure regular full audit cycles.

During this most recent inspection we found that action had been taken to establish appropriate systems to record incoming and outgoing prescription numbers and to ensure the safe storage of prescription stationery stock.

However, although some patient monitoring and audits had been undertaken and policies and procedures had been developed in relation to the management of medicines, some safety alerts had not always been received, logged and/ or appropriately acted upon by the practice. We also found that some patients with long-term conditions were still being issued with medication despite monitoring being overdue.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.