Care Quality Commission

Inspection Evidence Table

Dr Poolo's Surgery - Rush Green Medical Centre (1-542271050)

Inspection date: 23rd September 2020 and 13th October 2020

Date of data download: 13 October 2020

Overall rating: Good

.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Safe Rating: Not Rated

Information to deliver safe care and treatment

Staff did not routinely have 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.	Partial

Explanation of any answers and additional evidence:

At this inspection held on the 23 September and 13 October 2020, we found that the practice did not consistently have the information needed to manage risk to patient safety.

We reviewed approximately 55 patient records who had been prescribed the medicines Zopiclone, Zolpidem, Azathioprine, Lithium, Benzodiazepines, Gabapentanoids, Methotrexate and Amitriptyline and found that a number of patient records did not contain detailed clinical notes.

On the first day of inspection, we looked at the prescribing of high-risk medicines including Methotrexate, Lithium and Azathrioprine. We found that of 25 records we viewed, three clinical records entries had been completed to a satisfactory standard. There was incomplete information on the remaining records which included lack of pop-up alerts on records to alert clinicians to on-going shared care and medicines reviews set for one year in advance without evidence of a current medicines review having been completed by a clinician. We did note that patients who had been issued acute prescriptions for medicines such as Gabapentinoids were monitored, but not all patient records we viewed had clear evidence of discussions with patient regarding the potential for dependence or achieving a tolerance for this type of medicine.

On the second day of inspection, the searches conducted were split using the above named medications into three categories, focusing on timeframes between January 2018 to December 2019 and from May 2019 onwards. On this day, we again found that several patient clinical records we viewed did not contain detailed clinical notes and repeat prescriptions issued for patients on Zopiclone, Amitriptyline and Gabapentinoids (during the period January 2018 - December 2019/ May 2019 to date) had been issued

without fully documented reviews. Issuing repeat prescription for these types of medicines without a detailed review has the potential for harm to patients through abuse or dependence.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimization but these systems were not always used correctly.

Medicines management	Y/N/Partial
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 appropriate monitoring and clinical review prior to prescribing.	Partial

Explanation of any answers and additional evidence:

There was a process for the handling of request of repeat medicines which we saw through viewing the practice protocol on this subject. Whilst we saw some evidence of structured medicines reviews in the clinical records we viewed, these reviews were not done consistently and of those that had been completed, we found (in some cases) the information detailed within the clinical record was limited. On a number of patients records we viewed, we noted that medicines reviews had been set for one year in advance without evidence of a current medicines review having been completed by a clinician.

For example, we noted that patients who had been issued acute prescriptions for medicines such as Gabapentinoids were monitored but that not all patient records we viewed had clear evidence of structured reviews or discussions with patient regarding the potential for dependence or achieving a tolerance for this type of medicine.

The practice did have in place a system for monitoring patient's health in relation to use of medicines, but as with previous issues highlighted within this report, this process was not consistent, and information contained within some patient records was limited.

An example of this was a clinical records we viewed for patients prescribed Amitriptyline from May 2019 to date and found that of the six records we viewed, we found three records where clinical notes were limited and repeat prescriptions for this medicine had been issued without a documented patient review. There was no evidence of the risks associated with this type of medicine had been discussed with the patient.

One further example of inconsistent monitoring came to our attention from a high-risk medicines audit that the practice provided the inspection team. The practice had conducted the audit which identified what monitoring had occurred for patients currently prescribed Methotrexate. Of the 14 patients identified, eight patients' records showed overdue tests for liver function and full blood counts.