

Care Quality Commission

Inspection Evidence Table

Patterdale Lodge Medical Centre (1-570797286)

Inspection date: 6 July 2018

Date of data download: 12 July 2018

Safe

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Explanation of any answers: This was a follow-up inspection to review compliance with regulation 19 and we found that the service was now meeting all of the requirements for compliance with this regulation.	

Safety Records	Y/N
Health and safety Premises/security risk assessment? Date of last assessment: Legionella risk assessment had been carried in September 2017 at this inspection we reviewed the improvement plan associated with this assessment. We found that plans included replacing water heating apparatus and regular water temperature checks at all surgeries (Patterdale lodge' High Street and Burtonwood). Monthly checks had been completed between February 2018 and June 2018. There were two occasions when the temperature of cold or hot water was slightly outside the required parameters and the action taken to resolve the issues had not been documented.	Y

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers:</p> <p>At the previous inspection the practice was asked to consider reviewing for dealing with two-week urgent referrals. At this follow-up inspection we saw that the dealing with urgent referral policy in relation to test results had been updated in June 2018. Systems had been strengthened to provide clear step by step guidance for clinical and nursing staff and identify specific administration staff responsible for overseeing and monitoring the referral process.</p>	

Medicines Management	Y/N
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>At the previous inspection in October 2017 the provider was asked to review the management system for emergency medicines. At this follow-up inspection we found that the review was incomplete, however the provider had started the process.</p>	

