

Care Quality Commission

Inspection Evidence Table

Union Brae and Norham Practice (1-572378465)

Inspection date: 5 June 2019

Date of data download: 10 June 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Explanation of any answers and additional evidence: When we inspected in November 2018 we found that DBS checks had been undertaken for clinical staff and one member of the administration team who performed chaperone duties. No risk assessment had been carried out to determine whether checks were necessary for other staff. Since the previous inspection the practice had carried out a risk assessment to determine which staff did and did not require DBS checks.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Explanation of any answers and additional evidence: When we inspected in November 2018 we found that the practice had recently appointed a new infection control lead. They were in the process of reviewing and updating the practice's infection control policies to ensure they were appropriate, as some had not been updated for a number of years. Since the previous inspection the infection control lead had completed the process of reviewing and updating infection control policies.	

Appropriate and safe use of medicines

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
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.	Yes
Explanation of any answers and additional evidence: During our inspection in November 2018 we found that emergency medicines were stored in an accessible area; however, other non-emergency medicines were also stored in this unlocked room. Since the previous inspection the practice installed locks on cupboards in rooms where medicines were stored. During our inspection in November 2018 we found that the practice's systems for monitoring patients prescribed high risk medicines were unsatisfactory as regular checks were not always carried out. During this inspection we found that a new system was in place to identify all patients prescribed high risk medicines. If patients were receiving monitoring in secondary care services; this was recorded, along with the next date of any tests. Where any shared care agreement was not in date, the practice had contacted the other provider to obtain a new agreement. Patients had been reviewed and information was highlighted on the patient's medical record. All requests for prescriptions were reviewed and authorised	

Medicines management**Y/N/Partial**

by a GP. We checked three patients records and found all monitoring was up to date. The system had recently been implemented; the practice had plans in place to ensure processes were embedded and working effectively.

For patients prescribed warfarin there was a system of monitoring in place and repeat prescriptions had a limited number of issues before being reviewed. Staff showed us the system of checking that relevant tests had been done. We looked at one patient record and found they had been appropriately monitored.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Explanation of any answers and additional evidence: When we inspected in November 2018 we found that the practice had a system in place to help them respond to patient safety alerts. However, there were no records or log to demonstrate that appropriate action had been taken in relation to any alerts. Since the previous inspection the practice had improved their systems for ensuring that appropriate action was taken following receipt of relevant safety alerts. The monitoring log was updated to include details of the action taken and by whom for each alert.	