

# The Moat House Surgery

## Quality Report

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Merstham

Surrey

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We undertook an unannounced focused inspection at The Moat House Surgery on 14 December 2017. This inspection was carried out to follow up concerns that had been received to CQC in regards to prescribing processes.

Previously we carried out a focused inspection at The Moat House Surgery on 10 August 2017 to follow up non-compliance in the safe domain. The overall rating for the practice was good. The full comprehensive report on the July 2016 inspection and the focused report for August 2017 can be found by selecting the 'all reports' link for The Moat House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Overall the practice remains rated as good with requires improvement for providing safe services.

Our key findings were as follows:

- The practice had reviewed prescribing processes and implemented changes.
- The practice had put new systems in place to monitor prescribing of high risk medicines and controlled drugs however these systems were not sufficient to keep patients safe.

- The practice had a strong culture of recording and learning from significant events and near misses.
- The practice had a suite of policies and protocols available to staff, however not all of these were up to date.

There were also areas of practice where the provider needs to make improvements.

- Importantly, the provider must:

Establish effective systems and processes to ensure that care and treatment is provided in a safe way for service users. By:-

- Ensuring that policies and protocols, including those relating to medicines, contain up to date information and reflect current practice to mitigate any risk.
- Ensuring the proper and safe management of medicines by having effective systems in place to manage prescribing of high risk medicines.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# The Moat House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector who was accompanied by a CQC medicines inspector.

## Background to The Moat House Surgery

The Moat House Surgery is based in a purpose built property. The practice holds a contract to provide general medical services and at the time of our inspection there were approximately 11,400 patients on the practice list. The practice has a slightly higher than average number of patients from birth to 14 years and over 85 years, there is a slightly lower than average number of patients aged 20 to 30 years and 70 to 84 years old. The practice also has a higher than average number of patients with long standing health conditions. The practice is located in an area that is considered to be in the fourth least deprived area nationally, however the practice area includes one of three recognised areas of deprivation in Reigate and Banstead and has a higher than average number of children and older people affected by income deprivation.

The practice has five GP partners and three salaried GPs (three male and five female). They are supported by one nurse practitioner, one nurse prescriber, three practice nurses, one healthcare assistant, a phlebotomist, a practice manager, a patient services manager, IT & data quality manager and a team of clerical and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered 7.30am to 8am Monday to Friday, 6.30pm to 7pm Thursday evenings and Saturday morning from 8.30am to 10.30am. Although it

was noted that the times advertised on the practice website were slightly different. When the practice is closed patients are advised to call NHS 111 where they will be given advice or directed to the most appropriate service for their medical needs.

The service is provided from the following location:

Worsted Green

Merstham

Surrey

RH1 3PN

At the time of our inspection the practice did not have a correctly registered manager. The registered manager was no longer employed by the practice and had not cancelled their registration. One of the GP partners is applying to become the registered manager.

## Why we carried out this inspection

We undertook an unannounced focused inspection of The Moat House Surgery on 14 December 2017. This inspection was carried out under Section 60 of the Health and Social Care Act 2008 to follow up concerns raised in regards to prescribing processes by the practice and confirm that the practice was meeting legal requirements.

## How we carried out this inspection

During our visit we:

# Detailed findings

- Spoke with a range of staff (GPs, practice manager, IT & data quality manager, reception and administration staff).
- Reviewed an anonymised sample of the prescribing records.
- Looked at information the practice used to deliver care and treatment plans.

- Looked at how the practice dealt with and learnt from significant events.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Overview of safety systems and process

The practice had a suite of policies which were accessible to all staff. However, when we reviewed a sample of these we saw that not all policies had been reviewed within the timescale set by the practice and they did not always reflect the current practice of the staff and GPs. For example, the medicines policies did not reflect changes to the way prescribing was managed within the practice. These changes were identified in March 2017 and there were records to show they were discussed at the clinical meeting in June 2017. We also noted that not all the policies that we would expect to see or that staff thought should be there were available and some policies were past their review dates. For example, there was no significant event policy available and the correspondence policy was last reviewed in October 2016 and was due for review in October 2017. Since the inspection the practice has provided evidence that they have written a significant event policy.

### Safe and appropriate use of medicines

Information of concern regarding prescribing of high risk medicines by the practice was received by CQC prior to the inspection. On the day of inspection we found that the practice had reviewed their prescribing processes during significant event analysis and implemented changes through shared learning and discussion at staff meetings. We noted that although staff could consistently describe the new processes they were not always recorded and policies and protocols did not reflect these changes. We also found that the systems put in place to monitor prescribing of a particular controlled medicine were not sufficient to keep patients safe.

During the inspection we found the following:

- Repeat prescriptions could be ordered by patients in person, online, by telephone or through their local pharmacy. Prescription administrators checked repeat requests for the date they were last issued and if the patient was due a review. Once checked a prescription was generated and sent to the GP electronically for them to sign.
- The records of patients who were prescribed controlled drugs and high-risk medicines had alerts set to check if it was safe to prescribe. We were informed that a query

would be sent electronically to the GP with the request before they were authorised. This included medicines that needed a review or were prescribed as an acute medicine.

- The practice told us that all controlled drugs were prescribed as an acute medicine which required authorisation by a GP to generate a prescription.
- The person collecting prescriptions for controlled drugs needed to present identification and sign for collection.
- All patients on controlled drugs had quarterly reviews where the indication for use was recorded and the patients' current clinical needs were discussed.
- We noted that the practice had actively reduced the number of patients prescribed particular controlled drugs, for example strong painkillers, and the quantities prescribed on each prescription had been limited to a maximum of 100 tablets or one-month supply.
- We saw evidence that the practice had undertaken regular searches of the clinical system of prescriptions for patients receiving a particular strong painkiller since the summer of 2017. The practice told us the results were checked by a non-clinical manager to ensure that all prescriptions were issued as acute and not repeat and that no prescription was for more than 100 tablets. However, there was no written protocol in place for checking the results of the search. The frequency of prescribing had not been checked and the results seen on the day of inspection indicated that one patient was receiving prescriptions more often than they should have been. This was brought to the attention of the practice and following our inspection the practice conducted a significant event investigation, which demonstrated the patient had not received more of the painkiller than they should have done but did conclude that the notes were not clear regarding these prescriptions.
- We saw evidence that a weekly search was also completed to identify patients who had been prescribed high-risk medicines or controlled drugs and had not been reviewed in the last three months. On the day of inspection the search showed that there were four patients who were overdue reviews. Two of these four patients had appointments booked for their reviews. Two patients had recently completed reviews but they had not been fully recorded on the clinical system so

## Are services safe?

remained on the review list. This was part of the practice safety checks to ensure reviews are completed for patients who were prescribed high-risk medicines or controlled drugs.

- Requests for high-risk medicines were checked to confirm the necessary monitoring was in place. They were highlighted to the GP who could check the results prior to signing to ensure medicines were safe to issue.
- The medicines policy did not reflect current practice in the surgery and had not been amended following the changes the surgery had implemented in their repeat prescribing process.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. We noted there was not

a written policy or protocol available for reporting or investigating significant events or near misses. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so and the practice had a strong culture and record of reporting significant events and near misses.

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example; the practice became aware that a member of staff had breached information governance guidelines. We saw evidence that the practice took appropriate action regarding this breach, notified appropriate authorities and all staff had received refresher training regarding information governance.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The practice was unable to demonstrate that it had done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The practice did not have systems for medicines management that kept patients safe.</p> <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>