

Brackley Medical Centre

Quality Report

77 Halse Road
Brackley
Northamptonshire
NN13 6EQ
Tel: 01280702436
Website: www.brackleymedicalcentre.co.uk/

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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?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brackley Medical Centre (formerly known as Washington House Surgery) on 30 July 2015. The overall rating for the practice was Good however a breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us and submitted an action plan outlining the actions they would take to meet legal requirements in relation to:

- Regulation 12 (RA) Regulations 2014, Safe care and treatment.
- Regulation 19 (RA) Regulations 2014, Fit and proper persons employed.

The full comprehensive report of the inspection on 30 July 2015 can be found by selecting the 'all reports' link for Brackley Medical Centre (formerly known as Washington House Surgery) on our website at www.cqc.org.uk

This inspection was a desk-based focused follow up inspection carried out on 6 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that

we identified in our previous inspection on 30 July 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as 'Good'.

From the inspection on 30 July 2015, the practice was told they must:

- Strengthen arrangements for the secure storing and recording of non-refrigerated medicines.
- Improve monitoring arrangements for the controlled drugs received and used by the GPs.
- Introduce a system that would identify if a blank form for hand written prescriptions was missing or used inappropriately.
- Introduce Disclosure and Barring Service checks or risk assessments for non clinical staff including three staff trained as a chaperone to determine the need for such checks.

We also told the practice that they should make improvements to the follows areas:

- To the way staff were appraised. At the time of the inspection the practice programme for staff appraisals was behind schedule.
- To the way staff received infection control training. At the time of the inspection, reception, administration

Summary of findings

and GP staff had been excluded from infection control training and a risk assessment on why those staff did not require the training had not been completed.

Our key findings from the April 2017 inspection were as follows:

- The practice had made the necessary changes to their procedures and was now compliant with the requirements of regulation 12 (Safe care and treatment) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The practice confirmed that the programme for staff appraisals had been completed and confirmed all staff has had an appraisal in the past 12 months.
- The practice confirmed that the requirements for infection control training had been reviewed and all practice staff had received infection control training in the last 12 months.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

At our previous inspection on 30 July 2015, we rated the practice as requires improvement for providing safe services as the practice did not have:

- Arrangements for the secure storing and recording of non-refrigerated medicines.
- Monitoring arrangements for the controlled drugs received and used by the GPs.
- A system that would identify if a blank form for hand written prescriptions was missing or used inappropriately.
- Disclosure and Barring Service checks or risk assessments for non clinical staff including three staff trained as a chaperone to determine the need for such checks.

These arrangements had significantly improved when we undertook a follow up inspection on 6 April 2017. The practice is now rated as good for providing safe services.

Good



Brackley Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The desk based focussed inspection was completed by a CQC Lead Inspector supported by a CQC Pharmacist Specialist.

Background to Brackley Medical Centre

Brackley Medical Centre (formerly called Washington House Surgery) provides a range of primary medical services from premises at 77 Halse Road, Brackley, Northamptonshire, NN13 6EQ. It is a training practice and is able to offer dispensing services to patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy.

The practice serves a population of approximately 8,850. The area served is significantly less deprived compared to England as a whole. The practice population is predominantly white British. The practice serves an above average population of those aged from 10 to 19 years and 40 to 54 years and a significantly lower than average population of those aged between 20 and 39.

The clinical staff team includes three male and one female GP partners, six other female GPs, one prescribing nurse, six practice nurses, four healthcare assistants, four dispensers and two dispensary counter assistants. The team is supported by a practice manager and a team of administration, reception and secretarial staff.

Why we carried out this inspection

We undertook a desk based focussed inspection of Brackley Medical Centre (formerly known as Washington House Surgery) on 6 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of Brackley Medical Centre (formerly known as Washington House Surgery) on 6 April 2017. This involved reviewing evidence that:

- Arrangements had been strengthened for the secure storing and recording of non-refrigerated medicines.
- Monitoring arrangements had been improved for the controlled drugs received and used by the GPs.
- A system had been introduced to would identify if a blank form for hand written prescriptions was missing or used inappropriately.

Disclosure and Barring Service checks or risk assessments had been made for non clinical staff including three staff trained as a chaperone to determine the need for such checks.

Are services safe?

Our findings

At our previous inspection on 30 July 2015, we rated the practice as requires improvement for providing safe services as the practice did not have:

- Arrangements for the secure storing and recording of non-refrigerated medicines.
- Monitoring arrangements for the controlled drugs received and used by the GPs.
- A system that would identify if a blank form for hand written prescriptions was missing or used inappropriately.
- Disclosure and Barring Service checks or risk assessments for non clinical staff including three staff trained as a chaperone to determine the need for such checks.

These arrangements had significantly improved when we undertook a follow up inspection on 06 April 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

Following the inspection the practice provided an action plan and evidence that showed:

- Combination locks had been installed on the treatment room emergency medicine cupboard doors which restricted access to authorised staff only and ensured the security of medicines stored on the premises.
- The practice had revised the policy for the handling storage and destruction of controlled drugs and had introduced a system of records which ensured adequate monitoring arrangements for controlled drugs received and used by the GPs.
- The practice had implemented a protocol for the monitoring of hand written prescriptions pads together with a log that recorded the prescription pads in use by each GP.
- The practice now had a policy to check all staff through the Disclosure and Barring Service (DBS). All current staff had received a DBS check and a pre-employment checklist was in place ensuring new staff members received a DBS check at the time of employment. The three staff trained to carry out chaperone duties in particular had received a DBS check.