

# Brampton Medical Practice

## Quality Report

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Desk-Based Review)

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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 comprehensive inspections of this practice in May and November 2014. During the inspection in May 2014, we found there had been a breach of legal requirements. After that inspection the practice wrote to us to say what they would do to comply with the compliance action (now known as a requirement notice) we set under Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines (which corresponds to Regulation 12 (f) and (g) of the HSCA 2008 (Regulated Activities) Regulations 2014). During the inspection we carried out in November 2014, we found that some of the concerns we had identified had been addressed, but others had not been fully addressed.

We undertook this desk-based review in August 2015 to check that the practice had followed their action plan and to confirm they now fully complied with the above regulation. This report only covers our findings in relation to this requirement notice. You can read the report of our last comprehensive inspection by selecting the 'all reports' link for Brampton Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Our key findings were as follows:

- The practice had addressed all of the issues identified during the previous inspection;
- Staff who worked in the dispensary had undergone an assessment of their knowledge of medicines and their competency to dispense;
- Changes had been made to the practice's procedures for the ordering and delivery of medicines requiring cold storage to the branch surgeries. These changes meant that medicines requiring cold storage were now delivered directly to the branch surgeries;
- Changes had been made to the practice's systems and processes which meant that repeat prescriptions were no longer being dispensed before a GP had reviewed and authorised them;
- The practice had made arrangements for medicines awaiting disposal to be picked up more frequently to help prevent stocks of these building up.

### 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?**

**Good**



# Summary of findings

## What people who use the service say

This was a desk-based review. We did not therefore speak to any patients.

# Brampton Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector.

## Background to Brampton Medical Practice

Brampton Medical Practice is a busy rural dispensing practice which provides services from three sites. The practice is based in Brampton and covers approximately 400 square miles. It provides services to 15,200 patients of all ages, based on a General Medical Services (GMS) contract agreement for general practice. The practice also provides a GP service, under contract, to the Brampton Cottage Hospital. The numbers of patients registered is steadily increasing at a rate of between 50 to 70 patients each year. The practice is part of NHS Cumbria Clinical Commissioning Group (CCG). Brampton Medical Practice has a higher percentage of patients in the over 65 age group, and lower levels of income deprivation for both children and older people, when compared to other practices in the local CCG area.

The main practice site is located in the centre of Brampton and occupies a number of floors in large building. It provides a range of services, including, for example, clinics for patients with asthma. The practice has eight GP partners (three female and five male), four salaried GPs (two female and two male), a practice manager, a large team of practice nurses and healthcare assistants, as well as administrative and reception staff. In addition, the practice has a medicines manager, a dispensing team leader, 12 dispensers, a trainee dispenser and three dispensary receptionists. Dispensing services are provided

at the main practice site and both of the branch surgeries. One of the GPs provides support to the dispensing team and they have designated hours each week to enable them to do this. The practice manager also provides support to that team.

Brampton Medical Practice operates branch surgeries at the following addresses. Neither of these sites were visited as part of the inspection:

Beech House, Corby Hill, Cumbria, CA4 8PL.

Yew Tree Cottage, Wetheral, Cumbria, CA4 8JD.

When the practice is closed patients can access out-of-hours care via Cumbria Health On-Call and the NHS 111 service. An 'extended hours' service is available on a Saturday morning at the main practice site, for patients who are unable to attend the practice during its usual opening hours.

## Why we carried out this inspection

We carried out a desk-based review of Brampton Medical Practice on 14 August 2015. This review was carried out to check that the practice had complied with the requirement notice we set following our inspection in May 2014 and which was repeated following our inspection in November 2014. As part of our desk-based review, we reviewed the practice against one of the five questions we ask about services: is the service safe? This is because the service was not compliant with the regulation relating to the management of medicines when we carried out the comprehensive inspections.

# Detailed findings

## How we carried out this inspection

We carried out a desk top review on 14 August 2015.  
We contacted the practice manager and requested that

they provide us with an update on the steps they had taken to fully comply with the regulation regarding the management of medicines. We also looked at the additional information they sent to us in response to our request for evidence.

# Are services safe?

## Our findings

Following inspections we carried out in May and November 2014, a compliance action (now known as a requirement notice) was set in which we told the provider: 'Patients were not always protected from the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Medicines were not always stored or transported safely. Appropriate arrangements were not in place for prescribing medicines. Medicines were not disposed of appropriately'.

We carried out a desk-based review on 14 August 2015 to follow up the requirement notice we set following our inspection visits in May and November 2014. In November 2014, we found that whilst some of the concerns we identified during the inspection we carried out in May 2014 had been addressed, there were still some outstanding concerns. Those concerns were:

- There was no documented evidence that staff who worked in the dispensary had undergone an assessment of their knowledge of medicines or their competency to dispense;
- Suitable arrangements had not been made to maintain the 'cold chain', or record how long vaccines being transported from the main site to the branch surgeries, were not suitably stored during these journeys. (A cold chain is an uninterrupted series of storage and distribution activities which ensure and demonstrate that a medicine is always kept at the right temperature);
- Repeat prescriptions were being dispensed before a GP had reviewed and authorised them;
- There was a large quantity of medicines requiring disposal, including controlled drugs, stored at the practice at the time of this visit. We found controlled

drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) returned by patients had not been destroyed promptly and were being kept in an insecure cupboard.

Evidence we obtained as part of this desk-based review confirmed that:

- Staff who worked in the dispensary had undergone an assessment of their knowledge of medicines and their competency to dispense. The practice manager sent us evidence confirming that they had complied with this aspect of the compliance action. Certificates of competence had been completed for each member of the dispensary team, and these had been signed by the dispensary team leader and the accountable GP;
- Changes had been made to the practice's procedures for the ordering and delivery of medicines requiring cold storage to the branch surgeries. These changes meant that medicines requiring cold storage were now delivered directly to the branch surgeries, thereby removing the need for this type of medicine to be transported from the main practice to the branch surgeries;
- Changes had been made to the practice's systems and processes which meant that repeat prescriptions were no longer being dispensed before a GP had reviewed and authorised them. We saw documentary evidence confirming that a new work flow chart has been devised to provide GPs, and other staff, with clear guidance about the revised procedures to be followed. The practice manager confirmed that the GPs had now been allocated specific times to ensure they were available to sign repeat prescriptions;
- The practice had made arrangements for medicines awaiting disposal to be collected more frequently to help prevent stocks of these building up.