

Browney House Surgery

Quality Report

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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 of this practice on 1 March 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Fit and proper persons employed

How the regulation was not being met:

Recruitment arrangements did not include all necessary employment checks for all staff.

Regulation 19(3)(a) schedule 3

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014: Safe care and treatment

How the regulation was not being met:

The registered person did not do all that was reasonably practicable in managing medicines safely; medicines, including controlled drugs, were not stored safely and securely or disposed of appropriately in accordance with the relevant legislation.

Appropriate systems and processes were not in place to assess, monitor, and improve the quality of services in relation to the dispensing of medicines.

Guidance for the security of blank prescriptions was not being followed.

Regulation 12(2)(g)

Care and treatment was not provided in a safe way for service users because some aspects of the management of medicines and recruitment checks were unsafe.

Specifically:

The arrangements for storing controlled drugs did not ensure that medicines, including controlled drugs, were stored safely and securely (including checking fridge temperatures daily), and disposed of appropriately in accordance with the relevant legislation.

The practice did not keep a 'near-miss' record (a record of dispensing errors that have been identified before

Summary of findings

medicines have left the dispensary) and there were no records of dispensing errors that had reached patients. This meant errors could not be analysed, and learning shared to prevent reoccurrence.

No procedure was in place to track prescription forms after they had been received into the practice, which would identify if any were missing.

Recruitment arrangements did not include all necessary employment checks for all staff.

We undertook this focused inspection on 6 December 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Browney House Surgery on our website at www.cqc.org.uk

Our key findings were as follows:

Care and treatment was provided in a safe way for service users through the proper and safe management of medicines for the purposes of the regulated activity.

Recruitment arrangements now included all necessary employment checks for staff.

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?

The practice is rated as good for providing safe services.

At this visit we checked to ensure medicines were handled safely.

There had been concerns at the previous inspection about the way that medicines were managed. At this inspection we saw that improvements had been made to address the issues.

We also checked and found that the practice now had a system in place to ensure that all the necessary employment recruitment checks were undertaken.

Good



Brownney House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC pharmacist inspector carried out this focused inspection.

Background to Brownney House Surgery

Brownney House Surgery is a purpose built GP premises in Langley Park. They have a Personal Medical Services (PMS) contract and also offer enhanced services for example; extended hours. The practice covers the village of Langley Park, which is an ex-mining community. There is also a branch surgery at Lanchester (Croft View) which was also visited during the inspection. There are 2700 patients on the practice list and the majority of patients are of white British background.

The practice is a partnership with two partners, one clinical and one non clinical. It is a single handed GP practice. There is one Practice Nurse, a Business Manager and a Practice Manager. There is a team of dispensing, reception and administration staff. The practice use regular locums who they employ as they have struggled to recruit new salaried GPs.

The practice is open between 8am and 5.30pm Mondays, Wednesdays and Fridays and between 8am and 6pm on Tuesdays and Thursdays. The branch surgery at Lanchester is open on Mondays, Wednesdays and Fridays between 4.30pm and 6.30pm and on Tuesdays and Thursdays between 11am and 12pm. Extended hours are offered at

the branch surgery until 6.30pm on Mondays, Wednesdays and Fridays. The practice has an agreement with North Durham CCG if patients require a GP outside of their opening hours.

Patients requiring a GP outside of normal working hours (after 6.30pm) are advised to contact the GP out of hour's service provided by North Durham CCG.

Why we carried out this inspection

We undertook an announced focused inspection of Brownney House Surgery on 6 December 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 1 March 2016 had been made.

We inspected the practice against one of the five questions we ask about services:

Is the service safe? This is because the service was not meeting some legal requirements.

How we carried out this inspection

We carried out an announced visit on 6 December 2016. We spoke with staff from the practice that were involved with or had responsibility for the management of medicines. We looked at records the practice maintained in relation to the provision of services, including a new recruitment policy.

Are services safe?

Our findings

We carried out a follow up inspection to ensure the practice had complied with actions detailed in the last report. We checked the arrangements for managing medicines at the practice. Prescriptions were dispensed at Browney House for patients who did not live near a pharmacy. The arrangements for managing medicines across the practice now keep patients safe.

The practice had reviewed all standard operating procedures (these are written instructions about how to safely dispense medicines) to cover all aspects of the dispensing processes. We saw evidence that these SOP's were easily accessible and had been read and signed by staff.

The practice now had a robust system in place to manage alerts. We were shown evidence of the actions taken when an alert came in to practice. Staff kept a 'near-miss' record (a record of dispensing errors that have been identified

before medicines have left the dispensary). We were told that these were discussed in monthly meetings and we were provided with minutes which showed evidence of discussion of these near-miss events.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). The controlled drugs cupboard now complied with the relevant requirements. After our visit, the practice arranged for the accountable officer from the Clinical Commissioning group to visit the practice and destroy all excess stock identified at our last inspection.

Blank prescription forms were stored securely in accordance with national guidance and the practice had implemented a robust system in place to track prescription forms after they had been received into the practice.

A new recruitment policy had been implemented to cover all necessary employment checks and any checks that were outstanding had been completed.