Groby Road Medical Centre

Quality Report

9 Groby Road
Leicester
LE3 9ED
Tel: 0116 253 6263
Website: www.grobyroadmedicalcentre.com

Date of inspection visit: 24 May 2016
Date of publication: 04/08/2016

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires improvement
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Groby Road Medical Centre on 24 May 2016. Overall the practice is rated as inadequate.

Our key findings across all the areas we inspected were as follows:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate checks had not been undertaken to ensure members of the nursing team were registered with the Nursing and Midwifery Council (NMC). The practice had not ensured environmental audits had been carried out in relation to infection control.
- Some emergency medicines were found to be out of date. There was no evidence that a risk assessment had been carried out to ascertain what emergency medicines were and were not suitable for the practice to stock. The practice had not reviewed the risk to service users as there was no process in place to ascertain appropriate emergency medicines were in stock.
- Members of staff were not involved in significant event meetings. Processes for reporting and investigating significant events, incidents and near misses had ceased approximately one year prior to our inspection.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Not all risks to patients were assessed and well managed. The practice did not have an up to date fire risk assessment in place. The practice did not have other risk assessments in place to monitor the safety of the premises, staff and service users or for the control of substances hazardous to health (COSHH) and infection control.

Summary of findings

- There was no evidence of formal clinical supervision, mentorship and support in place for an Independent Nurse Prescriber for this extended role since qualification.
- The practice had recently expanded the premises to provide additional consulting rooms. Building works commenced in October 2015 and were completed in April 2016. This enabled the practice to recruit additional GPs and improved the availability of appointments for patients.
- The practice had a new partnership in place however, there was limited formal governance arrangements. The practice did not have an effective, documented business plan in place.
- The practice had a proactive patient participation group and had sought feedback from patients.

The areas where the provider must make improvements are:

- Review governance arrangements including systems for assessing and monitoring risks and the quality of the service provision such as implementing a system of clinical audits, gaining assurance that members of the nursing team are registered with the Nursing and Midwifery Council (NMC) and a system of clinical supervision/mentorship for nurse independent prescribers.
- Ensure that there are appropriate systems in place to properly assess and mitigate against risks including risks associated with infection prevention and control, legionella, fire and managing emergency situations.
- Ensure that there are appropriate systems and processes in place in relation to emergency medicines, equipment and clinical supplies in the practice.
- Introduce and embed processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure there is a process in place for receiving and disseminating safety updates received from the MHRA and NICE updates to relevant staff and ensuring actions are taken where necessary.

The areas where the provider should make improvements are:

- Ensure a system of appraisals is in place to ensure all members of staff receive an appraisal at least annually.
- Ensure policies and procedures are delivered consistently across the practice.
- Ensure a risk assessment is carried out and rationale documented for not ensuring a DBS check is in place for non-clinical members of staff.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Processes for reporting and investigating significant events, incidents, near misses and concerns had ceased approximately one year prior to our inspection. The practice did not carry out investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated and so safety was not improved.
- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. For example, there were no systems and processes in place to monitor risk. The practice had not ensured environmental audits had been completed in relation to infection control.
- Some emergency medicines were found to be out of date. There was no evidence that a risk assessment had been carried out to ascertain what emergency medicines were and were not suitable for the practice to stock.
- Appropriate checks had not been undertaken to ensure members of the nursing team were registered with the Nursing and Midwifery Council (NMC).
- There was no evidence of formal clinical supervision, mentorship and support in place for an Independent Nurse Prescriber for this extended role since qualification.
- The practice had clearly defined and embedded systems, processes and practices in place to safeguard patients from abuse.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally. Clinical audits did not demonstrate quality improvement.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff. However, not all staff had received an appraisal within the last 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. However, the practice did not hold regular, formal, minuted multi-disciplinary meetings to discuss and review the needs of patients.
- The practice did not have effective systems in place to keep all clinical staff up to date in relation to guidelines from NICE to ensure they used this information to deliver care and treatment that met patients' needs.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services as there are areas where improvements should be made.

- Data from the national GP patient survey showed patients rated the practice below local and national averages for several aspects of care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients views were mixed in relation to being treated with compassion, dignity and respect and involvement in decisions about their care and treatment.
- Members of the reception team had received customer centred care training.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had established communication links with Carers UK to provide detailed information on their services to carers, this included information on the support available to junior carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had

Summary of findings

recently expanded the premises to provide additional consulting rooms for patients. This enabled the practice to recruit additional GPs which improved the availability of appointments for patients.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, learning from complaints was not always shared with staff and other stakeholders.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led and improvements must be made.

- All staff had received inductions but not all staff had received regular performance reviews or attended regular staff meetings and events. Not all members of staff had received an appraisal within the last 12 months. There was no formal clinical supervision process in place for an Independent Nurse Prescriber following qualification.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- The practice did not have an effective governance framework in place. There was a lack of effective systems and processes. There was a new partnership in place which had a clear vision for the future of the practice. However, they did not have supporting, documented business plans in place to reflect their vision.
- The practice did not have a programme of continuous clinical and internal audit to ensure their ability to monitor quality and to make improvements.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and keen to develop their role.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Inadequate

The provider was rated as inadequate for providing a safe, effective and well led service, requiring improvement for being caring and good for being responsive. The issues identified as being inadequate overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of older people. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients received personalised care plans from a named GP to support continuity of care.
- Age Concern provided regular advice sessions in the patient waiting area.

People with long term conditions

Inadequate

The provider was rated as inadequate for providing a safe, effective and well led service, requiring improvement for being caring and good for being responsive. The issues identified as being inadequate overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of people with long-term conditions. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- The practice provided influenza clinics with pre-booked appointment slots on an evening and weekend during influenza season.

Summary of findings

- The practice participated in an admissions avoidance scheme and delivered personalised care plans and regular reviews for patients with a long term condition, with a view to deliver more personalised care and to reduce emergency or unplanned hospital admissions.

Families, children and young people

Inadequate

The provider was rated as inadequate for providing a safe, effective and well led service, requiring improvement for being caring and good for being responsive. The issues identified as being inadequate overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of families, children and young people. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice's uptake for the cervical screening programme was 69.7%, which was comparable to the CCG average of 68.9% and below the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.4% to 98.6% which were comparable to CCG/national averages. Childhood immunisation rates for vaccinations given to under five year olds ranged from 87.2% to 94.9% which were below CCG/national averages.
- There was a clinical immunisation lead who engaged with families and local health visiting teams to aim to increase uptake rates for childhood immunisations.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for providing a safe, effective and well led service, requiring improvement for being caring and good for being responsive. The issues identified as being inadequate overall affected all patients including this population group.

Summary of findings

The practice is therefore rated as inadequate for the care of working-age people (including those recently retired and students). There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- An automated arrival machine was available to give patients the opportunity to arrive themselves for their appointment rather than speak to a receptionist.
- A range of health promotion and screening was available including smoking cessation, travel advice and vaccinations.
- The practice provided in-house smoking cessation advice clinics.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for providing a safe, effective and well led service, requiring improvement for being caring and good for being responsive. The issues identified as being inadequate overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of people whose circumstances may make them vulnerable. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate 

The provider was rated as inadequate for providing a safe, effective and well led service, requiring improvement for being caring and good for being responsive. The issues identified as being inadequate overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of people experiencing poor mental health (including people with dementia). There were, however, examples of good practice.

- Performance for mental health related indicators was 60.7% which was significantly lower than the national average of 92.8%.
- A mental health facilitator provided weekly in-house clinics to deliver counselling sessions to patients.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. 332 survey forms were distributed and 103 were returned. This represented 1.13% of the practice's patient list.

- 55.56% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 57.95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81.71% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 67.84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which was positive about the standard of care received. We did not speak to patients during our inspection.

Areas for improvement

Action the service MUST take to improve

- Review governance arrangements including systems for assessing and monitoring risks and the quality of the service provision such as implementing a system of clinical audits, gaining assurance that members of the nursing team are registered with the Nursing and Midwifery Council (NMC) and a system of clinical supervision/mentorship for nurse independent prescribers.
- Ensure that there are appropriate systems in place to properly assess and mitigate against risks including risks associated with infection prevention and control, health and safety, fire and managing emergency situations.
- Ensure that there are appropriate systems and processes in place in relation to emergency medicines, equipment and clinical supplies in the practice.
- Introduce and embed processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure there is a process in place for receiving and disseminating safety updates received from the MHRA and NICE updates to relevant staff and ensuring action is taken where necessary.

Action the service SHOULD take to improve

- Ensure a system of appraisals is in place to ensure all members of staff receive an appraisal at least annually.
- Ensure policies and procedures are delivered consistently across the practice.
- Ensure a risk assessment is carried out and rationale documented for not ensuring a DBS check is in place for non-clinical members of staff.

Groby Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to Groby Road Medical Centre

Groby Road Medical Centre provides primary medical services to approximately 9,071 patients residing within Leicester City. The practice also provides services to patients residing in two residential care and nursing homes in the surrounding area.

It is located within the area covered by Leicester City Clinical Commissioning Group (CCG). It is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning; maternity and midwifery services and surgical procedures.

At the time of our inspection the practice employed five GP partners, two salaried GPs, a nurse manager, two practice nurses, two health care assistants, an INR specialist and a phlebotomist. They are supported by a practice manager, assistant practice manager, medical secretary, senior receptionist and a team of seven receptionists. The surgery is open from 7.45am to 6.30pm Monday to Friday. The practice offers extended hours appointments on a Wednesday from 7am until 8am and on a Thursday from 7am until 8am and in the evening from 6.30pm until 7.30pm.

The practice is part of a pilot scheme within Leicester City which offers patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments are available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments are available by walk in, telephone booking or direct referral from NHS 111.

The practice provides on-line services for patients such as to book routine appointments, order repeat prescriptions and view patient summary care records.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering care services to local communities.

The practice has one location registered with the Care Quality Commission (CQC) which is Groby Road Medical Centre, 9 Groby Road, Leicester, LE3 9ED.

During our inspection, the practice acknowledged they had suffered problems with access to appointments. The practice list size had steadily increased from approximately 7,478 patients in 2009 to approximately 9,071 patients in 2016. This increase had put pressure on access to appointments for patients and due to the lack of consulting room space available, the practice was unable to recruit additional GPs and nurses to improve the availability of appointments for patients. The practice had previously applied to NHS England to close its list for a period of six months, the list was closed for six months and following this period of time the list was re-opened which had put further pressure on the practice. The practice then received funding to extend the premises to increase the number of consulting rooms and improved disability access which included automated door openers and a passenger lift to give access to the first floor consulting rooms. The building works took place over a period of approximately six months

and the work was completed at the beginning of April 2016. The practice also employed the services of two additional GPs. It is anticipated that now the building works are complete, the premises have been extended and additional GPs are in post that there will be a significant improvement in the services provided to patients and access to appointments.

The practice does not offer car parking facilities for patients however, on street car parking is available directly outside the practice. The practice has limited staff car parking available and there is a disabled car parking space in the staff car park.

The practice has an active patient participation group (PPG) who meet every three months.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 May 2016.

During our visit we:

- Spoke with a range of staff which included a GP, practice manager, nurse manager and a member of the reception team.
- Spoke with one member of the patient participation group (PPG).
- Observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was not an effective system in place for reporting and recording significant events.

- We were informed during our inspection that processes for reporting and investigating significant events had ceased approximately one year prior to our inspection. We were informed this was due to building works which had taken place throughout that period of time and there had been no meeting room available to discuss significant events with the practice team. Prior to our inspection, we were provided with evidence of one significant event which had been reported and investigated. Staff told us they would report incidents in an accident book which was located in the reception office. This process did not support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- During our inspection, we reviewed numerous complaints which constituted a significant event analysis. For example, a complaint had been received from a patient who alleged a GP had caused a delayed cancer diagnosis. A further complaint had been received from a patient due to their inability to book an appointment for an intrauterine device (IUD) change. (an IUD is a long acting reversible contraceptive). The practice had suspended this specialist service until the end of March 2016 due to major building works that were taking place which had put subsequent pressure on consulting room availability and their ability to provide clinics. The practice had also identified trends in increasing levels of verbal abuse and aggressive behaviour from patients towards members of staff. The practice had installed a panic alarm system due to the increased levels of verbal abuse. However, there was no evidence of significant event report forms being completed for any of these incidents. There were no records of investigations carried out and by whom, there was no evidence that learning had taken place. Significant events were not discussed formally, they were not a standing item on meeting agendas. There was no log of significant events held by the practice and no records of any actions taken or lessons learned as a result of significant events.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe. However, the practice did have effective systems in place to keep patients safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff we spoke with demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.Practice nurses were trained to level 2.
- The practice had a discreet and effective system in place to alert clinical staff via the electronic patient care record of any patients who were either vulnerable, had safeguarding concerns or suffered with a learning disability. We saw evidence of this during our inspection.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice did not always maintain appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy with the exception of the children's play area. We noted that the walls were visibly unclean and required re-decor. The practice nurse was the infection control clinical lead who had attended relevant training approximately one week prior to our

inspection, and was new to this role. Her role would be to liaise with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place however, not all and staff had received up to date hand-washing technique training. The infection control lead told us she had planned to implement this training as part of her new role. There were hand-washing technique posters on display in all consulting rooms. Regular infection control/environmental audits had not been undertaken, therefore we did not see evidence that action had been taken to address any improvements that may have been identified as a result. We saw evidence of cleaning schedules in place during our inspection.

- Not all arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). For example, during our inspection we saw an unlocked cupboard located within a nurse consulting room which contained a large stock of injectable items which were accessible to patients. However, the practice installed a lock to this cupboard immediately following our inspection and provided photographic evidence of this to ensure the safe storage of these items. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- During our inspection we observed that all vaccinations and immunisations which required storage within controlled temperatures were stored appropriately. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place which had been reviewed in October 2015. (cold chain is the maintenance of refrigerated temperatures for vaccines). However, staff we spoke with did not have awareness of what they would do in the event of a vaccination fridge failure. The practice provided evidence of a revised cold chain policy to reflect actions to be taken in the event of an emergency shortly after our inspection.
- We were unable to see evidence of effective stock control systems for items which included vaccinations, immunisations. Staff we spoke with were unaware of the process, we were told that the person responsible for stock control was absent throughout our inspection and there was no access to this system. Shortly after our inspection we were provided with evidence of a revised stock control system which the practice intended to implement with immediate effect.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. There was no evidence of formal clinical supervision, mentorship and support in place for this Independent Nurse Prescriber from the medical staff for this extended role, within their first year of qualification.
- Patient Group Directions had been adopted by the practice to allow nurses to administer and/or supply medicines in line with legislation. We saw evidence of PGDs during our inspection which were signed and dated.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Non-clinical members of staff were not required by the practice to have a DBS check in place. However, the practice had not documented their rationale for not ensuring a DBS check was in place for non-clinical members of staff.
- The practice did not carry out regular checks to ensure that members of the nursing team were registered with the Nursing and Midwifery Council (NMC).
- The practice held a record of Hepatitis B status for clinical staff members who had direct contact with patients' blood for example through use of sharps.

Monitoring risks to patients

Risks to patients were not assessed and well managed.

- There were limited procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice did not have an up

to date fire risk assessment in place. The practice was unable to provide evidence that regular fire drills were carried out however, we were provided with evidence of these fire drills the day after our inspection. There was adequate fire protection equipment in place which had been serviced in October 2015.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice did not have any other risk assessments in place to monitor safety of the premises or for the control of substances hazardous to health (COSHH) and infection control. We did see evidence of COSHH data sheets on file for all substances used by the external contractor throughout the building works. The practice did not have any procedures in place or a risk assessment for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice employed the services of an external specialist shortly after our inspection and provided evidence that this had been carried out.
- The practice had recently completed major building works over a six month period to extend the premises. This included an extension into the loft space which gave an additional floor and a meeting room and a rear extension to the ground floor to provide additional consulting rooms. The practice also installed a passenger lift to give patient access to the second floor. This had caused major disruption to staff and also to the services being provided for patients, which included reduced access to appointments and services. We were told that the building works had reduced the amount of consulting rooms being available for clinical staff from seven rooms to three for a significant period of time. These building works also increased the level of health and safety risks to patients, staff and visitors to the practice. There was no evidence of any risk assessments being carried out during this period of time.
- The practice was unable to provide evidence that an annual gas safety check had been carried out.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We saw evidence of these rotas during our inspection. We also assessed appointment capacity over two separate weeks. Analysis of this data showed that appointment capacity was sufficient to meet the needs of the patients.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Panic alarms were installed in the reception area to increase the safety of staff.
- All staff received annual basic life support training and there were emergency medicines available. However, there was limited stock and some items we found to be out of date. For example, EpiPens (Epinephrine) were out of date. (EpiPen is for the emergency treatment of life threatening or severe allergic reactions). There was no stock of Aspirin. Stock contents were not consistent with the record of stock to be held for example, stock records noted four Vitamin K injections were to be held in stock. During inspection, we found two Vitamin K injections in stock. There was no evidence that a risk assessment had been carried out to ascertain what emergency medicines were and were not suitable for the practice to stock. The practice had not reviewed the risk to service users as there was no process in place to ascertain appropriate emergency medicines were in stock.
- Emergency equipment such as oxygen, a nebulizer and a defibrillator where stored in the ground floor reception office, the emergency medicines were stored in a consulting room which was located in a separate corridor. The practice had not assessed the risks of storing emergency medicines and equipment in separate locations.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit.

Inadequate

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan was last reviewed on 22 April 2016.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff told us that the practice had systems in place to keep all clinical staff up to date. Staff told us they had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We were told that alerts were circulated to staff via email however, we were unable to see evidence of circulated alerts or actions taken as a result. Alerts were not discussed in practice meetings.
- The practice had a policy in place in relation to alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). However, we did not see any evidence of dissemination of MHRA alerts or actions taken as a result. There was no evidence that alerts were discussed in practice meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.4% of the total number of points available. The overall exception reporting rate was 17.6% which was higher than the CCG average of 7.8% and the national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for some areas of QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was 93.8% which was better than the national average of 89.2%. This included an exception reporting rate of 17.6%.
- Performance for mental health related indicators was 60.7% which was significantly lower than the national average of 92.8%. During inspection, the practice were unable to explain the reasons for high exception reporting rates. However, following inspection, we were told by the practice that performance for mental health related indictors were low due to recent pressures on services not all patients were seen in the practice and received intervention by local community services. We were told that patient care records had not been updated with the correct clinical codes which had led to a reflection of lower performance.
- Performance for cardiovascular disease prevention related indicators was 100% however this included an exception reporting rate of 66.7%. The actual percentage of patients receiving intervention was 33.3%. During inspection, the practice were unable to explain the reasons for high exception reporting rates. However, following inspection, the practice explained that in relation to cardiovascular disease, eight patients were excepted from this indicator, there was approximately 44 patients on the register at the time of our inspection.

There was no evidence of quality improvement including clinical audit.

- There was no evidence of completed, two cycle clinical audits or evidence of other clinical improvement activities. There had been one completed return to the Clinical Commissioning Group (CCG) which had included antibiotic prescribing data for 2014 and 2015.
- We were therefore unable to see evidence that findings from audits or other clinical improvement activities were used by the practice to improve services.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. A practice nurse had completed training in

Asthma management and was undertaking training in insulin management. The practice was in the process of extending the role of the HCA which included training in INR monitoring for patients being prescribed warfarin.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. We saw evidence of training records during our inspection. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, however not all members of staff had received an appraisal within the last 12 months. The practice reviewed its development needs to ensure staff received appropriate training for their roles. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, coaching and mentoring, informal clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice liaised with other health care professionals on an informal basis. The practice did not hold formal, minuted multi-disciplinary meetings to ensure care plans were routinely reviewed and updated for patients with complex needs. During our inspection, we were told that the practice had been unable to hold regular meetings due to previous issues regarding lack of space prior to the commencement of the building works and disruption to services throughout these works. We were assured that a schedule of meetings was to be implemented immediately following our inspection. We were provided with evidence of meeting minutes shortly after our inspection of a multi-disciplinary meeting held in the practice.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and the practice provided in-house smoking cessation advice appointments.

The practice's uptake for the cervical screening programme was 69.7%, which was comparable to the CCG average of 68.9% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they

Inadequate

Are services effective?

(for example, treatment is effective)

ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 48.9% of patients were screened for bowel cancer within six months of receiving intervention, compared to the CCG average of 42.6%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.4% to 98.6% which were comparable to CCG/national averages. Childhood immunisation rates for vaccinations given to under five year olds ranged from 87.2% to 94.9% which were below CCG/national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received one patient Care Quality Commission comment card which was positive about the service experienced. This patient said they felt satisfied with the services provided and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG) who was also the Chairperson of this group. This member also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed mixed results from patients in relation to being treated with compassion, dignity and respect and also for its satisfaction scores on consultations with GPs and nurses. For example:

- 82.6% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85.5% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 82.2% and the national average of 87%.
- 88.3% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92.6% and the national average of 95%.
- 80.85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80.9% and the national average of 85%.
- 88.8% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86.34% national average of 91%.
- 82.6% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83.4% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment card we received was also positive and aligned with these views.

Results from the national GP patient survey showed mixed results from patients when responding to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 89.4% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82.8% and the national average of 86%.
- 82.6% of patients said the last GP they saw was good at listening to them, compared to the CCG average of 85.5% and the national average of 88.6%.
- 88.3% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92.6% and the national average of 95.2%.
- 79.06% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 95.39% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.

Requires improvement

Are services caring?

The practice provided access to a 'Ujala' translation and sign language service facility to assist patients whose first language was not English to communicate better. The practice also had access to Language line telephone translation services. We saw notices in the reception areas informing patients this service was available.

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 patients as carers, this represented 0.89% of the practice list. Written information was available to direct carers to the various avenues of support available to them. The practice had established communication links with Carers UK to provide detailed information on their services to patients, this included information on the support available to junior carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had recently extended the premises to provide additional consulting rooms to increase the level of access to appointments for patients and to provide additional clinical services. The practice also installed a lift for patients to gain access to the first floor.
- Automated door openers were in place for ease of access to the premises.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered online services such as for ordering repeat prescriptions, booking routine appointments and viewing patient summary care records.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled and baby changing facilities, a hearing loop and translation services available.
- There was a TV screen in the waiting room providing patients with health promotion information.
- There was an automated arrival machine to enable patients to book themselves in for their appointment.
- The practice provided access to a 'Ujala' translation and sign language service facility to assist patients whose first language was not English to communicate better.
- There was a separate children's play area with in the waiting room.
- The practice provided smoking cessation clinics in-house.

Access to the service

The practice was open between 7.45am and 6.30pm Monday to Friday. Extended hours appointments were offered on a Wednesday and Thursday morning from 7am until 8am and also on a Thursday evening from 6.30pm until 7.30pm. In addition to pre-bookable appointments that could be booked up to seven days in advance, urgent appointments were also available for people that needed them.

The practice was part of a pilot scheme within Leicester City which offered patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments were available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments were available by walk in, telephone booking or direct referral from NHS 111.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 73.07% of patients were satisfied with the practice's opening hours compared to the CCG average of 79.02% and the national average of 78%.
- 55.55% of patients said they could get through easily to the practice by phone compared to the CCG average of 67.63% national average of 73%.
- 57.95% of patients said the last time they wanted to see or speak to a GP or nurse at their surgery, they were able to be an appointment compared to the CCG average of 66.46% and the national average of 76.06%.
- 58.7% of patients described their experience of making an appointment as good compared to the CCG average of 68% and the national average of 73%.

The practice had recently employed two additional GPs to improve the availability of appointments for patients.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.We saw evidence of this policy which was last reviewed in October 2015.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice provided a complaints information leaflet for patients.

We looked at seven complaints received between June 2015 and May 2016 and found that these were satisfactorily handled, and dealt with in a timely way, we saw evidence of a written acknowledgement sent to the patient and an apology given where necessary. We saw evidence that the practice had implemented changes as a result of a complaint. For example, a complaint had been received due to the patient's inability to get through through to the practice by telephone and had suffered significant delays in the telephone being answered. The practice confirmed that adjustments had been made to the telephone system following this complaint in April 2016, to improve telephone access for patients.

Some complaints we looked at constituted a significant event analysis however, we did not see evidence of analysis carried out based on these complaints. We did not see evidence that lessons were learned from all individual concerns and complaints however, we did see an analysis of trends. For example, the practice had identified an increase in the level of aggressive and verbal abuse from patients towards practice staff. The practice installed panic alarms at the main reception desk to increase safety for staff however, we did not see evidence of a significant event analysis documented as a result of the increase of these types of incidents.

Are services well-led?

Inadequate

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement in place and staff knew and understood the values.

- The practice had recently recruited additional GP partners and had also completed significant building works which had taken place over a six month period. This provided additional consulting rooms and additional facilities for patients. These developments were to improve access to the premises and also to increase the availability of appointments for patients.
- The new partnership had a clear vision for the future of the practice. However, they did not have supporting, documented business plans in place to reflect their vision. During our inspection, we were told that the practice had previously suffered severe issues due to a steady increase in the patient list size from approximately 7,478 in 2009 to 9,071 patients at the time of our inspection, they had also suffered a lack of consulting room space. This had led to the practice being unable to recruit additional GPs at that time, which as a result had led to increased difficulties and delays for patients being able to obtain an appointment. At the time of our inspection, the building works had been completed and two additional GPs had been recruited. The partners' vision for the future was to ensure improved access to appointments for patients, to provide the best possible levels of care for patients and sustainable service improvement.

Governance arrangements

The practice did not have an effective, overarching governance framework in place to support the delivery of the strategy and good quality care. There was a lack of effective systems and processes in place for assessing and monitoring risks and the quality of the service provision. For example:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We looked at 16 policies during our inspection which included appraisal, infection control and clinical waste, safety alerts, recruitment and confidentiality policies. All policies we looked at had been reviewed and dated however, policies did not deliver consistency across the practice and were not always being implemented and followed, for example in relation to the reporting of significant events and incidents and safety alerts.
- The practice did not have a programme of continuous clinical and internal audit to ensure their ability to monitor quality and to make improvements.
- The practice did not have robust arrangements in place for identifying, recording and managing risks, issues or implementing mitigating actions. The practice had not ensured environmental audits had been carried out in relation to infection control.
- The practice did not hold formal, structured, minuted meetings. Meetings were either held informally or were ad-hoc.
- Appropriate checks had not been undertaken to ensure members of the nursing team were registered with the Nursing and Midwifery Council (NMC).
- The practice had not ensured that all members of staff received an appraisal within the last 12 months.
- There was no evidence of formal clinical supervision, mentorship and support in place for an Independent Nurse Prescriber for this extended role since qualification.

Leadership and culture

There was a new partnership in place, however this was in its infancy. The new partnership aimed to develop an effective governance framework and ensure systems and processes were implemented and followed in the future. The GP partners and practice management team spoke positively about their plans going forward and their areas of responsibility. The partners were aware of areas of concern which required addressing and discussed their plans to improve. During our inspection, staff told us the partners were approachable and always took the time to listen to all members of staff.

Staff told us the practice did not hold regular team meetings. During our inspection, we saw evidence of four meetings which had taken place with the last 12 months. We looked at meeting minutes in relation to a meeting held

Are services well-led?

Inadequate

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

in September 2015 to discuss various clinical topics. We also looked at meeting minutes relating to a meeting held in April 2016 which was a business meeting, various topics were discussed which included staffing levels, rotas and a verbally abusive patient.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met on a three monthly basis and had approximately 8 members. The PPG had a Chair and a secretary in place and had formulated a constitution. The PPG carried out patient surveys which involved surveying patients in the waiting room and submitted proposals for improvements to the practice management team. For example, members of the reception team wore name badges and had attended customer care training based on suggestions from the PPG. The PPG members also worked closely with the practice to monitor the number of missed appointments from patients. The PPG worked in collaboration with the practice to encourage patients to contact the practice to cancel their appointments if they no longer required it. It was hoped that this would improve the availability of routine appointments for patients.
- The practice had gathered feedback from staff generally through appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area.

For example, the practice was part of a pilot scheme within Leicester City which offered patients an evening and weekend appointment with either a GP or advanced nurse practitioner at one of four healthcare hub centres. Appointments were available from 6.30pm until 10pm Monday to Friday and from 9am until 10pm on weekends and bank holidays. Appointments were available by walk in, telephone booking or direct referral from NHS 111.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity. **How the regulation was not being met:** The practice did not have a programme of regular audit or quality improvement methods to assess, monitor and improve the quality and safety of the services provided. Policies and procedures were not consistently implemented and followed across the practice. Not all members of staff had received an appraisal within the last 12 months. The practice did not have a process in place to ensure appropriate recruitment checks were carried out for example in relation to the registration of members of the nursing team with the NMC. There was no evidence of an effective system being in place for dissemination, reviewing and actioning NICE and MHRA alerts or evidence of any actions taken. These matters are in breach of regulation 17(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. For example: The practice did not have systems in place to properly assess and mitigate against risks including risks associated with infection prevention and control, fire, health and safety and managing emergency situations. The practice did not ensure a system of clinical supervision/mentorship for nurse independent prescribers. There was no process in place for reporting, recording, acting on and monitoring significant events, incidents and near misses. There was a lack of systems and processes in place in relation to emergency medicines. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.