

St Lukes Medical Centre

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

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 St Lukes Medical Centre on 5 April 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The assessment of risks to patients required improvement. For example, security relating to prescription forms and the introduction of care plans for patients with some long term conditions.
- Insufficient arrangements were in place for the safe storage of vaccines and the monitoring of the Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a number of written procedures to govern activity, but some were overdue a review. For example, the patient group directions (PGDs are documents permitting the supply of prescription only medicines to patients, without individual prescriptions).

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

The arrangements for the secure storage and audit of prescriptions and systems to monitor their use, including in treatment rooms.

The practice needed written evidence to demonstrate that it had regularly reviewed its patient group directions (PGDs are documents permitting the supply of prescription only medicines to patients, without individual prescriptions).

The practice needed to ensure a robust system for actioning Medicines and Healthcare products Regulatory Agency (MHRA) alerts from Public Health England was in place. MHRA alerts were being received and actioned, up until January 2016 when a change of staff had occurred. When this was brought to the practice's attention, action was taken.

The areas where the provider should make improvements are:

Ensure that patients with long term conditions such as diabetes or Chronic Obstructive Pulmonary Disease (COPD) are provided with a written copy of their own care plan. At the time of the inspection we found that patients with chronic obstructive pulmonary disorder (COPD) or diabetes had not been provided with a written copy of their own care plan.

The practice should review its arrangements for the recording of palliative care meetings.

The practice needed to consider how it communicated with patients who were hard of hearing at St Lukes Medical Centre.

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 requires improvement for providing safe services.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example:

- Prescription forms in GP rooms were not being checked in and out by serial number and were sometimes left in unattended rooms. Although locks were in place to protect internal rooms, the inspection team found an unattended room which contained blank prescription forms. There was no audit trail to check these forms in and out by serial number. NHS Protect states that the safe management of prescription forms requires appropriate policy and effective implementation. Stolen prescriptions are often used to illegally obtain controlled drugs and cause direct financial loss to the NHS.
- There were no written records of palliative care meetings since May 2014, although health professionals told us that these had taken place. The practice planned to change its protocols to ensure a record of these meetings were recorded in writing from the next meeting from April 2016 going forwards.
- The practice fridge temperature monitoring system did not have the facility to detect whether a spike or radical drop in temperature had occurred, which posed a potential risk to the integrity of the stored medicines. This was not in accordance with current guidance.
- The practice did not have written evidence to demonstrate that it had regularly reviewed its patient group directions (PGDs are documents permitting appropriately trained and competent staff to supply or administer prescription only medicines to patients, without individual prescriptions). The inspection team found that the PGDs front sheet was dated from 2014. The PGD sign off sheet was not linked to a specific vaccine and it was unclear which vaccine it referred to, the name of the GP who had signed it and the date. It was not easy to follow which PGDs were due for review, and which were not.
- The practice did not have a robust system in place to receive Medicines and Healthcare products Regulatory Agency (MHRA)

Requires improvement



Summary of findings

alerts from Public Health England. For example, searches to check for any updates on patient safety alerts or medicine alerts. When this was brought to the attention of the practice manager, action was taken.

- Although there were chaperone signs in most treatment rooms and in the waiting room, these were not clearly displayed in every treatment room to inform patients that a chaperone could be requested if desired. When we brought this to the attention of the practice manager, it was rectified.
- On the day of our inspection, patients registered with certain long term conditions such as diabetes or chronic obstructive pulmonary disease (COPD) had not been provided with a written care plan.

There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the National GP Patient Survey January 2016 showed patients rated St Luke's Medical Centre lower than others both

Requires improvement



Summary of findings

locally and nationally for several aspects of care. For example; 90% of patients said they had confidence and trust in the last GP they saw (Clinical commissioning group (CCG) average 96%, national average 95%). 10% of patients responded that they had no confidence at all in the last GP they saw, which was worse than the local CCG average of 4% and the national average of 5%.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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. Fixed position privacy curtains were used to protect patient's dignity.

Are services responsive to people's needs?

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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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. Learning from complaints was shared with staff and other stakeholders.
- The practice had its own dedicated social media web page to engage with younger patients and other population groups who preferred this method of communication.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.

Requires improvement



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and care.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice recognised that it needed to review its MHRA alerts protocol. When this was identified, the practice immediately took action to rectify it.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

The practice is rated as requires improvement for the care of older patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- All patients aged over 75 years had a named GP and each residential care home looked after by the practice had a named GP.
- Patients receiving palliative care were identified on a register and had an alert on their clinical record to inform reception staff to the need to inform a GP of any urgent contact. Messages were shared with out of hour's service providers for patients requiring palliative care. However, there had been no written record of palliative care meetings since May 2014.
- The number of unplanned emergency admissions to hospital per 1,000 head of population was 15.32 which was higher than the national average of 14.6 which meant that patients had a higher risk of experiencing an unplanned admission to hospital than in other parts of England. 15% of the practice population were aged over 75 years, compared to the CCG average of 11.6% and national average of 7.8%.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions.

- 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.
- Dedicated clinics were in operation for patients with long term conditions. Each long term condition had a named lead nurse alongside a named GP. A recall system was used to call all patients on chronic disease registers for annual reviews.
- The practice promoted healthy living activities, for example chair based aerobics exercise classes in Brixham.

Requires improvement



Summary of findings

- The percentage of patients with diabetes in whom the last blood pressure reading in the preceding 12 months was within normal range was 70.34% which was below the national average of 78.03%.
- Although the practice had care plans in place for patients registered with asthma, patients registered with diabetes or chronic obstructive pulmonary disorders (COPD) had not been provided with a written copy of their care plan.
- 62.3% of patients were registered as having a long term condition compared to the CCG average of 58.3% and the national average of 54%. The leadership of the practice had responded to this in a number of innovative ways. For example, the practice carried out diabetic annual review home visits to patients with mobility issues and also visits to undertake annual reviews in nursing homes so experience and knowledge could be passed on.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young patients.

- The percentage of patients aged under 18 years was 15% which was lower than the clinical commissioning group (CCG) average of 18.4% and the national average of 20.7%. The practice had launched their own social media web page in addition to the practice website, to engage with young people and other population groups who preferred this method of communication.
- 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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice cervical screening rate was 82% which was in line with national average of 81%.
- 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.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age patients (including those recently retired and students).

- 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.
- The practice supported patients to stop smoking. Smoking cessation statistics showed that 90% of patients registered as smokers had been offered and provided with support to stop smoking.
- The practice had systems in place to identify military veterans on their new patient form and ensured their priority access to secondary care in line with the national Armed Forces Covenant.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 93% of patients with learning disabilities had received a health review within the last 12 months, which was above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams 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.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including patients with dementia).

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 76% which was lower than the national average of 84%. Staff had a good understanding of how to support patients with mental health needs and dementia. Training sessions with a Dementia Friends Advisor had taken place to increase awareness and several members of staff had become Dementia Friends themselves.
- 97% patients with mental health issues had agreed a written care plan with their GP, this was better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in 7 January 2016 showed St Luke's Medical Centre was performing in line with local and national averages for the majority of the surveyed areas. St Luke's Medical Practice had 236 survey forms distributed by the survey and 127 were returned. This represented 1.2% of the practice's patient list of 10,100.

Patient feedback from St Luke's Medical Centre showed that;

- 80% of patients found it easy to get through to this practice by phone compared to a clinical commissioning group (CCG) average of 79% and a national average of 73%.
- 72.9% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment which was lower than the national average of 85%.
- 81% of patients described the overall experience of their GP practice as fairly good or very good (CCG average 80% and national average 73%).
- 77% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 82% and national average 78%).

Improvement was required in certain areas surveyed at St Luke's Medical Centre where the practice had scored significantly below the CCG and the national averages. For example;

- 75% of patients said the last GP they spoke to was good at treating them with care and concern which was significantly below the CCG average of 88% and the national average of 85%. Of these, 7% of patients had responded that the last GP they spoke was very poor at treating them with care and concern, which was worse than the local CCG average of 1% and the national average of 2%. In response to this the practice told us they were in the process of recruiting additional GPs in order to give GPs more time with each patient.
- 72.9% of patients stated that the last time they wanted to see or speak to a GP or nurse they were able to get an appointment which was lower than the national average of 76%.
- 76% of patients responded that the last GP they saw or spoke to was good at involving them in decisions about their care (national average 81%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Patients wrote about the friendly and approachable staff, the professionalism of the GPs and the nursing team.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

The arrangements for the secure storage and audit of prescriptions and systems to monitor their use, including in treatment rooms.

The practice needed written evidence to demonstrate that it had regularly reviewed its patient group directions (PGDs are documents permitting the supply of prescription only medicines to patients, without individual prescriptions).

The practice needed to ensure a robust system for actioning Medicines and Healthcare products Regulatory Agency (MHRA) alerts from Public Health England was in place. MHRA alerts were being received and actioned up until January 2016, when a change of staff had occurred. When this was brought to the practice's attention, action was taken.

Summary of findings

Action the service **SHOULD** take to improve

Ensure that patients with long term conditions such as diabetes or Chronic Obstructive Pulmonary Disease (COPD) are provided with a written copy of their own care plan. At the time of the inspection we found that patients with chronic obstructive pulmonary disorder (COPD) or diabetes had not been provided with a written copy of their own care plan.

The practice should review its arrangements for the recording of palliative care meetings.

The practice needed to consider how it communicated with patients who were hard of hearing at St Luke's Medical Centre.

St Lukes Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser, and a practice nurse specialist adviser.

Background to St Lukes Medical Centre

St Luke's Medical Centre was inspected on 5 April 2016. This was a comprehensive inspection.

The practice is situated in the coastal town of Brixham, Devon. The area is ranked fifth in the level of deprivation decile, with one being least deprived and ten being the most deprived. 96.7% of the local population identified their ethnicity as being white British in the 2011 census.

The practice provides a primary medical service to 10,100 patients of a predominantly older age group. The practice is a teaching practice for medical students and is a training practice for GP registrars (doctors who are training to become GPs).

There is a team of three GPs partners and five salaried GPs, three female and five male. The whole time equivalent is 5.6 GPs. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, two nurse practitioners, five practice nurses, two health care assistants, three phlebotomists and additional administration staff.

Patients using the practice also have access to midwife clinics and depression and anxiety counsellors at the practice. Other health care professionals such as community nurses, mental health teams and health visitors attended the practice on a regular basis.

The practice is open between the NHS contracted opening hours of 8am - 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hour's surgeries are offered at the following times; Monday, Tuesday, Thursday mornings from 7.30am and on Tuesday evening until 7.30pm.

Outside of these times patients are directed to contact the Devon doctors out of hour's service by using the NHS 111 number.

The practice offered a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice has a Personal Medical Services (PMS) contract with NHS England.

St Luke's Medical Centre is comprised of two locations both of which carry out regulated activities. The main site is located at 17 New Road, Brixham TQ5 8NA and the branch site is located at 1 Greenswood Road, Brixham TQ5 9HN. During our inspection we visited the New Road location on 5 April and the Greenswood Road location on 13 April 2016. This report refers to the New Road location. The Greenswood branch inspection is covered in a separate report.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 April 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- 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 are provided for specific groups of people and what good care looks 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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, patients registered with long term conditions such as diabetes or chronic obstructive pulmonary disorders (COPD) had not been provided with a written copy of their own care plan. The practice planned to introduce these with immediate effect.

There were no written records of palliative care meetings since May 2014, although health professionals told us that these had taken place. The practice planned to change its protocols to ensure a record of these meetings was kept from the next meeting April 2016.

The practice held monthly significant event and adverse incident meetings which demonstrated a safe track record and shared learning. For example, an incident occurred where ear syringing had taken place and a complication had arisen due to miscommunication. The patient had made a successful recovery. The practice had introduced a new protocol to avoid any reoccurrence in the future.

The practice had implemented a system whereby they notified the health visiting team if any new families registered with the practice with children under the age of five years. This was introduced with the agreement of the health visiting team and included a jointly agreed patient registration form in order to capture all of the relevant information.

At the practice's request biologics (biologics are designed to inhibit specific components of the immune system that play pivotal roles in fuelling inflammation, which is a central feature of rheumatoid arthritis) information was provided by secondary care on an annual basis to ensure patient records were up to date with hospital issue

medicines. This ensured necessary blood tests and care was followed up as appropriate, as well as ensuring that the GPs were able to review the possible effects of medicine interactions when prescribing.

When there were unintended or unexpected safety incidents, patients received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. The safeguarding policy was recently updated in December 2015. There was a lead GP for safeguarding and also a lead medical secretary for safeguarding. The GPs attended monthly safeguarding meetings for both vulnerable adults and children and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for children as well as having received training about safeguarding vulnerable adults.
- A notice in the waiting room advised patients that chaperones were available if required. Although there were chaperone signs in most treatment rooms and in the waiting room, these were not clearly displayed in every treatment room to inform patients that a chaperone could be requested if desired.
- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection

Are services safe?

prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, most recently in January 2016 and we saw evidence that action was taken to address any improvements identified as a result.

- We reviewed three 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.

The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Improvements were required in medicines management to ensure patient safety. For example; prescription forms in GP rooms were not being checked in and out by serial number and were sometimes left in unattended rooms. Although locks were in place to protect internal rooms, the inspection team found an unattended room which contained blank prescription forms. There was no audit trail to check these forms in and out by serial number. NHS Protect states that the safe management of prescription forms requires appropriate policy and effective implementation. Stolen prescriptions are often used to illegally obtain controlled drugs and cause direct financial loss to the NHS.

The practice fridge temperature monitoring system did not have the facility to detect whether a spike or significant drop in temperature had occurred, which posed a potential risk to the integrity of the stored medicines. When this was brought to the attention of the practice manager, a data logger device to record the temperature on a three hourly basis was obtained to rectify this, in accordance with The Green Book 2013 published by NHS England.

In the log book there was a period of seven days where the maximum temperature was above eight degrees Celsius. The staff assured us that the average temperature was always in range and this was because the thermometer had

not been reset. The practice could therefore not reassure us as to whether the cold chain was effectively maintained. The procedure for resetting the temperature had not been followed.

We noted within the refrigerator, insufficient space around vaccines and medicines; guidance, from The Green Book 2013 published by Public Health England, states sufficient space should be left for air to circulate. Additionally vaccines should be kept away from the side and back wall of the refrigerator. During our inspection we found that the vaccines were packed tightly together and pushed right to the back wall of the refrigerator. This was not in accordance with the Green Book 2013 guidance. When this was brought to the attention of the practice manager, action was taken.

In the refrigerator log book there was a continuous period of seven days where the maximum temperature was above 8c, the staff assured us that the average temperature was always in range and this was because the thermometer had not been reset. This leaves uncertainty as to the cold chain and the procedure for resetting the temperature and was not in line with guidance from The Green Book 2013.

The practice did not have written evidence to demonstrate that it had regularly reviewed its patient group directions (PGDs are documents permitting the supply of prescription only medicines to patients, without individual prescriptions). We found that the PGDs front sheet was dated 2014. The sign off sheet was not linked to a specific vaccine and it was unclear which vaccine it referred to. Sheets had a space for a GP signature, but with no printed GP name, date or vaccine reference. It was not easy to follow which PGDs were due for review, and which were not.

The Practice needed to ensure a robust system for actioning Medicines and Healthcare products Regulatory Agency (MHRA) alerts from Public Health England. For example, searches to check for any updates on patient safety alerts or medicine alerts. When this was brought to the attention of the practice manager, action was taken.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with posters in the staff areas which identified local health and safety

Are services safe?

representatives. The practice had an up to date fire risk assessment completed in December 2014 and carried out regular fire drills. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had 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. In addition to this, the practice also had stand-alone panic buttons installed in each of the treatment rooms and at reception.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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.
- One of the GPs was a qualified major incident medical adviser and was the honorary medical officer member of the local RNLi crew. This GP had a broad range of additional emergency triage experience and assisted in drafting major incident policies for the practice.

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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed;

- Patients on the diabetes register who had received a health check in the last 12 months was 98% which was higher than the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 81% which was in line with the national average of 80%.
- Performance for mental health related indicators showed that 89% of patients in this group had agreed a written care plan in the last 12 months, which was better than the national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, the osteoporosis audit had ensured patients were on correct treatments and medicines in order to hasten their recovery and well-being.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Audits completed included joint injections, osteoporosis audit, two week wait referrals, and medicine audits.

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. It 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 patients, 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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and depression and anxiety. One of the phlebotomists was also a stop smoking trained advisor who provided support as required. Patients were also referred to a local stop smoking service. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 81%. 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 ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 95% to 96%. These were in line with CCG averages of 79.4% to 96.9% for under two year olds and 89.4% to 96.1% for two to five year olds. The practice had a system in place to remind parents or guardians if they missed an appointment with their child. If three appointments were missed then a visit by the health visitor was arranged.

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 help 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.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey for St Luke's Medical Centre were mixed. The practice survey satisfaction scores were below average for consultations with GPs. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and national average of 89%. 4% of patients responded that the GPs were very poor at listening to them, which was worse than the local CCG average of 1% and the national average of 1%.
- 90% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%). 10% of patients responded that they had no confidence in the last GP they saw, which was worse than the local CCG average of 4% and the national average of 5%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average

88%, national average 85%). 7% of patients responded that the last GP they spoke was very poor at treating them with care and concern, which was worse than the local CCG average of 1% and the national average of 2%.

- 82% of patients said the GP gave them enough time (CCG average 90%, national average 87%).

Following the merger of St Luke's Medical Centre and Greenswood Medical in April 2015 the practice had experienced a departure of some GPs and a corresponding rise in patient demand. The practice manager told us that they had recruited two salaried GPs in response to patient feedback in the last six months. The practice was also in the process of recruiting a further two GPs in addition to the two GPs already recruited. The planned whole time equivalent establishment of the practice was 10 GPs. The practice was also in the process of recruiting two nurse practitioners to add to the existing nursing team.

The GP patient national survey feedback for consultations with nurses and contact with reception staff at St Luke's Medical Centre was above average;

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 93% of patients said they found the receptionists at the practice helpful (CCG average 89%, national average 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 listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the 17 comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey for St Luke's Medical Centre was mixed and showed that patients had not consistently responded positively to questions about their involvement in planning and making decisions about their care and treatment from GPs. Results were sometimes below local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%. 4% of

Are services caring?

patients responded that the last GP they saw was very poor at explaining tests and treatments, which was worse than the local CCG average of 1% and the national average of 1%.

- 76% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85% and national average 82%). 6% of patients responded that the last GP they saw was very poor at involving them in decisions about their care, which was worse than the local CCG average of 2% and the national average of 2%.

Patient feedback about their involvement in planning and making decisions about their care and treatment from nurses was in line with local averages and above the national average. For example;

- 86% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 86% and national average 85%)
- 90% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 92% and national average 90%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had a dedicated carer support worker who worked closely with the practice nurses to support carers. The carer support worker was available five days a week and carried out home visits in response to patient needs.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

The practice had systems in place to identify military veterans and ensured they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant. The practice military veteran's policy was recently reviewed in January 2016.

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. For example;

- The practice extended opening hours had been designed in line with feedback from the CCG and from the practice patient participation group.
- The practice carried out a monthly audit of peaks and troughs of patient demand for appointments and did not attend rates and changed staffing levels to accommodate this. For example, by deploying an additional receptionist on Wednesday and Thursday afternoons.
- Diabetes checks were offered to patients in local nursing homes and also to housebound patients.
- The practice offered an extended appointment if additional swabs were required for cervical smears.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was also a registered yellow fever centre.
- Telephone language translation services were available.
- The practice had introduced a social media web page in order to engage with younger patients and patients who preferred this method of communication.
- The practice participated in a local condom card scheme called the "C Card Scheme"; a confidential service which enabled patients aged 13-24 years olds to get free condoms as well as sexual health information and advice. The local authority informed us that this scheme had achieved a positive impact, decreasing sexually transmitted disease and unwanted pregnancy rates within Torbay.

Access to the service

The practice is open between the NHS contracted opening hours of 8am - 6.30pm Monday to Friday. Appointments are

offered anytime within these hours. Extended hour's surgeries are offered at the following times; Monday, Tuesday, Thursday mornings from 7.30am and on Tuesday evening until 7.30pm.

These hours were displayed on the practice website, at the front entrance to the practice and on practice leaflets.

In addition to pre-bookable appointments that could be booked up to four weeks in advance for GPs, six weeks in advance for nurses, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey for St Luke's Medical Centre showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 81% of patients stated that they were satisfied with the practice's opening hours. This was better than the CCG average of 76% and the national average of 75%.
- 80% of patients said they could get through easily to the practice by phone (CCG average 79% and national average 73%).
- 60% of patients stated that they were always or almost always able to speak to the GP they preferred. This was comparable with the CCG average of 62% and the national average of 59%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

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.
- 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. For example; there was a poster on display at reception and leaflets which explained how to complain should patients wish to do so.

We looked at the 24 complaints received in the last 12 months and found that these had been satisfactorily handled with openness and transparency. Lessons were learnt from concerns and complaints and action was taken

Are services responsive to people's needs? (for example, to feedback?)

as a result to improve the quality of care. For example, patients had complained that their prescriptions were sometimes being sent to Greenwood site instead of to St Luke's. The practice manager had apologised to the patients and taken action. The patients had been satisfied with the outcome. A protocol had been introduced to reduce the risk of this happening again.

Complaints formed part of the agenda of the weekly staff meeting and at the weekly partner meeting and demonstrated that shared learning took place routinely.

Are services well-led?

Requires improvement 

(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 quality care and promote good outcomes for patients.

- The practice had a mission statement which emphasised patient safety and quality of care in collaboration with other healthcare professionals. This was displayed in patient's leaflets in the waiting areas and staff knew and understood the values.
- The practice had a future plan and strategy which was a standing agenda item at the weekly partner's meeting. This included the main challenges facing the practice. These included staff recruitment and the introduction of a same day care centre in Brixham, working with another local practice and the local integrated care organisation (Torbay and South Devon NHS Foundation Trust). This aimed to avoid patients having to go into secondary care at an earlier stage, to reduce unplanned admissions and to use the community facilities more effectively.

Governance arrangements

We found that improvement was required in the governance arrangements for some protocols and systems in place at the practice such as, meeting records, patient group directions and prescription form security. For example;

- The arrangements for the secure storage and audit trail of prescription forms in GP rooms.
- The management of patient group directions to demonstrate regular reviews (PGDs).
- Frequent monitoring of fridge temperatures to protect the integrity of medicines and correct storage of medicines in line with nationally recognised guidance.
- The management of MHRA alerts from public health England. For example, searches to check for any updates on patient safety alerts or medicine alerts. When this was brought to the attention of the practice manager, action was taken.
- Ensuring that patients with the long term condition diabetes or Chronic Obstructive Pulmonary Disease (COPD) have a written copy of their own care plan.

- Written records for palliative care meetings are maintained.
- Clearly displaying chaperone signs in every treatment room.
- The practice needed to consider how it communicated with patients who were hard of hearing at its main site. When this was brought to the attention of the practice manager, a hearing aid induction loop was obtained by 13 April 2016. The practice manager told us that staff had been trained in its use.
- Feedback about St Lukes Medical Centre from the GP patient national survey January 2016 was significantly below the national average in a number of areas.

There were other areas where the practice did have effective governance systems in place. 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
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements

Leadership and culture

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings. However, we found that some records such as palliative care meeting records and patient group directions were overdue for a review.

There were three GP partners and five salaried GPs working at the practice. This was a higher than average ratio of salaried GPs to GP partners. The practice had undertaken a merger with Greenswood Medical in March 2015. Staff told us the time following the merger had been a challenging period due to the staff changes and recruitment issues.

The GP partners prioritised safe, quality and compassionate care. The three partners were visible in the practice and staff told us they were approachable and took the time to listen to all members of staff.

Are services well-led?

Requires improvement 

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. These included weekly practice meetings which all staff were invited to every Wednesday 1pm- 2pm (cover during this period was provided by the practice via a duty GP).
- Other meetings included weekly partner and practice manager meetings, significant event meetings, complaints meetings, clinical supervision monthly meetings and daily GP meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held every quarter. The most recent event had taken place in April 2016. These included team building activities, first aid training, and discussion of operational matters.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice 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. There was an active PPG with eight members which met monthly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice extended hours had been agreed and implemented in response to patient feedback.

- The practice published a newsletter, a copy of which was placed on their website which could be downloaded online. The newsletter included information relevant to patients such as staff profiles, staff changes and health promotion information.
- The practice had undertaken a patient satisfaction survey during March 2016. Responses had been collected both in person by the PPG (60 responses) and online via a link shared on the practice's social media web page (73 responses). The results showed that 96.1% of the 113 respondents were satisfied overall with the care provided. Helpfulness of reception was rated highly at 93.0% satisfaction. Other questions focused on the appointment system, with results showing that although 83.2% of patients were able to make a satisfactory appointment, demand for pre-bookable appointments was large with 80.5% of respondents in favour of being able to book an appointment up to two weeks ahead. 34% of respondents did not find it easy to make an appointment with a GP or the practice nurse team. Reasons for this focused on the difficulty of getting through on the telephones and the requirement to ring at 8am for a same day appointment, as well as comments on a perceived lack of appointments in general. The practice had responded to patient feedback about accessing services by increasing reception staff during busy periods.
- The practice had gathered feedback from staff through annual staff surveys, staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had listened to staff feedback and employed an additional receptionist on a Wednesday and Thursday afternoon to cope with the increased patient demand at those times. The practice also provided tea, coffee, milk and cake in response to staff feedback to support their wellbeing.

Continuous improvement

Are services well-led?

Requires improvement 

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

There was a focus on continuous learning and improvement within the practice and the feedback provided on the day of the inspection was positively received by the practice.

The practice had implemented an improvement log which was a system designed to encourage continuous improvement within the practice. If any staff had any suggestions they accessed the quality improvement log via the practice computer, added their comments and it was then raised at the weekly meetings.

The practice had piloted an online pathology ordering system linked to the acute hospital. The system had a number of safety features with secure sampling and instant access to latest results. The decision to take part in the pilot was undertaken to improve patient experience and increase safety.

Continuous improvement was also demonstrated in the way that GPs had improved the review system. GPs had been seeing patients and then suggested they needed a review. The patients had found they could not secure a convenient date for such a review. GPs had changed the system so that they could override the same day appointment system to enable them to book them a slot for the patient on the correct day to ensure a clinical follow up could take place.

The practice was a teaching and a training practice and two GPs were qualified trainers. The practice had one GP registrar at the time of our inspection and another starting in August 2016.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Proper and safe management of medicines We found that the registered person had not protected people against the risk of unsafe care and treatment. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Blank prescription forms for use in printers, and also pre-printed forms, were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times. Patient group directions (PGDs) had not been reviewed on a regular basis. The practice did not have a robust system in place to frequently conduct Medicines and Healthcare products Regulatory Agency (MHRA) searches to check for any medicine alerts.
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 Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered person did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on the regulated activity. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

- Audit trails for prescription forms were not in place.
- Patient group directions had not been regularly reviewed.
- Fridge temperatures were not regularly monitored.
- Medicines and Healthcare products Regulatory Agency (MHRA) alert searches from public health England were not in place.
- Written care plans for all patients with the long term condition of COPD and diabetes had not been provided to patients.
- Written records for palliative care meetings were not maintained.
- Chaperone signs in every treatment room were not clearly displayed.