

## Newcastle Premier Health Limited

# Newcastle Premier Health

### Inspection report

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Date of inspection visit: 8 January 2018

Date of publication: 04/04/2018

### Overall summary

We carried out an announced comprehensive inspection on 8 January 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service provides an independent GP, travel clinic and mental health service. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC, which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Newcastle Premier Health, the majority of services provided are occupational and vocational health assessments and services to patients under arrangements made by their employer and other organisations. They also provide private aesthetic cosmetic treatments. These types of services are exempt by law from CQC regulation. Therefore, at Newcastle Premier Health, we were only able to inspect the services that fall within the scope of regulation under the Health and Social Care Act.

### Our key findings were:

- We found that this service was not providing safe care in accordance with the relevant regulations
- We found that this service was providing effective care in accordance with the relevant regulations.
- We found that this service was providing caring services in accordance with the relevant regulations.
- We found that this service was providing responsive care in accordance with the relevant regulations.
- We found that this service was providing well-led care in accordance with the relevant regulations.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review the training and procedural guidance for chaperones.
- Review the process for assuring staff are fit and proper for their role, by undertaking appropriate recruitment checks before deploying staff.

# Summary of findings

- Review the process for managing patient safety and medicine alerts so there is a systematic process for identifying and taking action to protect patients who may be at risk.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was not providing safe care in accordance with the relevant regulations.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- The service had systems to keep patients safe and safeguarded from abuse, but there were areas the service should improve, including completing recruitment checks before deploying staff and reviewing the training and procedures for chaperones.
- There was an operational system to manage infection prevention and control. However, the governance of this was poor. The service addressed this concern following the inspection.
- The service learned and made improvements when things went wrong.
- There were systems to assess, monitor and manage risks to patient safety. However, improvements were needed in one area. Although the service held a supply of emergency medicines to treat anaphylaxis and acute severe asthma. They did not hold medicines to treat a range of other medical emergencies and had not carried out detailed enough risk assessments to determine why these were not required.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The systems for handling medicines were mostly appropriate and safe, however improvements were needed in one area. Documentation to authorise nursing staff who were not prescribers to administer or supply medicines was not in line with the Human Medicines Regulations 2012. Once we highlighted the concern, the service put in alternative arrangements to address this.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

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### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

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### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

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# Newcastle Premier Health

## Detailed findings

### Background to this inspection

The Care Quality Commission registered Newcastle Premier Health to provide an independent doctors service from one location:

- Newcastle Premier Health, 4th Floor of Dobson House, Regent Centre, Gosforth, Newcastle upon Tyne, NE3 3PF.

We inspected the services within the scope of the Health and Social Care Act 2008. This included the private GP, travel clinic and private mental health services.

At Newcastle Premier Health, the majority of services provided are occupational and vocational health assessments and services to patients under arrangements made by their employer and other organisations. They also provide private aesthetic cosmetic treatments. These are outside the scope of regulation under the Health and Social Care Act 2008 and as such, we did not inspect them.

We carried out the announced inspection on 8 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check on whether the registered provider was meeting the legal requirements within the Health and Social Care Act 2008 and associated regulations.

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

During our inspection, we spoke with the registered manager, the clinical executive director, the clinical manager, the psychiatrist, the mental health nurse, a travel clinic nurse and two reception and administrative staff. We also viewed personnel files, training records, service policies and procedures and other records about how the service is managed.

We received 24 CQC comment cards from patients detailing their experience of the service.

We checked Healthwatch Newcastle's online feedback centre. There was no feedback about this 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?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

We found that this service was not providing safe care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

### Safety systems and processes

The service had systems to keep patients safe and safeguarded from abuse, but there were some areas the service should improve.

- The service conducted safety risk assessments. They had a suite of safety policies, which were regularly reviewed and communicated to staff. Staff received safety information for the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). However, staff were sometimes deployed before final recruitment checks were received. Managers told us they would review this to ensure in future no clinical staff were deployed before these checks were complete and risk assess the duties undertaken by non-clinical staff if they were deployed before these checks were completed.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Although all staff received refresher training in the safeguarding of children and young people, the service had not checked this was to the appropriate level for clinical staff. They relied on clinicians to ensure they undertook relevant training,

but no separate assurance processes were in place to confirm this. The service took steps to address this post inspection and requested information from staff. They forwarded a sample of certificates for nursing staff to demonstrate they had undertaken this training. They had not been able to collect this information from all doctors within time to include the information within this report, but told us they would collect this information going forward.

- Staff who acted as chaperones were trained for the role and had received a DBS check. However, when we discussed the role of the chaperone with staff, they were unclear of the remit and responsibilities of chaperoning. We checked the service policy in relation to this and found this also did not clearly set out the remit and responsibilities of this role. The Quality Assurance Manager told us they would review their approach to training staff to act as chaperones to ensure staff had the knowledge and skills to provide a safe chaperone service.
- There was an operational system to manage infection prevention and control. However, the governance of this was poor. There was only an overarching policy statement or a sharps and needle stick injury process. The service did not have written policies in place relating to staff training in infection control; cleaning of equipment; waste management; management of outbreak of communicable diseases; reporting of notifiable infections to Public Health England; or handling of specimens. There were no clear written expectations defining staff member's responsibilities relating to infection control. The provider had carried out an infection control audit within the last year, focusing on clinical waste management. This did not identify the shortfall in governance in this area. Following the inspection, the service sent us infection control and associated policies they had developed. They also sent us an audit of their infection control procedures, which they carried out following the inspection, alongside the associated action plan.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. However, these were not clearly set out in a written policy or procedure.
- All clinical staff were following the required appraisal and revalidation processes.

# Are services safe?

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety. However, improvements were needed in one area.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Doctors held current registration with the General Medical Council (GMC) and nurses with the Nursing and Midwifery Council (NMC). Appropriate medical indemnity insurance was in place for all clinical staff.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- The service held a small range of emergency medicines to treat anaphylaxis and acute severe asthma. They did not hold emergency medicines for treating a range of other medical emergencies such as suspected bacterial meningitis; hypoglycaemia or epileptic fit. The service could not locate risk assessments at the time of the inspection, to document why these were not needed. They provided a risk assessment after the inspection; however, this lacked detail. Managers told us they would review this and ensure they either held the medicines as set out in the Resuscitation Council UK guidelines or have in a place a written risk assessment to demonstrate why they were not needed.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Where a patient provided consent, information was shared with their NHS GP. If the patient refused for this information to be sent to their NHS GP service, doctors considered and based their decision to prescribe or not on the risk this presented.

## Safe and appropriate use of medicines

The systems for handling medicines were mostly appropriate and safe; however, improvements were needed in one area.

- Doctors prescribed and gave advice on medicines in line with legal requirements and current national guidance. However, the documentation to authorise nursing staff who were not prescribers to administer or supply medicines was not in line with the Human Medicines Regulations 2012. They did have standing orders in place. However, these have no legal status under the regulations and this meant nurses were administering medicines outside the scope of their legal role. For nurses to legally administer medicines within a service registered with CQC, under the Human Medicines Regulations a prescriber had to assess the patient themselves and issue a prescription or issue a patient specific direction to a nurse to administer the medicine. Alternatively, they can delegate that assessment to a nurse via patient group directions. (Patient group directions allow healthcare professionals without prescribing rights to supply and administer specified medicines to pre-defined groups of patients, without a prescription). Prior to this inspection, the service considered they were working within the scope of regulations. We discussed this with the provider after the inspection. Once we highlighted the concern, they immediately put in place alternative arrangements to ensure a patient specific direction was in place for each patient prior to medicine being administered. Although the service told us the action they had put in place; we did not see this in operation.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped managers to understand risks and gave a clear, accurate and current picture that led to safety improvements.

# Are services safe?

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, the need to ensure the correct recording of patient details was reiterated with the team, following the identification of duplicate records.
- There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as patient and medicine safety alerts. However, because of the low numbers of patients who attended

for regular appointments, the service did not check all patients who they had prescribed the medicine for when they received a relevant patient and medicine safety alert. This was done informally, based on individual clinician's recall of the patients they had seen. The provider should develop a more systematic approach to this.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents:

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Monitoring care and treatment

The service had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. However, quality improvement had focused on systems and processes and there was limited focus on improving the quality of care and outcomes for patients.

- The service used information about care and treatment to make improvements. For example, the service had carried out a single cycle audit to demonstrate how they were meeting best practice as a yellow fever vaccination centre. However, activity to improve patient outcomes, such as clinical audit, had focused on the occupational health aspect of the business previously. The provider recognised this as an area they planned to develop in the future to support them to improve patient outcomes.
- The service was actively involved in quality improvement activity. For example, the service had achieved quality management system accreditation to ISO 9001:2008 and was working towards ISO 9001:2015. These accreditations allow services to demonstrate how their management systems were delivered in a way to meet customer and applicable statutory and regulatory requirements.
- Where appropriate, clinicians took part in local and national improvement initiatives. The service had recently started to offer a treatment for patients who had mental health conditions. They provided repetitive transcranial magnetic stimulation for patients with

depression, which had not responded to medicine or where medicine was not suitable. This is a form of brain stimulation therapy used to treat depression and anxiety, using a magnet to target and stimulate certain areas of the brain. The service delivered this in partnership with the London Psychiatry Centre. They had not yet administered this type of treatment to any patients at the time of the inspection, but they reported their protocols and patient selection was based on NICE guidelines.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.

- The service understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop.
- Most records of skills, qualifications and training were maintained and up to date. However, the service did not assure themselves that clinical staff had received the right level of training in the safeguarding of children and young people. They addressed this following the inspection, and sent us some evidence to demonstrate the approach they were taking.
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

### Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services or when they were referred to other services.

### Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The service identified patients who may be in need of extra support and directed them to relevant services.



# Are services effective?

(for example, treatment is effective)

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The service planned to implement drop in clinics within 2018, to support patients with healthy lifestyles advice.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

## **Consent to care and treatment**

The service obtained consent to care and treatment in line with legislation and guidance.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- We noted that staff treated patients respectfully, appropriately and kindly and were friendly towards patients over the telephone.
- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced.

### **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand.

### **Privacy and Dignity**

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The service complied with the Data Protection Act 1998.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- A private room was available if patients wanted to discuss sensitive issues or appeared distressed.
- Patients' medical records were stored in locked cabinets located in a secure area to maintain confidentiality.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. They took account of patient needs and preferences.

- The service understood the needs of their patients and tailored services in response to those needs. The service improved services where possible in response to unmet needs. For example, they had recently introduced a service for patients seeking private treatment for mental health conditions.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. For example, interpreter services were available for patients whose first language was not English. Baby changing facilities were available.
- All patients attending the clinic referred themselves for treatment; none were referred from NHS services. The doctors told us that they referred patients to NHS services when appropriate.

### Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

### Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. Six complaints had been received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

### Culture

The service had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the service team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding. However, staff were unclear of the remit and responsibilities of chaperoning.
- Service leaders had in most cases established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, the service did not have in place a full range of policies and procedures for infection prevention and control.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. However, improvements were

# Are services well-led?

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

needed in some areas to ensure the service provided was safe. This included the way the service managed medicines, infection prevention and control and availability of emergency medicines.

- The service had processes to manage current and future performance. Service leaders had oversight of MHRA alerts, incidents, and complaints. However, the follow up to patient safety alerts to check if any patients were at risk was informal and based on individual clinicians' recall of the patients they had seen.
- Quality improvement had helped improve systems and processes. However, clinical audit activity had focused on the occupational health side of the service. Some audit activity had been carried out. However, these were not focused on areas, which would lead to improvements in the quality of care and outcomes for patients. The service recognised this as an area they planned to develop further to support continuous improvement in the GP, travel clinic and mental health aspects of the service.
- The service had plans in place and had trained staff on responding to major incidents.
- The service implemented service developments and where efficiency changes were made; this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The provider captured the views of patients on an ongoing basis, analysed this feedback and used this to help them improve the service and meet the needs of people who used the service.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. The service had introduced a service for people with mental health conditions, and delivered repetitive transcranial magnetic stimulation for depression in partnership with the London Psychiatry Centre.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There were insufficient quantities of medicines to ensure the safety of service users and to meet their needs. In particular:</p> <ul style="list-style-type: none"><li>• They did not hold emergency medicines for treating a range of other medical emergencies such as suspected bacterial meningitis; hypoglycaemia or epileptic fit. The service did not adequately assess the risk to document why these were not needed.</li></ul> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none"><li>• The documentation to authorise nursing staff who were not prescribers to administer or supply medicines was not in line with the Human Medicines Regulations 2012.</li></ul>