

Mrs Suhasini Nirgude

Inspection 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall. (Previous rating November 2017 – *Requires Improvement*)

The key questions are rated as:

Are services safe? – *Requires Improvement*

Are services effective? – *Good*

Are services caring? – *Good*

Are services responsive? – *Good*

Are services well-led? – *Requires Improvement*

We carried out an announced comprehensive inspection at Mrs Suhasin Nirgude on 19 September 2018 to follow up on breaches of regulations.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The systems to keep patients safe did not always evidence appropriate action in relation to medicines and safety alerts.

- Staff did not always involve and treat patients with compassion, kindness, dignity and respect.
- Patients felt they were not always involved in decisions regarding their care and treatment.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There were ineffective governance structures in process for areas such as monitoring of vaccine storage and clinical staff training needs.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Continue to monitor and work on improving uptake of childhood immunisations and cervical screening.
- Continue to identify and engage with carers to ensure their health needs are met.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a member of CQC's data team who was there as an observer.

Background to Mrs Suhasini Nirgude

Mrs Suhasini Nirgude is the registered manager and sole provider of the practice operated from The Abbey Medical Centre.

The practice has a registered population of approximately 2,460. There is a higher than average number of patients of working age and fewer older patients than average registered. The practice is located in an area of Reading with a high density of rented accommodation which results in a greater than average turnover of patients. Approximately 300 patients leave and 400 register with the practice each year equating to nearly 14% turnover. The Abbey Medical Centre is located in an area with a higher level of deprivation than the clinical commissioning group and national averages. People living in more deprived areas tend to have a greater need for health services. There are limited car parking facilities on site but the practice is within a short walk of main bus routes and is walkable from the mainline Reading railway station. The main entrance to the practice is accessed via steps but there is ramped access from the car park at the rear of the premises for patients with a disability or those with pushchairs.

Normally there are two female GPs covering all the appointment sessions per week. Cover for holidays and other periods of absence is provided by locum GPs. This

is often a male GP who covers the locum sessions. There is a part time practice nurse who works one day a week, a part time phlebotomist and four members of the administration and reception team.

The practice is open between 8am to 6.30pm Monday to Friday. Appointments are from 8.20am to 11.30am every morning and 3.30pm to 6pm daily. Extended surgery hours are offered between 6.30pm and 8pm on a Monday evening every week. The out of hours service is accessed by calling 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

All services are provided from: The Abbey Medical Centre, 41 Russell Street, Reading, Berkshire, RG1 7XD. The practice is registered with the CQC for the carrying on of the regulated activities of: Diagnostic and screening procedures, Family planning services, Maternity and midwifery services and Treatment of disease, disorder or injury and Surgical Procedures.

The practice has been inspected before in January 2015 when it was found to require improvement for the delivery of safe, effective and well led services giving rise to an overall rating of requires improvement. A second comprehensive inspection was carried out in January 2016 to see if the practice had completed the action plan



when it was found to require improvement for the delivery of safe services but had an overall rating of good. A follow up focused desk based review was conducted in May 2016 to ensure changes had been implemented and regulations met when it was found to be good in the safe



delivery of services. A further comprehensive inspection was carried out in Novemebr 2017 when it was found to be inadequate in well-led and requires improvement in safe. This inspection was to follow up on breaches of regulations identified at the November 2017 inspection.

Are services safe?

We rated the practice as requires improvement for providing safe services.

Safety systems and processes

The practice did not have clear systems to keep people safe and safeguarded from abuse.

- The practice did not have appropriate systems to safeguard children and vulnerable adults from abuse. From evidence provided to us after the inspection there were gaps in safeguarding children training for the locum doctor. The practice told us this training had taken place but that they did not monitor clinical staff training.
- The one clinician we spoke to knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

- 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 including sepsis.
- When there were changes to services or staff the practice 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.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including medical gases, emergency medicines and equipment, minimised risks.
- The system for storing and monitoring vaccines did not keep patients safe. There had been five occasions where the fridges that vaccines were stored in had gone above the recommended temperature and there was no documented reason for this and no action was taken within the practice.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.

Are services safe?

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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 practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice did not have evidence that all patient and medicine safety alerts were acted upon. The provider received all alerts and there was some evidence of sharing relevant clinical alerts with the clinical staff. There was no log to show that non relevant alerts had been considered and to show the actions taken following identification of relevant alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. 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' immediate and ongoing 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.
- The practice had made all appointments available to book online and over the phone. Repeat prescriptions could also be ordered online.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- A dedicated telephone number was given to patients over 75 to ensure timely telephone access.
- On-site Doppler examination was offered by the practice nurse, to avoid an extra hospital visit. This enabled a quicker response for those with circulation problems or needing measurement for compression stockings.
- The practice referred patients to a social prescribing service as appropriate.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice undertook medicine reviews on a six monthly basis.
- The practice had portable spirometry equipment so that adhoc checks on those with chronic coughs, not on the chronic disease register could also be assessed.
- The practice's performance on quality indicators for long term conditions was in line with or above local and national averages.
- For example, the percentage of patients with COPD who have had a review, undertaken by a healthcare professional was 100%, compared to the local average of 92% and national average of 90%.

Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90% in three of the four areas. The practice were aware of the lower uptake and were working with the local health visiting team to try and increase this. They used opportunistic appointments and also contacted parents/carers by letter and a follow up phone call to encourage them to have the immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Babies and children were offered same day appointments when required.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 69%, which was below the 80% coverage target but in line with local and national averages for the national screening programme. The practice gave us the most recent unverified data which showed an achievement of 78%. This is a 9% increase since the previous year. The provider sent letters and telephoned all patients who were eligible for the screening.

Are services effective?

- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- These patients were offered annual health reviews and double appointment times.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. All staff had undertaken dementia awareness training.
- The practice's performance on quality indicators for mental health was above local and national averages. All indicators for mental health showed achievement of 100% with 0% exception reporting.

Monitoring care and treatment

The practice routinely reviewed the effectiveness and appropriateness of the care provided through reviewing QOF. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- There was a lack of clinical quality improvement activity via audits.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them.
- Up to date records of skills, qualifications and training were maintained for non-clinical staff. This was not maintained for clinical staff. Staff told us they were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for

Are services effective?

people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- 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 practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients via the comments cards was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were lower than, but statistically comparable to local and national averages for questions relating to kindness, respect and compassion.
- The practice was aware of the results and were in the process of developing an action plan.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were lower than, but statistically comparable to local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services and across all population groups .

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- For example, extended opening hours and online access for repeat prescriptions and appointment booking.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who failed to attend for follow up appointments were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients were able to access care and treatment from the practice 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.
- Patients reported that the appointment system was easy to use.

Are services responsive to people's needs?

- The practice's GP patient survey results were above local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders did not always have capacity and skills to deliver high-quality, sustainable care.

- Leaders were not always aware of the risks and issues within the service. Leaders were not always clear about their roles and their accountability, particularly in relation to staff monitoring.
- The service has had five inspections since January 2015. Four of these inspections identified issues with management of safety issues and three of these inspections identified issues with governance processes.
- The provider did not react sufficiently to risks identified through internal processes, but often relies on external parties, such as these inspections, to identify key risks before they start to be addressed.
- Leaders were knowledgeable about issues and priorities relating to the quality of services. They understood the challenges and were addressing them.
- Staff told us leaders were visible and approachable.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- There were teams working in silos and clinicians did not always work cohesively. For example, although staff had

identified the breaches in fridge temperature they had failed to sufficiently address this with those concerned. The leadership within the practice told us did not feel able to challenge the clinicians and insist on evidence being provided. For example of training records.

- The practice 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 need. 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.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The arrangements for governance and performance management were not fully clear and did not always operate effectively.

- Staff were not always clear about their roles, what they were accountable for, and to whom to ensure safety concerns were consistently identified and actioned.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

There was a lack of clarity around processes for managing risks, issues and performance.

- There was an ineffective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance.
- Practice leaders had oversight of safety alerts, incidents, and complaints. The service could not evidence that they always reviewed and acted on patient safety alerts.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice 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.
- The practice 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 practice used information technology systems to monitor and improve the quality of care.
- The practice 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

- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- Clinical and internal audit processes were inconsistent in their implementation and impact. The provider was unable to evidence any second cycle audits which showed an improvement in the quality of care or a change to practice as a result.
- Staff knew about improvement methods and had the skills to use them.
- The practice 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.

Please refer to the evidence tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was a lack of monitoring of clinical staff training needs. There were gaps identified in training records. We requested their log of medicine and safety alerts but were told that they did not have one. The RM told us that she emailed appropriate alerts to staff. We saw some evidence of this but no evidence that all alerts had been reviewed. We identified 6 occasions over the last 3 months where fridge temperatures had gone above the recommended temperature and no action had been taken or a reason documented for this. There were occasions when the fridge temperatures were not checked and recorded when the service was open.