Theale 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?	Good
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 a short notice announced comprehensive inspection at Theale Medical Centre on 15 and 24 March 2017. We rated the practice as good for providing Effective, Caring and Responsive services and requires improvement for Safe and Well Led. Overall the practice is rated as requires improvement.

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

- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and dispensary processes.
- There was a leadership structure but not all staff felt supported by management. The practice sought feedback from patients, which it acted on.
- Governance arrangements in respect to documentation and record keeping for organisational management were not always effective.
- Staff were aware of current evidence based guidance. Most staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, mental capacity act training was not offered to staff.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. However, governance arrangements had not included logging all verbal complaints and staff told us many of these had been dealt with ineffectively or not responded to in a timely way.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Results from the national GP patient survey showed most patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- The provider must ensure governance processes and systems are consistently applied in a timely manner to assess, monitor and improve the quality and safety of the services provided and in the management of risk. This includes ensuring that:
- All staff are aware of policies and procedures and are effectively embedded in practice. For example, not all staff were aware of the whistleblowing policy and how to access it.
- Governance arrangements include all necessary employment checks; training needs are met for all staff; dispensary governance processes identify risks and keep patients safe.
- The complaints management processes include documenting and responding to all verbal complaints in a timely way. Learning and trends from complaints must be shared with all staff.

The areas where the provider should make improvements are:

- Ensure all actions from the infection control audit have been documented.
- Continue to review the learning disability register and offer health checks to improve outcomes for this patient group.

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?

Requires improvement

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

- Governance processes in the dispensary did not always keep patients safe. For example, there was no record of near miss incidents to identify improvements in practice, prescription stationery was incorrectly logged, not all medicines were dispensed according to recommended guidelines and confidential information was not disposed of correctly.
- The embedded systems, processes and practices to minimise risks to patient safety were not always effective. For example, recruitment checks were incomplete.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

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 compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment, although the practice had not updated training records or reviewed requirements to ensure all staff were up to date.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with or above others for several aspects of care.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. We noted some patients were asked to attend during core hours despite having booked an appointment in the extended hours period. The practice told us that patients who had been offered extended hours appointments were sometimes called on the day of the appointment to see if they wanted to be seen earlier by a GP who had completed their appointments for the day.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Information about how to complain was available and evidence from the examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was not shared with all staff and other stakeholders. However, we were told when complaints were escalated verbally, these were not always responded to in a timely way. We were also told of occasions when verbal complaints were requested to be put in writing which was not in line with the practice policy.

Are services well-led?

Requires improvement

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

Summary of findings

- The governance systems and practice culture did not always support the delivery of high-quality services, care and treatment. There was a documented leadership structure but not all staff felt supported by management. Some of the non-clinical staff told us they felt staff morale was low. The practice had a high turnover of dispensary, administration and reception staff in the previous 12 months which occurred after a change in leadership in the practice.
- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.
- The practice had a number of policies and procedures to govern activity. Not all staff were aware of lead roles or where policies were located. Governance procedures within the dispensary were not always effective.
- All staff had received inductions and there were regular meetings for all staff groups. However, staff told us they were not always able to attend these meetings and they received no alternative feedback from management. The learning opportunities from complaints and significant events discussed at meetings was limited. Not all staff who had received an appraisal had felt they had been offered the opportunity to raise concerns or offer feedback to the practice on their performance and learning opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements. However, governance systems had failed to identify that not all verbal complaints were managed effectively or documented for review and sharing of learning.
- The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. However, there were areas of good practice;

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- 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.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. However, there were areas of good practice;

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- 86% of patients with diabetes had achieved a target blood sugar result of 64 mmol/mol or less in the preceding 12 months compared to the CCG average of 79% and national average of 78%.

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. However, there were areas of good practice;

- From the sample of documented examples we reviewed 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 patients who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young patients and for acute pregnancy complications.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. However, there were areas of good practice;

Summary of findings

- The needs of these populations 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 Saturday appointments. However, we noted that some appointments made for the extended hours clinics were fulfilled during core hours. The practice advised this occurred when patients were unable to book an appointment during core hours and had resorted to taking an out of hours appointment instead.
- 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.

People whose circumstances may make them vulnerable

Requires improvement 

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. However, there were areas of good practice;

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- 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 offered longer appointments for patients with a learning disability.
- Only 55% of patients on the learning disability register had been offered a health check in the preceding 12 months. The practice told us they had focused on the most severely disabled patients in the first instance and had achieved 71% of health checks in this particular group.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young patients and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. However, there were areas of good practice;

- The practice carried out advance care planning for patients living with dementia.
- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the clinical commissioning group average of 83% and the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 94% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 94% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or below local and national averages. 243 survey forms were distributed and 109 were returned. This represented 1% of the practice's patient list.

- 83% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 87% and the national average of 85%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 86% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients during the inspection day. We received 17 comment cards, of which eight were positive about the standard of care received. Seven patients expressed satisfaction with care and treatment but offered negative views on accessing and making appointments, courtesy of reception staff and state of repair of the building roof. The two negative comments received related to reception staff attitude and lack of communication over appointment waiting times.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice encouraged feedback from patients via the friends and families test. In the period from November 2016 to January 2017 the practice had received 732 responses to the question "how likely are you to recommend the practice to friends and family?" Of these, 656 (90%) had said they were likely or extremely likely to recommend the practice.

Areas for improvement

Action the service MUST take to improve

- The provider must ensure governance processes and systems are consistently applied in a timely manner to assess, monitor and improve the quality and safety of the services provided and in the management of risk. This includes ensuring that:
- All staff are aware of policies and procedures and are effectively embedded in practice. For example, not all staff were aware of the whistleblowing policy and how to access it.
- Governance arrangements include all necessary employment checks; training needs are met for all staff; dispensary governance processes identify risks and keep patients safe.
- The complaints management processes include documenting and responding to all verbal complaints in a timely way. Learning and trends from complaints must be shared with all staff.

Action the service SHOULD take to improve

- Ensure all actions from the infection control audit have been documented.
- Continue to review the learning disability register and offer health checks to improve outcomes for this patient group.

Theale Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector**.** The team included a GP specialist adviser, a CQC pharmacy inspector and a CQC assistant inspector.

Background to Theale Medical Centre

Theale Medical Centre provides primary care services to approximately 10,948 patients from a purpose built building in a semi-rural area of Reading. The premises are accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground floor, with administration offices over both floors. The practice comprises five consulting rooms, three treatment rooms, a patient waiting area, reception area, administrative and management offices and a meeting room. The practice also offers services from a branch surgery in Calcot.

The practice population of patients aged between 0 to 9 years and 40 to 64 years are higher than the national average and there are slightly lower number of patients aged above 80 years old compared to the national average. The practice serves a small ethnic population (8%), with the majority of patients being from a white British background. The practice is located in a part of Reading with low levels of income deprivation, although there are pockets of high deprivation within the practice boundary.

The practice has five GP partners (two male, three female), two salaried GPs (both female), four nurses (all female) and two phlebotomists (both female). There is a practice dispensary with five dispensers. Supporting the clinical team is a practice manager, a senior administrator, a summariser, a read coder, two secretaries, a finance assistant, a reception team leader and six receptionists. The practice also supported a GP trainee who was on placement at the practice to fulfil their supervised practice hours whilst they completed their training to become a GP.

The practice had been through a period of high staff turnover in the preceding 12 months and had appointed a new practice manager, 15 receptionists and five new dispensers since March 2016. The practice currently have a vacancy for one GP.

Services are provided via a Primary Medical Services (PMS) contract. (PMS contracts are negotiated locally between GP representatives and the local office of NHS England).

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am and 12pm every morning and 2.30pm to 5.50pm daily. Extended hours appointments are offered on two evenings per week (on a rotational basis) until 7.30pm and every alternate Saturday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them. The practice also offered online booking for appointments and repeat prescriptions.

Services are provided from the following two sites:

Theale Medical Centre, Englefield Road, Reading, West Berkshire, RG7 5AS

and

Calcot Surgery, 72a Royal Avenue, Calcot, Reading, RG31 4UR.

We only inspected Theale Medical Centre during this inspection and visited on the 15 and 24 March 2017. The practice was inspected previously in November 2014 where

it was found to not be meeting all the regulations and a follow up inspection in September 2015 where the concerns raised from the previous inspection had been acted on.

Why we carried out this inspection

We carried out a short notice 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 in response to information we had received about concerns regarding patient care and services at the practice between October 2016 and February 2017. The inspection was carried out to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as NHS England, North and West Reading clinical commissioning group and the local Healthwatch to share what they knew. We carried out a short notice announced visit on 15 and 24 March 2017. During our visits we:

- Spoke with a range of staff including four GPs, three nurses, a phlebotomist, a GP trainee, practice manager, reception manager, senior administrator and members of the reception team. In addition, we received written feedback from various members of the administration and reception team. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of 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.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of 10 documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a young patient saw the GP for a high temperature and lethargy. The GP did not request a urine sample test. The patient needed to attend hospital later that day and was diagnosed with urosepsis (a life threatening infection of the urinary tract). The practice reviewed their procedures for young patients requiring a urine test and ensured written management was available in all clinical rooms. In addition, a paediatrician (children's specialist doctor) visited the practice and presented an educational update for the GPs.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding, although not all staff were aware who the lead was. We reviewed documented examples of safeguarding referrals and found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses were trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. However, there were no cleaning schedules or monitoring systems in place. The practice instigated cleaning schedules after the inspection.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The nurse had been IPC lead for two years and had received role specific training in February 2017. There was an IPC protocol and staff had received training via e-learning. Annual IPC audits were undertaken and although it was evident that action had been taken to address any improvements identified as a result, there was no formal action plan to identify timescales or who was responsible for them.

Requires improvement

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. 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.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had a dispensary offering pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy premises.
- Staff followed procedures for handling requests for repeat prescriptions, including ensuring that further checks (such as blood tests) were completed. High risk medicines were reviewed by the GP before dispensing. Repeat prescriptions were signed before they were transferred to patients.
- Staff dispensed some medicines into blister packs to help patients with taking their medicines, and systems in place for dispensing and checking these were not always effective. For example, in one patient's blister pack, we found that a medicine which needed to be taken at a different time from all other medicines had been placed in a blister with other medicines. The practice escalated this to the other dispensers for learning after the inspection.
- Printable prescription forms (FP10s) were stored securely and their use was tracked in the practice. Prescription pads for handwritten use were logged incorrectly and the practicecould not be assured of prescription security. However, they corrected this on the day of inspection and informed us they would escalate the correct procedure to relevant staff.
- The practice was signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients from their dispensary. Staff involved in dispensing activities were trained to an appropriate level. A named GP was responsible for the dispensary. The practice used standard operating procedures (SOPs) for dispensing which had been reviewed recently. However, not all of these were signed by staff to indicate they had read, understood and would work in line with them. The practice provided us with evidence after the inspection that all the SOPs had been signed by all dispensary staff. On the day of inspection the dispensary team were unaware of any audits that had been undertaken. However, after the inspection, the practice provided evidence of two dispensary based audits that had been undertaken to ensure continuous monitoring and identify improvements to the quality of the service.
- Dispensing errors were recorded, investigated and relevant learning shared with staff to reduce the chance of reoccurrence. We noted that no records of near misses (dispensing errors which did not reach a patient) were available. The practice was unaware that recording and reviewing near misses was important in reducing future risk of errors occurring. Medicines were stored securely and regular date checking meant they were within their expiry date.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.
- Medicines which required refrigeration were kept at the manufacturer's recommended temperature and clear, consistent records demonstrated this. The practice received and acted upon medicines safety alerts and recalls. Appropriate systems were in place for disposal of medicines. However, we found that labels containing patient's names were left on boxes of medicines that had been placed in the medicines disposal bin.

We reviewed six personnel files and found not all the appropriate recruitment checks had been undertaken prior

to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references and appropriate checks through the Disclosure and Barring Service were missing from some staff files. The practice were able to show evidence of some of these following the inspection.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- 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 stored securely. The practice had decided not to include Hydrocortisone (a steroid for us in acute allergic reaction) but had not undertaken a risk assessment. Following the inspection, the practice ordered a supply of Hydrocortisone to be kept in the emergency medicines grab bag.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 patients' 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). The most recent published results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. Overall clinical exception reporting was 8% (CCG average 8%, national average 10%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2015 to 31 March 2016 showed:

- Performance for diabetes related indicators was higher/lower/similar to the CCG and national averages. For example, 86% of patients on the diabetes register had achieved a target blood sugar level of 64mmol or below in the preceding 12 months compared to the CCG average of 79% and national average of 78%. However, exception reporting was 25% for this patient group compared to the CCG average of 14% and national average of 13%). The practice were able to demonstrate they had undertaken appropriate exception reporting for this group of patients on the day of inspection.
- Performance for mental health related indicators was higher than the CCG and national averages. For example, 91% of patients with dementia had received a care plan in the preceding 12 months compared to the CCG average of 83% and national average of 84%.
- The practice had achieved 99% for patients with atrial fibrillation (an irregular heart rate) who had been reviewed and given a clinical score of vascular risk. This was significantly better than the CCG average of 87% and national average of 87%. Exception reporting for this indicator was slightly higher (14%) than the CCG and local averages of 10%.

There was evidence of quality improvement including clinical audit:

- There had beenclinical audits commenced in the last two years, of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example,

Information about patients' outcomes was used to make improvements such as: an audit of patients presenting with sore throat symptoms showed not all had a documented CENTOR score (a scale of severity of symptoms to guide GPs with diagnosis and treatment). The first cycle showed 65% of patients had a documented CENTOR score. The guidelines for treating acute sore throat were discussed at a clinical meeting. The second cycle of the audit showed an improvement of CENTOR score recording to 100%.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. However, there was no specific mental capacity act (MCA) training available for clinical staff.

Good

Are services effective?

(for example, treatment is effective)

The practice told us this was included with the safeguarding training. Knowledge of MCA amongst clinical staff showed a comprehensive understanding of the principles underlying the act.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff, who were eligible, had received an appraisal within the last 12 months. However, not all staff who had received an appraisal had felt they had been offered the opportunity to raise concerns or offer feedback to the practice on their performance and learning opportunities.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We reviewed documented examples of information sharing and found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 85%, which was comparable with the CCG average of 81% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Good

Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example;

- 79% of female patients aged between 50 and 70 had been screened for breast cancer in last 36 months compared to the CCG average of 75% and national average of 73%.
- 63% of patients aged between 60 and 69 had been screened for bowel cancer in the last 30 months compared to the CCG average of 67% and national average of 58%.

Only 55% of patients on the learning disability register had been offered an annual health check in the preceding 12 months. The practice told us they had concentrated on the most severely disabled patients first and had carried out health checks on 71% of these.

Data relating to childhood immunisation rates for the vaccinations given to children under two showed that the practice had achieved above the 90% national target for all four vaccination sub indicators. The data for immunisation of five year olds receiving the two stage MMR booster showed the practice had achieved above the 90% national standard in both. For example the stage one booster was taken up by 99% of children compared to the CCG average of 96% and national average of 94%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

Eight of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. These patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Seven patients expressed satisfaction with care and treatment but offered negative views on accessing and making appointments, courtesy of reception staff and state of repair of the building roof. The two negative comments received related to reception staff attitude and lack of communication over appointment waiting times.

We spoke with eleven patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff often responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 92%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.
- 94% of patients said the nurse was good at listening to them compared with the CCG average of 91% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.

Good

Are services caring?

- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. On the day of inspection, there were no notices in the reception areas informing patients this service was available. The practice undertook to display this information in the three most prominent languages immediately after the inspection.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 262 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them and all carers were invited to have an annual flu jab. Older carers were offered timely and appropriate support.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours clinics and telephone consultations for working patients who could not attend during normal opening hours. We noted some patients were asked to attend during core hours despite having booked an appointment in the extended hours period. The practice told us that patients who had been offered extended hours appointments were sometimes called on the day of the appointment to see if they wanted to be seen earlier by a GP who had completed their appointments for the day.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities and interpretation services were available. However, we noted there was no hearing loop available to assist hard of hearing patients who used hearing aids. The practice did have arrangements in place for patients registered as deaf and could access a text talk service.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am and 12pm in the morning and 2.30pm to 5.50pm in the afternoon. Extended hours appointments were offered on a rotational basis on two evenings per week and alternate Saturdays. Pre-bookable appointments could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them, although patients told us these were often difficult to access as they were taken up very quickly on the day.

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

- 61% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and national average of 73%.
- 77% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 76%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 57% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 58%.

Patients told us on the day of the inspection that the appointment system had changed recently and they were not always able to get appointments when they needed them. Some patients had expressed confusion with the new system and had found the two week in advance appointments restrictive if they had a long term condition that required regular appointments.

The practice had reviewed their opening times and offered extended hours on a rotational basis every week to offer patients flexible opening hours. The dispensary opening hours had been disrupted between December 2016 and March 2017 due to low staffing and training of new dispensers. The practice had detailed the disruptions to the

Good

Are services responsive to people's needs?

(for example, to feedback?)

dispensary opening times clearly on the practice website, but the practice entrance doors still displayed the original opening times. The practice were hoping to have the dispensary open Monday to Friday by the end of March 2017.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The duty GP contacted the patient or carer in advance to gather information and make an informed decision on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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. A poster was on display in the waiting room and information leaflets were available at the reception desk.

We looked at 12 written complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Learning from individual concerns and complaints were discussed at staff meetings although not all staff were aware of learning or analysis of trends. The majority of complaints received in the last few months related to the appointments system. The appointments system had been reviewed and changes made, such as reducing advance booking for appointments from four weeks to two weeks. The changes had not long been implemented and it was too early to measure the positive impact, although the practice had seen a reduction in lost appointments (from patients not attending) and an increase in availability for same day appointments.

We found that verbal complaints were not always documented or recorded. Staff told us there had been a high volume of verbal complaints in the preceding six months but we only found seven recorded in the complaints log. Staff told us management did not always respond quickly to verbal complaints or deal with them effectively. We were also told of occasions when verbal complaints were requested to be put in writing which was not in line with the practice policy.

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 and strategy to deliver good quality care and promote good outcomes for patients.

- The practice had a mission statement which was available on a practice leaflet.
- The practice had a strategy and supporting business plans which reflected the vision and values. However, many staff were unclear about their responsibilities in relation to the practice strategy and objectives. In addition, discussions with staff had not been optimised and many felt their views and suggestions were not listened to.
- The practice were going through a more settled phase having recruited nearly all the staff they required to maintain a safe service. They were aware of concerns about the practice within the local community which had impacted on staffing in the practice during the previous 12 months. The practice was planning to invite members of the community and patients to open afternoons to meet the management team for a face to face discussions about the practice and its future.

The governance systems and practice culture did not always support the delivery of high-quality services, care and treatment.

Governance arrangements

The practice had a governance framework which did not always support the delivery of the strategy and good quality care. This outlined the structures and procedures, although there were areas where the governance arrangements required improvement.

- Governance arrangements for staff recruitment documentation were ineffective. Some documents were missing from staff recruitment files.
- Maintenance of the training log had not been sufficiently updated or reviewed to reflect the current status of training for staff. The practice had not identified mental capacity act (MCA) training was required for clinical staff, although knowledge of MCA was good amongst the GPs and nurses.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. However, not all staff were aware of some policies and where to find them, such as the whistleblowing policy. The practice told us they had sent the whistleblowing policy to all staff, however, they had not ensured all staff had read and understood it.
- Processes and procedures in the dispensary were not always effective. For example, practice guidelines for confidentiality were not being adhered to and containers with patient confidential information were being disposed of in domestic waste. In addition, there was no 'near miss' log to document concerns with dispensary procedures for learning and prescription pads were incorrectly logged out.
- We were told practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. However, not all staff attended these meetings or were offered information about learning from events or complaints. Non-clinical staff told us they were only involved in learning from complaints if they had been directly involved.
- Documentation of the minutes from nursing team meetings was minimal and did not reflect discussions or agreed actions.
- We saw evidence of clinical GP meetings that allowed for lessons to be learned and shared following significant events. However, the lessons learned were not always shared with other appropriate staff.
- There was a staffing structure and most staff were aware of the responsibilities relating to their own role. Some staff had taken on additional tasks and roles, or changed role completely in the previous 12 months, to enable services to continue to run efficiently.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners and management in the practice told us they prioritised safe, good quality and compassionate care. However, not all staff felt management were approachable or took the time to listen to them.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Are services well-led?

Requires improvement

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

(The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The practice leaders and management told us they encouraged a culture of openness and honesty, but some staff we spoke with felt this was not the case.

The practice had systems in place so that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The practice kept records of written complaints.

However, the practice did not always keep written records of verbal interactions or respond to these in writing. Staff told us the management team was not always quick to respond to verbal complaints and there had been a high volume of verbal complaints in the preceding six months which had not been responded to in a timely way.

There was a leadership structure however staff we spoke with raised concerns about the culture of the practice.

- The practice had a high staff turnover in the preceding 12 months with over 15 administration and reception staff being recruited to maintain current staffing levels. There had also been a complete departure of the dispensary team in November and December 2016 which had impacted on services and opening times. The practice had successfully recruited new staff into dispensary positions and were hoping to offer a five days per week service from the end of March 2017. The difficulties with the high volume of staff turnover had impacted on staff morale, although some staff said they enjoyed working at the practice.
- Some staff told us they had the opportunity to raise issues at team meetings but did not feel confident or supported in doing so. They did not feel able to approach management to raise issues or concerns individually and some staff told us when they had raised a concern, they were not listened to.
- Many staff said they did not feel respected, valued or supported and were not involved in discussions about how to run and develop the practice. However we were told of two examples where staff feedback had led to service improvements for patients; the appointment system had been reviewed following staff and patient concerns and the two week wait referral process had been revised to ensure a more efficient system was in place.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

Seeking and acting on feedback from patients and the public

The practice encouraged feedback from patients through the friends and family test and patient survey. Staff opinion on feedback offered to the practice was mixed with many staff feeling their feedback was dismissed or not listened to. The practice were offered feedback through a number of sources:

- The practice had a patient participation group (PPG) who had undertaken a patient survey in 2015 and were preparing another for 2017. They told us they were not involved in feedback from the practice about complaints received. The PPG met three times per year, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had requested a photo board of staff and larger chairs in the waiting room. Both of these suggestions had been actioned by the practice.
- The practice actively encouraged feedback from the NHS Friends and Family test and reviewed complaints and compliments received.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not ensure systems and processes were in place that enabled them to identify and assess risks to service provision including; • Complaints policy and processes were not being adhered to. Not all verbal complaints were documented or responded to in a timely way. Patients should be enabled to make a complaint in any format without a request for it to be put in writing. • Governance arrangements for ensuring staff records were up to date were ineffective. Staff recruitment files had information missing and the staff training log was incomplete. Not all training needs had been identified, such as mental capacity act training. • Processes and procedures in the dispensary did not keep patients safe. There was no near miss log, medicines were not always dispensed in accordance with guidelines, prescription stationery was incorrectly logged and governance processes had not identified the correct destruction of confidential waste. This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.