

Marston Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Marston Surgery on 10 August 2017. Overall the practice is rated as Requires Improvement.

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

- There was an open and transparent approach to safety and a thorough system in place for reporting and recording significant events.
- The practice had developed systems to minimise risks to patient safety however some systems were found to be in need of improvement.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the most recent national GP patient survey showed patients rated the practice lower than others for several aspects of care. A percentage of patients surveyed said they did not feel that they were

treated with dignity and respect or involved in decisions about their care and treatment. The practice was aware of its low performance and had developed an action plan to address these issues.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Despite lower than average national patient survey results, patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- We saw evidence that meetings were structured to allow for lessons to be learned and shared with staff following significant events and complaints.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

Summary of findings

The area where the provider must make improvement is:

- Ensure care and treatment is provided in a safe way to patients. In particular, systems for reviewing patients' medication to minimise risks associated with taking medicines that require monitoring must be improved.

The areas where the provider should make improvement are:

- Continue to identify and support carers.

- Continue to monitor and ensure improvement to national GP patient survey results.
- Continue to monitor the effectiveness of the newly implemented system to transport controlled stationery between sites.
- Ensure that newly developed systems to analyse significant events on annual basis are implemented effectively.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- From the sample of documented examples we reviewed, we found there was an effective system in place for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems and processes in place to minimise risks to patient safety. However, we found that the process for monitoring patients receiving high risk medicines needed improvement.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Prescription stationery was stored securely and there were systems in place to monitor their use. However the practice had been transporting blank prescriptions between sites and had not carried out a risk assessment for this process. Immediately following the inspection the practice put in place a new system to ensure that blank prescriptions were ordered separately for each location.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy.
- The practice had adequate arrangements to respond to emergencies and major incidents. They had a business continuity plan for major incidents such as power failure or building damage.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the latest Quality and Outcomes Framework (QOF) 2015-2016 showed patient outcomes were at or above average compared to the national average. For example, the percentage

Good



Summary of findings

of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 90% which was comparable with the local CCG and national averages of 90%.

- 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.
- 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.

Are services caring?

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

- Data from the most recent national GP patient survey showed patients rated the practice below others for several aspects of care. For example:
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
- 68% of patients said the last GP they saw was good at explaining tests and treatments compared with the local CCG average of 84% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 79% and the national average of 82%.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 40 patients as carers (approximately 0.5% of the practice list).

Requires improvement



Are services responsive to people's needs?

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

Requires improvement



Summary of findings

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had a higher than average population aged between 20 to 34 years and offered counselling services to support its student population.
- Data from the most recent national GP patient survey showed patients rated the practice below local and national averages for access to services. For example:
 - 49% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and national averages of 76%.
 - 59% of patients said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%.
 - 49% of patients described their experience of making an appointment as good compared with the CCG and national averages of 73%.
- However patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- Information about how to complain was available and evidence from five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- The governance arrangements were not always effectively implemented.
- There were arrangements for identifying, recording and managing some risks, issues and implementing mitigating

Requires improvement



Summary of findings

actions, for example in relation to COSHH (Chemicals or Substances Hazardous to Health). However, the practice was unable to demonstrate that risks associated with medicines management were adequately considered or well managed.

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- Staff training was a priority and staff were encouraged to develop and seek new opportunities to support the development of and the practice.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken. We were told the practice intended to undertake an annual analysis of significant events following our inspection.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on, however results from the national GP patient survey rated the practice below average for several aspects of care.
- There was a focus on continuous learning and improvement at all levels; an action plan had been formulated to address low performance in the most recent national GP patient survey.
- The practice was in the process of joining with a number of other practices locally to support future sustainability for the practice.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for providing safe services, for caring and for being responsive and well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples 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.
- The local pharmacist provided a same day medicine delivery service for patients unable to collect their medicines from the pharmacy and surgery.
- The local hearing advisory service was available at the practice.
- Blood tests were available at the practice for elderly patients with mobility problems who had difficulty attending the local hospital.
- Flu, shingles and pneumococcal vaccines were available and could be given at home if needed.
- The practice flu vaccination programme for patients over the age of over 65 achieved 76% compared to the CCG average of 74% and the national average of 73%.

Requires improvement



Summary of findings

People with long term conditions

The practice is rated as requires improvement for providing safe services, for caring and for being responsive and well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples 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.
- Performance for diabetes related indicators were comparable the CCG and national averages. For example, the practice achieved 81% compared to the CCG average of 88% and the national average of 90%. The diabetic lead nurse held a clinic with the community specialist nurse to improve support and compliance.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 90% the same as the CCG and national averages of 90%.
- 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.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for providing safe services, for caring and for being responsive and well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples 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 people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.

Requires improvement



Summary of findings

- Patients told us, on the day of inspection, that children and young people 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, health visitors and school nurses 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 people and for acute pregnancy complications.
- Regular midwife clinics were held at the practice.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe services, for caring and for being responsive and well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice:

- 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 telephone consultations.
- 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.
- Counselling services were available for students both on the local campus and in the practice.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe services, for caring and for being responsive and well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including 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.

Requires improvement



Summary of findings

- 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 people 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe services, for caring and for being responsive and well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice:

- The practice carried out advance care planning for patients living with dementia.
- 82% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 86% and the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice provided access to a mental health professional who saw patients requiring support in a familiar environment once a month. In addition a counselling service was available at the practice twice weekly for both patients registered at the practice and for those referred from other practices within the locality.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 92% where the Bedfordshire Clinical Commissioning Group (CCG) and national averages were 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.

Requires improvement



Summary of findings

- 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 most recent national GP patient survey results were published July 2017. The results were mixed and showed the practice was performing in line with local and national averages in some areas and below average in other areas. 259 survey forms were distributed and 103 were returned. This represented less than 1% of the practice's patient list (a response rate of 40%).

- 57% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 49% of patients described their experience of making an appointment as good compared with the CCG and national averages of 73%.
- 49% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG and national averages of 77%.
- 68% of patients found it easy to get through to the surgery via phone compared with the CCG average of 75% and national average of 71%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 87% and national average of 84%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. Patients commented that clinical staff were all approachable and friendly, providing a good service to their patients with treatment plans and medication explained thoroughly. One card commented on support during domestic violence and the help and support given by one of the GPs.

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

The practice also sought patient feedback by utilising the NHS Friends and Family Test (FFT); FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. Responses received from patients April 2017 to July 2017 showed that out of 48 responses received, 13 patients (27%) were either 'extremely likely' or 'likely' to recommend the practice. The practice had analysed these responses and were implementing changes to the appointment system as it was felt that the current system and changes made previously had resulted in the lower scores.

Marston Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Marston Surgery

Marston Surgery provides primary care services to a patient population of approximately 9,800 patients from its location at 59 Bedford Road, Marston Moretaine, Bedford. This is delivered under a General Medical Services (GMS) contract; a nationally agreed contract between NHS England and practices.

The practice provides services to patients from surrounding areas such as Cranfield, Marston, Astwood, Moulsoe, Brogborough and Milbrook, Lidlington, Stewartby and Wootton. The practice has a branch surgery at Cranfield which we did not visit as part of this inspection; patients are able to access services at either the main or the branch surgery.

The practice population is predominantly White British and the ethnicity breakdown consists of approximately 2% mixed, 7% Asian, 3% black, 2% other and non-white ethnic groups. There are lower than average populations of males and females between the ages of 0 to 19 years and those aged 35 years and over. There are higher than average populations aged between 20 to 34 years (both male and female); mainly due to the student population in the area.

The clinical team consists of one male lead GP, three regular locums GPs (one female, two male), two female

nurse practitioners, a practice nurse and two health care assistants (one of whom were training to become an Assistant Physician). The clinical team is supported by the practice manager and a team of administrative and reception staff. The practice also employs a pharmacist; following support from a local Clinical Commissioning Group pilot scheme.

There is limited parking outside the practice, however there are good transport links and alternative parking is available near to the practice.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are available during these times with a 'walk in' service operating each morning and booked appointments available each afternoon. The duty doctor is available between the hours of 8am and 8.30am and between 6pm and 6.30pm for any patient with an urgent clinical need. In addition extended hours appointments are offered on Monday evenings from 6.30pm to 9pm.

The out of hours service is provided by Herts Urgent Care via the 111 service.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations such as Bedfordshire clinical commissioning group to share what they knew. We carried out an announced inspection on 10 August 2017. During our inspection we:

- Spoke with a range of staff including the lead GP, a nurse practitioner, the practice manager and a number of administration and support staff. 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 their family members.
- Reviewed a sample of the personal care and 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.

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 five 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 support and a written apology. They were also told about any actions taken as a result to improve processes to prevent the same thing happening again.
- We saw evidence that lessons learnt from incidents were shared with staff and action was taken to improve safety in the practice. For example, the practice had a significant event monitoring sheet which detailed each event and actions taken in response. It also included outcomes from investigations and lessons learned. The practice did not undertake an analysis of events on a regular basis to review trends and evaluate any action needed such as change to process and procedure. Immediately following our inspection the practice submitted evidence that they planned to undertake annual reviews of significant events to evaluate trends and monitor improvement.
- We reviewed minutes of meetings where significant events were discussed. For example, we looked at an incident where a fridge door had been left open and the cold chain for vaccinations had been compromised. The practice had taken the appropriate action, informed the local medicines management team for advice and disposed of all vaccines that were affected. The practice had installed internal computer temperature monitoring tools, increased monitoring of temperatures on a daily basis and discussed the incident along with actions taken at a practice meeting.
- We reviewed safety records, patient safety alerts and Medicines and Healthcare Products Regulatory Agency (MHRA) alerts. We saw evidence that there was a

thorough process in place to ensure these were received, checked and actioned where necessary with a comprehensive spreadsheet used to monitor each one received along with actions taken. For example, we reviewed a recent alert received and found the practice had shared the information with clinical staff, ran searches on patients who may be effected and contacted them where necessary.

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. Contact details were also available in the waiting area and consulting rooms. There was a lead member of staff for safeguarding.
- From the sample of five documented examples we reviewed we found that the GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. In addition the practice held its own safeguarding meetings with external agencies invited to attend and we saw anonymised copies of minutes from these meetings.
- 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 the appropriate level to manage child protection or child safeguarding (level three).
- Notices in the waiting room and all clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, understood their responsibilities 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 visibly clean and tidy. There were cleaning schedules and monitoring systems in place for all clinical areas and equipment.

Are services safe?

- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an IPC protocol and staff had received up to date training, including handwashing techniques. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- A recent audit undertaken in May 2017 identified a number of areas needed attention including hand towel dispensers which required replacement and non-compliant bins in clinical areas. The latest audit carried out in July 2017 showed that all actions from the previous audit had been addressed.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines.
- However, on investigation we found the practice did not have an effective system in place to monitor all medicines that require regular monitoring. For example, the practice had 580 patients taking medication to treat hypertension and congestive heart failure. Of these 580 patients 160 patients had not received the necessary blood test reviews in the thirteen months prior to our inspection. Following our inspection we received evidence from the practice that they had identified all patients taking medicines that require regular monitoring and had contacted them to arrange appointments as required, to ensure that all recommended monitoring tests were conducted.
- 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 Bedfordshire Clinical Commissioning Group medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were stored securely and there were systems in place to monitor their use. However, we found that the practice had been transporting blank prescriptions between sites and had

not carried out a risk assessment for this process. Immediately following the inspection the practice put in place a new system to ensure that blank prescriptions were ordered separately for each location.

- Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the GPs for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. A health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, professional registration with the appropriate regulatory body and the appropriate checks through the DBS. We also saw evidence of completed staff induction plans.

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 had carried out regular fire drills. The most recent evacuation test was completed in June 2017. There were designated fire marshals within the practice and a fire evacuation plan which identified what staff would need to consider in an emergency along with how they 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.
- 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 skill 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. Regular GP locums were used and we saw

Are services safe?

evidence of a comprehensive locum induction pack. There was a system in place for the nursing staff to ensure cover for absences and this was overseen by the lead nurse.

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 and equipment 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 a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were kept off site.

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 information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor and ensure improved outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published QOF results (2015-2016) show 96% achievement of the total number of points available compared with the Bedfordshire Clinical Commissioning Group (CCG) average of 96% and national average of 95%.

The practice was not an outlier for any QOF clinical indicators. Data from 2015/16 showed the following:

Performance for diabetes related indicators was comparable to the local CCG and national averages. For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months was 70%, where the CCG average was 77% and national average was 78%. Exception reporting for this indicator was 8% compared to the CCG and national averages of 13%. (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).
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness

in the preceding 12 months was 90% which was comparable with the local CCG and national averages of 90%. Exception reporting for this indicator was 15% compared to the CCG and national averages of 12%.

Performance for mental health related indicators was comparable to the local CCG and national averages. For example:

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan in place was 92% compared with the Bedfordshire CCG and national averages of 89%. Exception reporting for this indicator was 24% compared to a CCG average of 15% and the national average of 13%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face consultation in the preceding 12 months was 82% compared with the local CCG average of 86% and the national average of 84%. Exception reporting for this indicator was 4% compared to the CCG and national averages of 7%.

The practice was aware of the higher than average exception rates in some areas. During the inspection we reviewed the practice exception reporting policy and process in place and found that the practice had a thorough recall system in place and a systematic approach for recording and managing patients subject to excepting. These systems were monitored by the QOF lead.

There was evidence of quality improvement including clinical audit:

- There had been five clinical audits commenced in the last two years, three of these were completed audits where improvements had been monitored to support clinical improvement and improved patient outcomes.
- Findings were used by the practice to improve services. For example, the practice had undertaken an asthma audit in August 2016. This was carried out to assess and monitor the prescribing of asthma inhalers in the between April and August 2016. The audit was repeated again in March 2017 (reviewing data from September 2016 to March 2017). The outcome of second audit completed demonstrated that the prescribing targets had been met for all asthma medication and an improvement had been achieved in the approach to asthma reviews.

Are services effective?

(for example, treatment is effective)

- We saw evidence of a further example where an audit was undertaken to assess and monitor patients receiving end of life care and their preferred place of death. In the last six months audits undertaken showed 90-100% achievement in line with patient preferences.

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, customer care, health and safety, fire safety, data protection and confidentiality.
- The lead nurse responsible for infection prevention and control (IPC) ensured that all staff received IPC training appropriate to their role including for example, handwashing techniques for reception staff.
- 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. The nursing team had specific roles in the management of long term conditions for example, diabetes and chronic obstructive disease had undertaken specific training.
- 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 to ascertain 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 had received an appraisal within the last 12 months. We saw evidence of the appraisal documentation which included a pre appraisal score sheet for staff to assess their own performance.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

- Staff development was encouraged, for example the QOF administrator was previously a receptionist who had been trained to take on the role. They had responsibility for monitoring the recall systems; this included sending letters out to patients and providing reports for the practice QOF meeting. In addition, the health care assistant had been supported to study to become an Assistant Physician and planned to return to the practice to undertake the role once the training was completed.

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.
- From the sample of seven documented examples we reviewed we 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. We saw evidence of end of life care meetings with minutes. These meetings were well attended by the practice team and members of community staff. The practice had undertaken an audit of patients preferred place of death to ensure that patients and their families preferences were taken into account.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Consent was recorded in the patient record either on the clinical system or if obtained in hard copy this was scanned into the patient record.

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.
- A psychiatrist and counsellor were available on the premises and smoking cessation advice was available from nurses in the practice or from a local support group.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to local CCG and national averages.

The practice's uptake for the cervical screening programme was 74% which was comparable with the local CCG average of 75% and the national average of 72%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information on its importance. The practice also ensured a female sample taker was available. There were failsafe 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.

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

- The percentage of females, aged 50-70 years, screened for breast cancer in the last 36 months was 76% compared to the local CCG average of 74% and the national average of 73%.
- The percentage of patients, aged 60-69 years, screened for bowel cancer in the last 30 months was 58% compared to the local CCG average of 59% and the national average of 58%.

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 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.

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

We spoke with five patients including three 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 responded compassionately when they needed help and provided support when required.

Results from the most recent national GP patient survey, published July 2017, showed the majority of patients felt they were treated with compassion, dignity and respect. For example:

- 81% of patients said the GP was good at listening to them compared with the local clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 70% of patients said the GP gave them enough time compared to the local CCG average of 83% and the national average of 86%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the local CCG and national averages of 95%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.

- 92% of patients said the nurse was good at listening to them compared with the local CCG average of 93% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the local CCG average of 94% and the national average of 91%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the local CCG average of 98% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 92% and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared with the local CCG average of 88% 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 most recent national GP patient survey, published July 2017, showed patients gave mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results were below local averages or in line with local and national averages. For example:

- 68% of patients said the last GP they saw was good at explaining tests and treatments compared with the local CCG average of 84% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 79% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the local CCG average of 91% and the national average of 90%.

Are services caring?

- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 87% and the national average of 85%.

We saw that the practice were aware of their lower than average performance in the national patient survey and had developed an action plan in July 2017 to overcome areas in need of improvement. For example, the practice planned to review the reception processes, develop templates for use on reception, increase digital services to enable patients to book appointments online and review their walk in service for morning appointments to incorporate bookable appointments. It was hoped that these initiatives would improve access and increase patient satisfaction with appointment booking. The practice also planned to engage the patient participation group (PPG) to ensure improvement initiatives were appropriate and effective. Other proposals for improvement targeted patient experience during GP consultations and suggested methods for ensuring patients were engaged in their treatment planning.

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. We saw notices in the reception areas informing patients this service was available.
- 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 40 patients as carers (approximately 0.5% of the practice list). Written information was available to direct carers to a number of services available to them. Older carers were offered timely and appropriate support. The practice also offered flu vaccinations to all carers.

A member of staff acted as a carers' champion to help ensure that the 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 convenient time and location to meet the family's needs or by giving them advice on how to find a service to ensure support.

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 on Monday evenings from 6.30pm to 9pm for patients who could not attend during normal opening hours.
- 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.
- Blood tests were available at the practice for elderly patients with mobility problems who had difficulty attending the local hospital.
- Flu, shingles and pneumococcal vaccines were available and could be given at home if needed.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The local pharmacist provided a same day medicine delivery service for patients unable to collect their medicines from the pharmacy and surgery.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included an interpretation services available.
- The locality hearing advisory service was available at the practice.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example a lift had been installed to assist patients with limited mobility to access treatment rooms on the first floor.

- The practice has 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.
- The practice offered an in house phlebotomy service three times a week.
- The practice provided access to a mental health professional who saw patients requiring support in a familiar environment once a month. In addition a counselling service was available at the practice twice weekly for both patients registered at the practice and for those referred from other practices within the locality.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available during these times with a 'walk in' service operating each morning and booked appointments available each afternoon. The duty doctor was available between the hours of 8am and 8.30am and between 6pm and 6.30pm for any patient with an urgent clinical need. In addition extended hours appointments were available on Monday evenings from 6.30pm to 9pm.

Nurse appointments were available between 8am and 11am Monday to Friday.

Patients requiring a GP outside of normal hours were advised to phone the NHS 111 service to access the out of hours provider; Herts Urgent Care.

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

Results from the most recent national GP patient survey, published July 2017, showed that patient's satisfaction in relation to how they could access care and treatment was below local and national averages. For example:

- 49% of patients were satisfied with the practice's opening hours compared with the local clinical commissioning group (CCG) and national averages of 76%.
- 68% of patients said they could get through easily to the practice by phone compared to the local CCG average of 75% and the national average of 71%.

Are services responsive to people's needs?

(for example, to feedback?)

- 80% 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 local CCG average of 87% and the national average of 84%.
- 59% of patients said their last appointment was convenient compared with the local CCG average of 81% and the national average of 81%.
- 49% of patients described their experience of making an appointment as good compared with the local CCG and national averages of 73%.
- 35% of patients said they don't normally have to wait too long to be seen compared with the local CCG average of 56% and the national average of 58%.

The patients we spoke with on the day of the inspection told us that they were able to get appointments when they needed them. The practice was aware of the lower than average results and had developed an action plan to ensure improvement, in order to address issues identified in relation to access to appointments the practice were planning to increase the number of GP appointments available from September 2017 and was considering changing the 'walk in' morning session to a structured booking appointments system.

The practice had a system to assess:

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

Patients were able to telephone the practice to request a home visit and a GP would call them back to make an assessment and allocate the home visit appropriately. GPs were supported by the nurse practitioners to undertake home visits where appropriate. 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. The practice made efforts to provide care for patients in their own home where needed and in particular for vulnerable elderly patients.

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 in the waiting room, at reception and on the practice website.

We looked at 24 complaints received in the last 12 months and found the practice handled these objectively and in an open and timely manner. Lessons were learnt from individual concerns and complaints and also from analysis of trends; actions were taken as a result to improve the quality of care. For example, a patient complained that there was a lack of empathy during a consultation. Following this the lead GP held a training session to ensure that all staff understood their responsibility to be empathetic towards patients, their families and carers. Information regarding complaints and any learning was shared with staff at practice meetings.

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 clear vision to deliver high quality care and promote good outcomes for patients. For example,

- The practice had a mission statement which was displayed in the staff areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was in the process of federating with a number of other practices locally, this collaboration was due to be completed in October 2017. We saw evidence of a clear business plan to support the benefits and improvements for the practice.

Governance arrangements

The governance arrangements were not always effectively implemented:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements were in place for identifying, recording and managing risks, issues and implementing mitigating actions. However we found some systems required review and further strengthening. On the day of inspection we found that the practice had not risk assessed the transportation of prescription stationery between sites, the practice immediately implemented a new process to ensure all risk was mitigated. This was also logged as a 'near miss' for learning purposes.
- Systems for managing patients taking medicines that required regular review were not robust.
- We saw evidence that meetings held were structured to allow for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of four documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of internal and external multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs also met with health visitors to monitor vulnerable families and safeguarding concerns when needed.
- Staff told us the practice held regular monthly and bi-monthly team meetings.
- The practice closed on the ten afternoons each year allocated by the Bedfordshire Clinical Commissioning Group (CCG) to provide protected learning time for staff and an opportunity to hold practice meetings; all staff were encouraged to attend these sessions.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team training days were held every two months. Minutes were comprehensive and were available for practice staff to view.

Are services well-led?

Requires improvement 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
 - Staff development was encouraged; a number of staff had been developed and trained to undertake new roles within the practice. For example, one of the healthcare assistants had been supported to complete a flexible care nursing pathway to qualify as an Assistant Physician.
- Seeking and acting on feedback from patients, the public and staff**
- The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:
- patients through the patient participation group (PPG) and through complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team.
 - the NHS Friends and Family test, complaints and compliments received
 - staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management add your own examples of where the practice had listened to staff feedback. Staff told us they felt involved and engaged to improve how the practice was run.
 - The practice routinely reviewed the results of the national patient survey and we saw that an action plan had been developed in response to the latest survey results, published in July 2017, to drive improvement.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had not ensured the proper and safe management of medicines. We found the provider did not regularly review patients taking medicines that required regularly monitoring. This was in breach of regulation 12(1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |