

# Queen Mary Practice

## Quality Report

114 High Road  
South Woodford  
E18 2QS  
Tel: 02084913303  
Website: [www.queenmarypractice.nhs.uk](http://www.queenmarypractice.nhs.uk)

Date of inspection visit: 16 May 2017  
Date of publication: 18/07/2017

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

Good 

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?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13

### Detailed findings from this inspection

Our inspection team	14
Background to Queen Mary Practice	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16
Action we have told the provider to take	28

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Queen Mary Practice on 16 May 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Some of the systems and processes designed to minimise risks to patients were not effective. The practice had more than one child safeguarding policy which contained different information about who to escalate safeguarding concerns too externally and, though the practice had identified patients who were vulnerable, there were no alerts placed on these patients' records. The practice did not have an effective system in place for reviewing uncollected prescriptions. We identified a number of infection control issues on the day of the inspection; the

practice provided evidence that they had previously attempted to rectify these issues by raising them with the management company who were responsible for the building.

- 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 national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patient feedback indicated that it was 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.
- 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.

# Summary of findings

- 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 improve

- Ensure that risks to the health and safety of service users are assessed and mitigated; specifically those associated with safeguarding and the management of medicines.

The areas where the provider should improve

- Provide apologies in complaint response where appropriate and information on how to escalate the complaint.
- Regularly review the recording of practice performance in respect of clinical outcomes for patients.

- Review the practice's policy framework to ensure that policies are regularly updated, contain the relevant information and that the most up to date versions are accessible to staff.
- Continue to liaise with the property management company to ensure that infection control risks including those with associated with Legionella are assessed and/or mitigated.
- Work to improve the identification of patients with caring responsibilities to be able to provide appropriate support and signposting.

**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.

**Requires improvement**



- From the sample of documented examples we reviewed, we found there was an effective system 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 reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety in most respects. However the practice did not have an effective system in place for monitoring uncollected prescriptions. In addition we identified a number of infection control issues on the day of the inspection but we saw evidence that the practice had previously raised these concerns with the property managers.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. However the practice policy on adult safeguarding did not contain the practice lead. There were two child safeguarding policies on the practice's intranet and staff were unclear as to which was the current version.
- All staff at the practice had received basic life support training and there was emergency equipment on site. However the practice were missing some emergency medicines though we saw evidence that these were ordered on the day of our inspection.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. The practice had higher exception reporting rates for a number of indicators including cancer and depression and in respect of the management of patients that

# Summary of findings

had suffered a stroke. The practice told us after the inspection that the high exception reporting for cancer patients was due to a coding error. The practice were unable to explain the reason for other areas of high exception reporting.

- 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 good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 28 (0.7%) of their patients as having caring responsibilities.

Good



## Are services responsive to people's needs?

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. For example, the practice were aware that they had comparatively low rates of prevalence for certain diseases and had introduced new patient health checks to increase the identification of patients with certain long term conditions.
- 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.
- Patients' feedback in comment cards and the national patient survey demonstrated that it was easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Good



# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However, one of the complaints we reviewed, though providing a comprehensive response, offered no apology. Information about external agencies patients could escalate concerns to if they were unsatisfied with the outcome of a complaint was not included in the practice's response.

## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy which aimed to deliver high quality care and promote good outcomes for patients though some oversight in governance affected the practice's ability to fully implement this vision. 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. We were told that regular management meetings were held though these were not documented. The practice had a policy framework which covered all areas of practice management. However we noted that the practice's significant event policy had not been reviewed in line with the review date noted on the policy, the practice's adult safeguarding policy did not contain information on the practice lead and there were different versions of the child safeguarding policy available and staff had difficulty locating the most up to date version.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training 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.
- The lead GP 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.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

# 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

Good



The practice is rated as good for the care of older people.

- 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. All patients over the age of 75 were reviewed and had care plans as part of a local enhanced service which had enabled the practice to identify those with undiagnosed conditions including dementia. Though this enhanced service had ceased the practice planning to continue these for certain categories of patients within this demographic including those who were frail or possible at risk of falling.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients who were housebound were reviewed annually and offered a flu immunisation. The practice aimed to provide more regular reviews for these patients. The practice nurse would undertake ear syringing for housebound patients.
- 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 called all 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. The practice would utilise and refer patients to relevant support services including the fall clinic and phlebotomy service; though patients who were unable to attend this service were able to have blood taken from the practice's healthcare assistant.
- 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 practice provided support to two independent living facilities and one nursing home. We contacted the manager of the nursing home and one of the independent living facilities to obtain feedback about the quality of care provided and were



# Summary of findings

informed that the practice provided a high standard of care, were responsive when asked to attend the sites and went out of their way to ensure that residents' health needs were promptly attended to.

## People with long term conditions

The practice is rated as good for the care of patients with long term conditions.

- The practice nurse and GPs both supported patients with long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes was comparable to local and national average achievement. For example
- 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. Staff at the practice could email secondary care services for advice regarding the management of long term conditions.
- There were processes in place 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.

Good



## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- 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. However these systems were not always effective; for instance there were several versions of the child safeguarding policy available which contained different information and though the practice had a list of vulnerable children; there was no alert in place on individual notes.
- Pregnant women with a history of mental health problems were referred to local mental health services.

Good



# Summary of findings

- The practice had developed an ante natal pack which contained information for expectant mothers on local services available as well as information and advice on the stages of pregnancy and suggested supplements which would support a healthy pregnancy.
- The practice would offer longer appointments for first time mothers.
- The practice healthcare assistant offered a walk in flu clinic specifically for pregnant women.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Staff told us, on the day of inspection, that children and young people would be treated in an age-appropriate way and 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. The health centre had a health visitor who attended on Tuesdays and undertook clinics for breast feeding as well as ante-natal, post-natal and child health surveillance. The health centre also had midwives who worked on site.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications. Children under five years old and pregnant women were seen as a priority.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working age people (including those recently retired and students).

- 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 through the federation hub.
- Text message health promotion was targeted as this population group.
- The practice offered telephone consultations; trying to offer these at patient's preferred times. The practice offered extended hours access for telephone consultations on Monday evenings from 6.30 pm to 7.30 pm. Half of all appointments were able to be booked online.

**Good**



# Summary of findings

- 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

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, asylum seekers 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 healthcare assistant ran a phlebotomy service for vulnerable patients.
- The practice offered longer appointments for patients classified as vulnerable including those with learning disabilities.
- 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 good for the care of people experiencing poor mental health (including people with dementia).

Good



- The practice carried out advance care planning for patients living with dementia.
- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice did not have adequate systems in place for monitoring repeat prescribing for patients receiving medicines for mental health needs. Staff at the practice told us that they would only check uncollected prescriptions on an ad hoc basis; approximately every three months.

# Summary of findings

- Performance in respect of other mental health indicators was comparable to the national average. However the percentage of patients exception reported who were aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who had been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis was 43% compared with 22% in the CCG and 21% nationally.
- The practice provided priority appointments for those experiencing mental health and would call all those with mental health problems who failed to attend their appointments.
- The practice hosted a counsellor on site once a week who offered their services both to patients at the surgery and those from other practices in the CCG.
- 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 local and national averages. Three hundred and thirty one survey forms were distributed and one hundred and eight were returned. This represented 2.5% of the practice's patient list.

- 82% of patients described the overall experience of this GP practice as good compared with the CCG average of 73% and the national average of 85%.

- 74% of patients described their experience of making an appointment as good compared with the CCG average of 59% and the national average of 73%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 65% national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received.

# Queen Mary Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

## Background to Queen Mary Practice

Queen Mary Practice is based in the Redbridge Clinical Commissioning Group (CCG) and serves approximately 4200 patients. The practice is registered with the CQC for the following regulated activities Diagnostic and Screening Procedures, Family Planning, Maternity and Midwifery Services, Surgical Procedures and Treatment of Disease, Disorder or Injury

The practice population is ethnically diverse with 5.2% of mixed ethnic background, 16.9% asian, 5.8% black and 1.7% other non-white ethnic groups. The practice is located in an area ranked among the third least deprived in the country.

The practice is a single handed practice run by one female GP. There are two male salaried GPs. The practice offers the equivalent of one and a half full time GPs, providing 15 GP sessions per week. The practice has a female nurse working part time and a female healthcare assistant also working part time.

The practice is open Monday to Friday between 8:30am to 6:30pm. The practice offers extended hours access between 6.30 pm and 7.30 pm on Mondays via telephone consultation. Patients can book both emergency and routine appointments five days per week.

Queen Mary Practice operates from South Woodford Health Centre, 114 High Road, South Woodford, London, E18 2QS which is a purpose built health centre which the practice shares with another GP practice and community services including the local midwifery team and a councillor. The premises are rented from NHS property services who takes responsibility for a number of areas including waste disposal and risk management. The practice is accessible to those with mobility needs and has car parking facilities which includes two disabled bays. All the GP consultation rooms are based on the ground floor.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: meningitis provision, drug and alcohol shared care services, minor surgery, childhood vaccination and immunisation scheme, extended hours access, GP online incentive, alcohol related risk reduction scheme, diabetes, influenza and pneumococcal immunisations, learning disabilities, rotavirus and shingles immunisation and unplanned admissions.

The practice is part of Redbridge GP federation which is comprised of several practices within the CCG working together to deliver services to patients. Currently the federation operates an extended access hub which provides patients with GP access outside of core contractual opening hours.

# Detailed findings

## 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including an independent living facility for older people and a nursing home to share what they knew. We carried out an announced visit on 16 May 2017. During our visit we:

- Spoke with a range of staff including, GPs, the practice nurse and healthcare assistant, the practice manager and reception and administrative staff.
- 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.

- Visited all practice locations.
- 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 seven 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 noted that the practice's significant event policy was overdue a review by two months. The practice provided an updated version of the policy after the inspection.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we reviewed one significant event which related to a cervical screening result not being sent to the practice nurse which meant that this would have to be repeated. The patient was informed and apologised to, staff were reminded to workflow all results to the practice nurse and the practice nurse undertook regular audits of the smear process to ensure that this did not occur in the future.

### Overview of safety systems and processes

There were gaps in respect of the practice's safeguarding arrangements though arrangements related to recruitment; the management of medicines and infection control were effective.

- The practice had arrangements in place for safeguarding. The practice had a list on the clinical system containing the names of patients where safeguarding concerns had been raised but there was no alert placed on individual patient records which flagged safeguarding concerns to those clinicians accessing patient records. We found two child safeguarding policies on the system and when we asked members of staff to retrieve this policy they either had difficulty locating this or could only find older versions. Both child and adult safeguarding outlined who to contact for further guidance if staff had concerns about a patient's welfare; though the child safeguarding policy contained contradictory information including different contact for external safeguarding lead; though this information was documented in every room of the practice. The practice provided updated policies after the inspection which had addressed these issues. There was a lead member of staff for safeguarding and all the staff we spoke with were aware of the identity of this staff member. However it was unclear in the adult safeguarding policy who provided leadership in this area. From the documented examples we reviewed we found that the GPs 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, the practice nurse to level 2 and the healthcare assistant to level 1. All other staff had been trained to at least level 1. The healthcare assistant consulted with children during new patient healthchecks and therefore required level 2 child safeguarding training.
- A notice in the waiting room and on all consulting room doors 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.



## Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. There were some possible infection control risks identified during the inspection including damage to one of the consulting room floors and the chairs in the reception area which were covered in a permeable fabric. The practice supplied evidence that they had raised this with the CCG and their landlord as early as 2015 and had asked their landlord for the chairs in the reception area to be cleaned; though these appeared to be clean on the day of the inspection
- The practice nurse 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. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Most of the practice's arrangements for managing medicines minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). However the practice did not have an effective system in place for monitoring uncollected prescriptions.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice did not have an effective system in place for monitoring uncollected prescriptions. Staff told us that uncollected prescriptions were only reviewed on an ad hoc basis; approximately every three months. The practice informed us after the inspection that they would now undertake a review of uncollected prescriptions every two weeks. 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. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before

presentation for treatment). Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions (PSDs) from a prescriber were produced appropriately (a PSD is a written instruction signed by a medical prescriber authorising the supply or administration of specific medication to a named individual).

Only one member of staff had been recruited since 2014, when the practice needed to follow different regulations regarding staff recruitment. We found appropriate recruitment checks had been undertaken prior to their employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We undertook brief checks of three other staff files to ensure that staff had current DBS checks, professional indemnity insurance and registrations with the relevant professional body.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety. Responsibility for risk management was spilt between the practice and the organisation which operated the health centre.

- There was a practice health and safety policy available.
- The practice had undertaken an internal fire risk assessment and fire drills were carried out for the whole building. There were designated fire marshals for the whole centre including staff from 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.
- Staff at the health centre had arranged for a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The risk assessment on site had expired in 2016. The practice provided an email sent from the property management company advising that it was only mandatory for Legionella risk assessments to be

## Are services safe?

undertaken every two years unless there had been a material change in circumstances. The property management company advised that this would be completed within the next 90 days. The practice had completed their own infection control audit and had one undertaken by the CCG.

- 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. The practice informed us of upcoming changes to clinical staffing but we saw that evidence that the practice were actively recruiting to fill this vacancy and that adequate locum cover would be provided until a suitable permanent replacement could be found.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements to respond to emergencies and major incidents. However we found that a number of emergency medicines were missing.

- 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 some emergency medicines available in the nurse's 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. However, we identified that the practice were missing several emergency medicines including chlorphenamine for injection (used to treat allergic reaction) although tablets were available, Glucagon (given to patients with low blood sugar) and Cyclizine and Metoclopramide (used to stop nausea or vomiting). The practice provided evidence on the day of the inspection that these medicines had been ordered. The practice also did not have a supply of diclofenac (used for pain relief). We were informed that the CCG did not want practices to carry this medicine.
- 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.

# 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 audits and checks of patient records.
- We reviewed a sample of 20 medical records and found that patients were being cared for in accordance with current clinical best practice.

### 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 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%.

The overall clinical exception reporting rate was 6.5% compared with 7.9% in the CCG and 9.8% nationally (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 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example the percentage of patients who had well controlled blood sugar was 69% compared to 68% in the CCG and 78% nationally. The percentage of diabetic patients who had well controlled blood pressure was 82% compared with a CCG average of 78% and a national average of 77%.

- Performance for mental health related indicators was similar to the CCG and national averages. For example 100% of patients with complex mental health conditions had a documented care plan in their notes within the last 12 months compared with a CCG average of 91% in the CCG and 89% nationally. The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 85% compared with a CCG average of 80% and a national average of 84% nationally.

The practice had a number of specific areas where exception reporting was higher than local and national averages. For example:

- The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis 67% compared with CCG average of 26% and national average of 25% nationally

The practice undertook a review of patients after our inspection and found that there had been a historic coding issue which meant that the reported exception rate had been comparable to the figures quoted above since 2007.

In addition:

- The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who had been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis was 43% compared with 22% in the CCG and 21% nationally
- The percentage of patients with a stroke or TIA (diagnosed on or after 1 April 2014) who have a record of a referral for further investigation between 3 months before or 1 month after the date of the latest recorded stroke or the first TIA was 40% compared with 9% in the CCG and 8% nationally.
- The percentage of patients with stroke or TIA who have had influenza immunisation in the preceding 1 August to 31 March 47% compared with CCG 20% and 19% nationally

The practice again attributed the higher rates of exception reporting to a possible coding error or issue with the clinical systems

# Are services effective?

## (for example, treatment is effective)

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, one of the audits related to improvement in the management of patients with chronic obstructive pulmonary disease. The audit aimed to review all patients on one type of inhaler and try to move them over to a new type of inhaler which had been proven to be more clinically effective. The first audit cycle aimed to identify and switch patient's treatment and the second cycle evaluated the effectiveness of this. The audit showed that the new inhaler was an effective treatment option for 80% of patients.

Information about patients' outcomes was used to make improvements for example the practice had undertaken an audit of patients who had cervical screening results in response to a significant event. The audit had identified some potential weaknesses in the practice's failsafe systems for ensuring cervical screening results were followed up where further action was required. As a result the practice nurse had instigated monthly searches to ensure that all results had been received, documented and that patients had attended follow up appointments.

### 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, equality and diversity 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, children with abdominal pains, ear discharge and skin complaints.
- 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 nurse forums.

- 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 had received an appraisal within the last 12 months.
- 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.

### 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 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. The practice held ad hoc discussions with health visitors and meetings with the community matron and integrated care liaison office. We saw examples of care plans being 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.

# Are services effective?

(for example, treatment is effective)

## 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 or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice used paper forms to document consent for cryotherapy procedures.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those 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 dietician was available in the health centre and smoking cessation advice was available from the practice health care assistant.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 78% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds averaged 91% for the year and five year olds averaged 85%.

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 foreign language translators and by explaining the procedure in a suitable way for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. 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.

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.

# 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. There were signs at the front of reception advertising this.
- Patients could be treated by a clinician of the same sex.

All of the 18 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 one member of the patient participation group (PPG) who 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 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 80% national average of 85%.
- 85% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 91%.
- 86% of patients said the nurse gave them enough time compared with the CCG average of 84% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 78% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, the manager of the nursing home where four of the practice's patients lived praised the care provided by the practice and said that staff at the practice would respond quickly to requests for support and go out of their way to ensure that patients at the home had their health needs met. The manager of the independent living facility was unable to provide comment on the quality of care provided by the practice as they were not involved in patient consultations but informed us that the practice would respond quickly when they requested assistance.

### Care planning and involvement in decisions about care and treatment

Patient comment cards indicated that patients felt involved in decision making about the care and treatment they received, 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. We also saw that care plans were personalised.

Staff told us that children and young people were treated in an age-appropriate way and recognised as individuals.



## Are services caring?

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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 76% national average of 82%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 90%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 76% and the 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. We saw notices in the reception areas informing patients this service was available, though this was not clearly displayed.
- 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 28 patients as carers (0.7% of the practice list). The practice informed us that 53% of these carers had received a flu immunisation at the last flu season. The practice had a carers' area in the reception area with written information was available to direct carers to the various avenues of support available to them including a support service specifically aimed at carers over 75. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a letter of sympathy. This was followed by a doctor contacting the patient to find out if they require any additional 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 telephone consultations on Monday evenings between 6.30 pm and 7.30 pm for working patients who could not attend during normal opening hours. The practice had identified that there was demand for early morning and weekend appointments however the owners of the building restricted the times that the practice was able to open. The practice could book patients into or refer patients to one of the hubs operated by the federation which provided GP access from 6.30 pm to 10 pm Monday to Friday and from 8 am to 8 pm at one of three sites at the weekend. Patients could book into the hub between 2 pm and 9 pm Monday to Friday and 9 am to 4 pm Saturdays and 9 am to 3 pm on Sundays.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- 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 on-going 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.
- Health promotion advice had been created by the practice including a pack for expectant mothers and carer support information.
- An in house phlebotomy service was available for patients who were vulnerable or who would have difficulty attending services further away from their home.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

### Access to the service

The practice was open Monday to Friday between 8:30am to 6:30pm. The practice offered extended hours access between 6.30 pm and 7.30 pm on Mondays via telephone consultation. Patients could book both emergency and routine appointments five days per week. Patients could access appointments outside of contractual opening hours at one of the three extended hours access hubs operated by the federation. 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 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the local average of 53% and the national average of 73%.
- 81% 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 77% and the national average of 85%.
- 86% of patients said their last appointment was convenient compared with the CCG average of 86% and the national average of 92%.
- 74% of patients described their experience of making an appointment as good compared with the CCG average of 59% and the national average of 73%.
- 54% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 43% and the national average of 58%.

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

The practice had a system to assess:

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



# Are services responsive to people's needs?

(for example, to feedback?)

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.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with detailed accounts of events and explanations provided. However, we did identify one complaint where the tone of the response was not sympathetic and had prompted the patient to make a further complaint. The GP concerned had reflected and learned from this incident. We also noted that none of the complaint responses included information about other organisations that patients could escalate concerns to if they were unsatisfied with the practice's response, though the practice manager advised the practice leaflet containing this information was issued with every complaint acknowledgement letter. Lessons were learned from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, we reviewed one complaint regarding the attitude of reception staff. The patient received an apology and all reception staff completed customer care training.

# Are services well-led?

Good 

(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.

- The practice had a mission statement which was displayed on the practice website and staff knew and understood the values. The practice also provided information on their website as to how they had implemented the NHS constitution.
- The practice had a clear strategy and supporting business plans which covered the period 2015 – 2018 which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice's governance framework operated effectively in most areas and supported the delivery of the strategy and ensure good quality care. However, there were some areas where the governance arrangements did not operate effectively. For instance the practice did not have a system in place for reviewing uncollected prescriptions and in some areas the structure of the practice's policy framework did not always ensure that certain policies were up to date or easily retrievable by staff:

- 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 including safeguarding and infection control.
- The practice policy framework was in some areas disorganised. Practice staff were able to access policies both on the shared computer drive and in folders within the practice manager's office. For instance in respect of the practice's safeguarding protocols both the folders on the shared drive and the those kept by the practice manager contained a lot of information and often various versions of the same policy which were not clearly marked or archived. This limited the effectiveness of the policy framework as staff found it difficult to find the policies and in the case of the child safeguarding policy found older versions which did not contain all of the relevant information. The practice significant event policy had not been reviewed on the review date indicated on the policy document.

- In most respects a comprehensive understanding of the performance of the practice was maintained. Practice meetings were held either monthly or quarterly 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.
- Most of the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions kept patients safe. However, the practice did not have an effective system in place to monitor repeat prescriptions and some emergency medicines were not present; though all but one of these were purchased on the day of the inspection and the practice provided us with a justification for the one medicine that was not purchased.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

Staff told us the lead GP was 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 lead GP encouraged a culture of openness and honesty. From the 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, truthful information and 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 multi-disciplinary meetings including meetings with community matrons to monitor vulnerable patients.

# Are services well-led?

Good 

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

Meetings with other agencies, including health visitors who were based in the health centre shared with the practice were undertaken on an ad hoc basis to monitor vulnerable families and safeguarding concerns.

- Staff told us the practice held regular team meetings. We saw evidence of monthly clinical meetings and whole staff meetings that occurred either monthly or quarterly. Minutes were comprehensive and were available for practice staff to view.
- 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.
- Staff said they felt respected, valued and supported, particularly by the lead GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through the national patient survey and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had assisted the practice in holding two open days for patients in conjunction with two other practices in the CCG which featured speakers from a variety of health and support services in the locality. The aim of the open day was to promote services both in the practice and wider community as well as encourage patients to self-manage their condition where possible.
- 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. For example we spoke with one staff member who said that he had participate in the development of the current procedure for urgent referrals to secondary care. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice participated in several research studies in partnership with external institutions including a local university. One study aimed to assess the impact of texting health lifestyle advice to patients with diabetes, one which aimed to assess the presence of hereditary high cholesterol in children and a study related to the identification and treatment of hepatitis among high risk demographics.

The practice healthcare assistant offered 20 minute health checks to all new patients that registered at the practice with the aim of identifying patients who may have undiagnosed long terms conditions or caring responsibilities. This also enabled the practice to take a full note of a patient's past medical history and medicines and referred the patient to a GP for an appointment if any intervention or treatment was required. The practice informed us that in January and February 2017 they undertook 118 new patient health checks. Of this number 109 required some further intervention and resulted in the practice increasing the identification of patients with Diabetes and hypertension. Nine percent of the patients reviewed were diagnosed hypertensive and 4% were found to have elevated blood sugar levels. In addition the practice increased the numbers of patients referred for cervical and chlamydia and screening, NHS health checks, raised lipids, childhood immunisations.

## 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider was not assessing the risks to the health and safety of service users in regards to receiving the care or treatment and not doing all that is reasonably practicable to mitigate any such risks.</p> <ul style="list-style-type: none"><li>• The practice did not have effective systems in place for reviewing uncollected prescriptions.</li><li>• The practice did not have effective systems in place to ensure at risk individuals were safeguarded from abuse.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>