

Mallard Medical Practice

Inspection report

Killingworth Health Centre
Citadel East, Killingworth
Newcastle Upon Tyne
Tyne And Wear
NE12 6HS
Telephone: 0191 2160061
www.mallardmedicalpractice.co.uk

Date of inspection visit: 7 November 2018
Date of publication: 06/12/2018

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall

(previous rating under former provider December 2015 – good).

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

We carried out an announced inspection at Mallard Medical Practice on 7 November 2018 as part of our inspection programme.

At this inspection we found:

- The practice had some systems in place to manage risk. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence-based guidelines.
- There was a focus on continuous learning and improvement; although learning was not always shared across the whole practice team.
- The practice had effective arrangements in place to monitor prescribing and usage of hypnotic type medicines (to aid sleeping); prescribing rates were much lower than local and national averages.

- The practice's medicines management arrangements were effective but vaccines and blank prescriptions were not always stored securely.
- Some staff had not received appropriate training.
- Patients had not always been advised of cancelled appointments.
- Arrangements for the confidentiality of records and data management systems were not always robust.

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

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

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

- Develop a system to provide assurance that clinical staff employed by the practice remain registered with their professional body.
- Review the practice's appointments system; continue to look for ways to improve how patients can access services and prevent errors when appointments are cancelled.
- Take steps to ensure staff undertake fire safety and children's safeguarding training.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist advisor.

Background to Mallard Medical Practice

Mallard Medical Practice provides care and treatment to around 5,000 patients in the town of Killingworth, Newcastle upon Tyne. The practice is part of North Tyneside clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract agreement for general practice.

The practice provides services from the following address, which we visited during this inspection:

- Killingworth Health Centre, Citadel East, Killingworth, Newcastle upon Tyne, NE12 6HS

The practice is located in a purpose built single storey building. There is a car park, an accessible WC, wheelchair and step-free access.

Patients can book appointments in person, on-line or by telephone and could attend either site.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare (known locally as Northern Doctors Urgent Care).

The practice has:

- three GP partners (two female and one male), although only two are currently registered with CQC as partners.
- one salaried GP (female),
- two practice nurses (both female),
- one healthcare assistant,
- a practice manager, and
- six staff who carry out reception and administrative duties.

The age profile of the practice population is broadly in line with the local averages. Information taken from Public Health England placed the area in which the practice is located in the fifth less deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

Are services safe?

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

The practice was rated as requires improvement for providing safe services because:

- The practice did not always follow relevant national guidelines around storing medicines and blank prescriptions.
- The practice's arrangements for ensuring staff checks were carried out on an ongoing basis were unsatisfactory.
- Some staff had not received up to date training on safeguarding and fire safety.

Safety systems and processes

The practice had some systems to keep people safe and safeguarded from abuse, but improvements should be made.

- The practice had some systems to safeguard children and vulnerable adults from abuse. Some non-clinical staff had not received up-to-date safeguarding training. However, they knew how to identify and report concerns. Learning from safeguarding incidents were available to clinical staff. Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, and neglect.
- The practice carried out appropriate staff checks at the time of recruitment, but not on an ongoing basis.
- There was a system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order; the boiler service had been overdue but was arranged following our inspection.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. The practice manager was on a long-term planned absence and there were arrangements in place to ensure staff were supported and day to day tasks were carried out during this time.
- There was an induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and most staff were suitably trained in emergency procedures. However, five clinical staff and one member of the administration team had not undertaken recent training on fire safety.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

The practice's medicines management arrangements were effective but improvements should be made in relation to the storage of some medicines and prescriptions.

- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed their antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- However, blank prescriptions were not securely stored and the arrangements for ensuring vaccines were stored at the appropriate temperature were weak.

Are services safe?

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice had effective arrangements in place to monitor prescribing and usage of hypnotic type medicines (to aid sleeping). They had carried out of significant amount of work, which was ongoing, to ensure medicines were only prescribed where necessary. As a result, prescribing rates were much lower than local and national averages.

Older people:

- Older patients who were frail or may have been vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty.
- The practice followed up on older patients discharged from hospital and ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were above the national target of 90% and the World Health Organisation target of 95%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was in line with the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

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

Are services effective?

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

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

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, although some training was yet to be completed.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up

to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. However, some staff had not completed recent training on safeguarding and fire safety. Managers told us they had recently changed training provider so were in the process of ensuring staff completed all training.

- The practice provided staff with ongoing support. There was an induction programme for new staff. This included appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was an approach for supporting and managing staff when their performance was poor or variable; although some staff told us this approach was inconsistent.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff helped patients to live healthier lives.

Are services effective?

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking and tackling obesity campaigns.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients about the way staff treat people was generally positive.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients support and information.
- The practice's National GP Patient Survey results were comparable with other practices for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- Communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice identified carers and supported them.
- The practice's National GP Patient Survey result for the question relating to involvement in decisions about care and treatment was in line with the local average but above the national average.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

The practice was rated as requires improvement for providing responsive services because:

- Patients had not always been advised of cancelled appointments.
- The practice's National GP Patient Survey results were below local and national averages for questions relating to access and there were no plans in place to review or change the appointments system to help meet patients' needs.

Responding to and meeting people's needs

The practice did not always organise and deliver services to meet patients' needs and preferences.

- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Patients were not always advised of any changes to clinics or appointments. On the day of the inspection a number of appointments for patients to receive their annual flu vaccinations had been cancelled. This was due to the national shortage of vaccines for the over 65s. We observed one patient who sat in the waiting room from 8.30am; they tried to use the self-service check in screen several times without success. They then approached a member of staff who said that patients had been sent a text to advise them that their appointment had been cancelled. The patient said they were unable to receive texts so was unaware of the cancellation. We were also contacted by another patient who told us they had not been told their appointment had been cancelled either. We spoke with staff, they told us they had cancelled some of the appointments, which

should have automatically triggered a text message to the patient. We looked at the record for the patient who attended the practice and found they did not have a mobile telephone listed so they would not have received a text message. Staff had tried to telephone patients and had left messages where they had been unable to speak to the patient but this had not been the case for all affected patients.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice offered home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice.
- However, the arrangements for managing the communication to those patients' whose flu vaccination appointments had been cancelled were not fully satisfactory.

People with long-term conditions:

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

Families, children and young people:

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

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

Are services responsive to people's needs?

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours every Tuesday evening.

People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Counsellors attended the practice regularly so patients were able to access their services closer to home.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs, but arrangements should be improved.

- Patients had adequate access to initial assessment, test results, diagnosis and treatment.
- Cancellations were minimal but not always managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice's National GP Patient Survey results were below local and national averages for questions relating to access to care and treatment.
- The appointments system had been designed so a large number of on the day appointments were made available. Patients could telephone the practice from

9am to make an appointment. Some patients preferred to visit the practice in person to make their appointment; they arrived at the practice at 8.30 and sat in the waiting room until 9am when the practice opened. A ticketing system had been implemented to ensure patients were called to the desk in the right order. Patients were then able to book a same day appointment. This meant in some cases that patients had to spend time getting to the practice, making an appointment, then leaving and returning again at a later time. Some of the patients we spoke with said the telephones were always busy in the mornings so they would rather attend in person to make an appointment. The National GP Patient Survey showed that 59% of patients had a positive experience when making an appointment, compared to the national average of 69% and the local average of 72%.

- We raised this with the GP partners at the end of the inspection; one partner told us they felt there were too many on the day appointments but there were no plans in place to review or change the system to help meet patients' needs.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from concerns and complaints and acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

The practice was rated as requires improvement for providing well led services because:

- The governance arrangements did not always operate effectively.
- Arrangements for the confidentiality of records and data management systems were not always robust.

Leadership capacity and capability

The GP partners had the capacity and skills to deliver high-quality, sustainable care.

- Clinical leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- The practice manager was on a planned long-term absence; arrangements were in place to provide support for staff and ensure day to day tasks were completed.

Vision and strategy

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

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

Culture

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

- Most staff stated they felt respected, supported and valued.
- Leaders and managers acted on behaviour and performance contrary to the vision and values, although some staff told us this was not always managed in a consistent way.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns with managers.
- There were some processes for providing staff with the development they needed. This included appraisals and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. However, some staff had not completed recent training on safeguarding and fire safety.
- There were generally positive relationships between staff and teams.

Governance arrangements

The governance arrangements did not always operate effectively.

- Structures, processes and systems to support good governance and management were not always effective.
- The arrangements to ensure the security and confidentiality of records and data management systems were not satisfactory. On the day of the inspection the practice manager's office door was unlocked; an NHS smartcard was inserted into the computer and cabinets containing staff files were unlocked.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- There was a lack of a formal meeting structure for non-clinical staff, which meant learning and information was not always shared across the team.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended; although a small number of these still referred to the previous GP partners and were therefore not up to date.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

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

- A range of patients', staff and external partners' views and concerns were heard and acted on to shape services and culture. There was a virtual patient participation group, which the practice was looking to expand.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning and improvement.

- There was a focus on learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure the safe and proper management of medicines, in particular; appropriate arrangements were not in place to maintain the cold chain for medicines requiring refrigeration and blank prescriptions were not always securely stored.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not established effective systems and processes to ensure good governance, in accordance with the fundamental standards of care. In particular;</p> <ul style="list-style-type: none">• Records were not held securely, on the day of the inspection the practice manager's office door was unlocked; an NHS smartcard was inserted into the computer and cabinets containing staff files were unlocked.• There was a lack of a formal meeting structure for the non-clinical staff team. <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>