

Dr R M, D R & J N Patel

Quality Report

Dartmouth Medical Centre

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr R M and D R Patels practice in Dartmouth Medical Centre on 10 January 2017. Overall the practice is rated as Inadequate.

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

- The practice had lacked capacity and capability in clinical leadership to support either safe, high quality clinical care or to implement the improvement indicated via the vision and strategy.
- Staff understood their responsibilities to raise concerns, incidents and near misses and there was a system in place for reporting and recording significant events.
- Arrangements were in place to safeguard children and vulnerable adults from abuse, and local requirements and policies were accessible to all staff. The GP partner was unable to confirm there was a system in place to identify children and young people who have had a

high number of A&E attendances. However, since the inspection we have received evidence to confirm that the practice had a system in place to ensure all children were followed up following frequent attendances at A&E.

- The practice had introduced a system to ensure safety alerts including those received from the Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were actioned. However, on speaking with the GP we were unable to confirm these were acted on appropriately.
- Clinical staff did not always assess patients' needs and deliver effective care in line with current evidence based guidance. For example, 10 medical records we reviewed did not contain an accurate, complete and contemporaneous record in respect of each patient's consultation. This included an inadequate record of the care and treatment provided.

Summary of findings

- Some of the patient records we reviewed showed care and treatment was not delivered in line with recognised professional standards and guidelines, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice had an electronic system to store patient records and to show the actions which had been agreed to meet patients' care, treatment and monitoring needs. However key members of the clinical team were unable to use this system meaning that care could be compromised. We also found that even where handwritten notes of the consultations had been made these were not reliably added to the patient records. The consultations that had been attached to the electronic system, were difficult to read or illegible. This increased the risk that information about treatments provided may be overlooked.
- Non clinical staff were adding medicines to patients' records on behalf of the GP partners. No checks were made by clinically trained staff to ensure medicines had been added correctly or that contraindications between medicines had been identified.
- Some audits had been carried out however we saw no evidence that clinical audits were driving improvement in performance and patient outcomes.
- Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day.
- Cleaning schedules were in place for the building, however there was no up to date schedule available for the cleaning of medical equipment after use.
- Patients we spoke with on the day, said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Implement a systematic approach to care delivery and improvement underpinned by appropriate clinical leadership and managerial capacity.
- Ensure an accurate and contemporaneous record is kept for each patient, with detailed information in relation to their assessment of needs, planning and delivery of care and there is an effective system in place for ensuring patient records are completed by staff with the necessary skills and understanding.
- Ensure effective systems are in place for care and treatment to be delivered in line with national guidance and best practice guidelines. This is important to ensure patients receive appropriate care and reviews.
- Ensure effective governance, including assurance and auditing processes that drive improvement in the quality and safety of the services is in place. This includes both clinical and non-clinical governance arrangements that identifies, assesses and manages risks to patient safety; as well as monitors the quality of services provided.
- The provider must have processes and procedures to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. This includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005, how to assess mental capacity and an understanding of the Gillick competency test.
- Maintain records to evidence the receipt of and actions taken in respect of patient safety information received from the Medicines and Healthcare products Regulatory Agency (MHRA) alerts to ensure prescribing remains safe.

I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures. Services placed in special measures will be inspected again within six months.

Due to the nature of the concerns identified on this inspection urgent action has been taken, to protect the safety and welfare of people using this service. Under Section 31 of the Health and Social Care Act 2008 conditions have been imposed on the registration of the provider in respect of the following regulated activity:

However there were areas of practice where the provider must make improvements:

Summary of findings

Treatment of Disease, Disorder or Injury from Dartmouth Medical Centre, 1 Richard Street, West Bromwich, B70 9JL West Midlands and Central Clinic, Horseley Road, Tipton, DY4 7NB West Midlands. Conditions on the provider's registration have been imposed due to the seriousness of the lack of contemporaneous records available and took effect from 13 January 2017.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of

preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed further urgent enforcement action could be taken. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

- Patients were at risk of harm because effective systems were not in place or embedded to ensure the delivery of safe care and treatment. Specifically, the lack of contemporaneous notes in patient records and the management of patients' medicines.
- We found non clinical staff were adding medicines to patients' records as the GPs did not use the clinical system. The practice told us that this was for administration purposes only, but no checks were made by clinically trained personnel to ensure medicines had been added correctly or that there were contraindications between medicines.
- The practice had a new system to ensure safety alerts including those receive from the Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were actioned, but on speaking with the GP we were unable to confirm that medicine alerts received (from the MHRA) were acted on appropriately.
- Staff understood their responsibilities to raise concerns, incidents and near misses and there was a system in place for reporting and recording significant events. The practice had procedures in place to safeguarded patients from abuse, but the GP partner was unable to confirm there was a system in place to identify children and young people who had a high number of A&E attendances. However, since the inspection we have received evidence to confirm that the practice had a system in place to ensure all children were followed up following frequent attendances at A&E.
- Emergency medicines and equipment were available, but we found the process for cleaning medical equipment was not effective. For example, there were no up to date records that showed medical equipment had been cleaned after each use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation, but we found these had not been signed off correctly by the GP or manager. (A PGD is a set of instructions detailing conditions under which prescription medicine can be provided to patients without a prescription). Since the inspection we have received confirmation that the PGDs have been signed.

Inadequate



Are services effective?

Inadequate



Summary of findings

- Some of the patient records we reviewed showed care and treatment was not delivered in line with recognised professional standards and guidelines, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE guidelines were available on the GP computer system, but the GP could not recall the last NICE guidance that had been issued.
- We were unable to ascertain that the GP had an understanding of how to assess mental capacity and knowledge of deprivation of liberty safeguarding (DoLS), therefore patients were at risk of not being assessed effectively.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were higher than the national average of 95%. The most recent published results (2015/16) showed the practice had achieved 99.5% of the total number of points available. Exception reporting rate was 17.5% in comparison to the national exception reporting rate of 10%. The absence of documented evidence in patient records meant we could not be assured that essential reviews had been undertaken for patients with long term conditions.
- Some audits had been carried out however we saw no evidence that clinical audits were driving improvement in performance and patient outcomes.
- 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, however due to the lack of effective clinical leadership, we were unable to gain assurances that patients' needs were being met appropriately.

Are services caring?

- Data from the national GP patient survey showed results were comparable with others for several aspects of care, however satisfaction scores for consultations with GPs were lower than the CCG and national averages. For example: 70% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- Patients we spoke with 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 easy to understand and accessible and in a variety of languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Summary of findings

- The practice had identified 1.7% of their patients as carers and information was available to signpost them to relevant support services.

Are services responsive to people's needs?

- The practice had lacked capacity and capability in clinical leadership to support either safe, high quality clinical care and be responsive to the needs of the practice population.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients we spoke with on the day of inspection said they found it easy to make an appointment, with urgent appointments available the same day. This was also demonstrated in the results of the GP patient survey where 96% of patients said the last appointment they got was convenient in comparison to the CCG average of 87% and the national average of 92%.
- The practice environment had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and the patient participation group (PPG).

Requires improvement



Are services well-led?

- The practice had lacked capacity and capability in clinical leadership to support either safe, high quality clinical care or to implement the improvement indicated via the vision and strategy. We found breaches in regulations relating to safe care and treatment and good governance in particular.
- Systems in place were putting patients at risk and that the GP partners did not have the necessary IT knowledge, or capability to lead effectively and drive improvement.
- The practice had a number of policies and procedures to govern activity but not all procedures were implemented in practice and arrangements were not effective in the monitoring of risks.
- The clinical governance lead had not ensured that effective assurance and auditing systems were in place to drive improvements.
- Succession planning arrangements were not in place and this impacted on the leadership's ability to effectively assess and review the service provision.

Inadequate



Summary of findings

- The provider was aware of the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
- The patient participation group was active and the members of the group told us they met regularly and were well supported by the practice.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for safe, effective and well led services; this affects all six population groups.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included vaccinations for those patients who were unable to attend the practice.
- Data provided by the practice showed seven patients on the palliative care register and six had received an annual medication review.
- The practice held a register for unplanned admissions, data provided by the practice currently showed 76 patients on this register. The register was reviewed every six months by the GP. Patients who were discharged from hospital were reviewed to establish the reason for admission and medication changes were completed by the GP. However, on reviewing one patient record we found that changes from a hospital letter had been added by a non- clinical member of staff.
- The practice worked with multi-disciplinary teams so patients' conditions could be safely managed in the community. Multidisciplinary team meetings were held every two months, however due to the lack of contemporaneous records co-ordination of care was not effective.

Inadequate



People with long term conditions

The practice is rated as inadequate for safe, effective and well led services; this affects all six population groups.

- Some of the patient records we reviewed showed care and treatment was not delivered in line with recognised professional standards and guidelines, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE guidelines were available on the GP computer system, but the GP could not recall the last NICE guidance that had been issued and therefore we could gain no assurances that NICE guidelines were being followed.
- Due to the absence of poor records, we were unable to confirm that essential reviews had been completed.
- The practice offered a range of services to support the diagnosis and management of patients with long term

Inadequate



Summary of findings

conditions and nursing staff had lead roles in chronic disease management. The latest QOF data (2015/16) showed 78% of diabetic patients had received their flu vaccination; this was comparable to the national target of 76%.

- Longer appointments and home visits were available when needed.
- Patients with long term conditions had a named GP and an annual review to check their health and medicines needs were being met. Patients at risk of hospital admission were identified as a priority. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example the practice worked with a community diabetes specialist nurse to support patients with complex diabetic needs.

Families, children and young people

The practice is rated as inadequate for safe, effective and well led services; this affects all six population groups.

- There were systems in place to identify and follow up children living in disadvantaged circumstances, including policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children, but the GP partner was unaware of a system in place to identify children and young people who had a high number of A&E attendances. However since the inspection we have received further evidence to confirm the practice had a system in place to monitor this.
- Appointments were available outside of school hours for children and baby changing facilities were available.
- We saw positive examples of joint working with midwives and health visitors. The midwife held an antenatal clinic every week at the practice.
- The GP did not show an understanding of the Gillick competency test and their duties in fulfilling it. The Gillick competency test is used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions.
- Childhood immunisation rates for under two year olds were above 90% which was in line with the national standards. Immunisation rates for five year olds ranged from 94% to 100% compared to the national average of 88% to 94%.

Inadequate



Summary of findings

- The practice's uptake for the cervical screening programme was 90% which was higher than the national average of 82%. The practice sent out appointments in various languages to encourage patients to attend. There was no explanation for the high exception reporting rate.

Working age people (including those recently retired and students)

The practice is rated as inadequate for safe, effective and well led services; this affects all six population groups.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice offered extended hours to suit the working age population, with late evening appointments available once a week and Saturday morning appointments.
- Results from the national GP survey in July 2016 showed 85% of patients were satisfied with the surgery's opening hours which was higher than the local average of 77% and the national average of 76%.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for safe, effective and well led services; this affects all six population groups.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Data provided by the practice showed 13 patients aged over 18 years of age were on the learning disability register and 12 had received their annual health checks. The practice sent regular appointments to patients to encourage them to attend their appointments.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and signposted patients to relevant services available.

Inadequate



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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.
- The practice had installed a call bell at the front entrance to alert staff if a patient required assistance to access the premises.
- The practice's computer system alerted GPs if a patient was also a carer. There were 56 patients on the practice's register for carers; this was 1.7% of the practice list. Data provided by the practice showed 44 carers had received their flu vaccination.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for safe, effective and well led services; this affects all six population groups.

- The latest published data from the Quality and Outcomes Framework (QOF) of 2015/16 showed 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 78%. Exception reporting rate was 12.5% which was higher than the national average of 7%.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Data provided by the practice showed 36 patients on the mental health register and the latest published QOF data (2015/16) showed 90% of patients had received a comprehensive care plan in the past 12 months; this was higher than the national average of 78%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia; however the GP was unaware of how to assess mental capacity and had no knowledge of deprivation of liberty safeguarding (DoLS).
- A counsellor offers support to patients with mental health needs once a week at the main practice site (Dartmouth Medical Centre).

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed mixed results in comparison to local and national averages. Three hundred and sixty two survey forms were distributed and 86 were returned. This represented 4% of the practice population.

- 75% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 85%.
- 67% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.

- 57% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% and the 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 20 comment cards which were all positive about the standard of care received. Patients told us that staff were caring and a good service was received.

We spoke with 15 patients during the inspection, including six patients from the patient participation group (PPG). All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Implement a systematic approach to care delivery and improvement underpinned by appropriate clinical leadership and managerial capacity.

Ensure an accurate and contemporaneous record is kept for each patient, with detailed information in relation to their assessment of needs, planning and delivery of care and there is an effective system in place for ensuring patient records are completed by staff with the necessary skills and understanding.

- Ensure effective systems are in place for care and treatment to be delivered in line with national guidance and best practice guidelines. This is important to ensure patients receive appropriate care and reviews.
- Ensure effective governance, including assurance and auditing processes that drive improvement in

the quality and safety of the services is in place. This includes both clinical and non-clinical governance arrangements that identifies, assesses and manages risks to patient safety; as well as monitors the quality of services provided.

- The provider must have processes and procedures to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. This includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005, how to assess mental capacity and an understanding of the Gillick competency test.
- Maintain records to evidence the receipt of and actions taken in respect of patient safety information received from the Medicines and Healthcare products Regulatory Agency (MHRA) alerts to ensure prescribing remains safe.

Dr R M, D R & J N Patel

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, practice manager specialist adviser and an expert by experience.

Background to Dr R M, D R & J N Patel

Dr RM and DR Patel's practice is located at Dartmouth Medical Centre, a purpose built building in West Bromwich, an area of the West Midlands, with a branch surgery at Central Clinic in Tipton, West Midlands. We did not inspect the branch surgery as part of this inspection. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as childhood vaccination and immunisation schemes.

The practice provides primary medical services to approximately 3,200 patients in the local community. The practice was led by three GP Partners, but one of the GP partners recently retired, and notification had been submitted to the CQC to advise them of a change to partnership. The current GP partners (1 male and 1 female) have the support of two practice nurses and four regular locums (3 male and 1 female). The non-clinical team consists of administrative and reception staff and a practice manager.

Based on data available from Public Health England, the levels of deprivation in the area served by the practice are below the national average and ranked at two out of ten, with ten being the least deprived.

The practice is open to patients between 8am and 6.30pm on Monday, Tuesday, Thursday and Friday and 8am and 1pm on Wednesday. When Dartmouth Medical Centre is closed on Wednesday afternoon, patients can access appointments at the branch surgery. Extended hours appointments are available 6.30pm to 8pm on Monday and 9am to 12pm Saturday. Telephone consultations are available if patients requested them; home visits were also available for patients who are unable to attend the surgery. When the practice is closed, primary medical services are provided by Primecare, an out of hours service provider and information about this is available on the practice website.

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 provider under the Health and Social Care Act 2008 and associated regulations.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 January 2017. During our visit we:

- Spoke with a range of staff including GP, practice nurse, practice manager and reception/administration staff.
- Observed how patients were being talked with in reception.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed documentation made available to us by the practice.

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 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 in place for reporting and recording significant events. We reviewed 15 significant events that had occurred between November 2015 and November 2016, where actions had been taken and lessons learnt had been discussed with staff to reduce the risk of further occurrence. 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).

All alerts were received by the practice manager and forwarded on to the clinical team for action, this included safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA) alerts. The practice had introduced a system to ensure that all alerts were actioned appropriately, however on speaking with the GP we were unable to confirm that medicine alerts received from MHRA had been actioned appropriately. For example we asked about an alert that had been issued in August 2016 concerning blood glucose test strips, the GP confirmed he had not seen this alert and was unaware whether it had been actioned.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children. Staff had completed training relevant to their role in this area. GPs and the practice nurses were trained to child safeguarding level 3. The GP partner was unable to confirm there was a system in place to identify children and young people who have

had a high number of A&E attendances. However, since the inspection we have received evidence to confirm that the practice had a system in place to ensure all children were followed up following frequent attendances at A&E.

- There was a notice in the waiting room to advise patients that chaperones were available if required. Staff who acted as chaperones had received the appropriate training. We identified that staff carrying out this role had a Disclosure and Barring Service (DBS) check in place. (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).
- We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. However we identified gaps in the infection prevention and control procedures, we found there were no cleaning schedules in place for medical equipment to ensure that it had been cleaned after each use. There was an infection control protocol in place and annual infection control audits were undertaken. The last audit had been completed in September 2016 and the practice had achieved 90%.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were effective (including recording and storing). The practice followed Public Health England guidelines for the recording of vaccination fridge temperatures.
- Some processes were in place for handling repeat prescriptions which included the review of high risk medicines; however we found non clinical staff were adding medicines to patients' records as the GPs did not use the clinical system. The practice told us that this was for administration purposes only, but no checks were made by clinically trained personnel to ensure medicines had been added correctly and no contraindications between medicines had been identified. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation, but we found these had not been signed off correctly by the GP or manager. (A PGD is a set of instructions detailing

Are services safe?

conditions under which prescription medicine can be provided to patients without a prescription). Since the inspection we have received confirmation that the PGDs have been signed.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment for all staff. For example, proof of identification and references. Qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been completed for clinical staff.

Monitoring risks to patients

Risks to patients were assessed, but not appropriately managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and we saw evidence of documented health and safety risk assessments that had been completed. The practice had up to date fire risk assessments and we found that fire alarms were tested on a weekly basis. Regular fire drills were not carried out, the last one being in September 2014, but we did see confirmation that a drill was planned for February 2017. Staff were aware of the evacuation procedures in the event of an emergency.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks; however we found no record of checks being completed to ensure the defibrillator was in working order.
- 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 did find rectal diazepam a medicine used to stop seizures and one of the recommended medicines to have in an emergency was not available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included staff contact details.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We looked at a total of 10 patient records. Records seen did not evidence that an adequate assessment of the patient's condition had been undertaken or treatment provided based upon the patient's medical history, clinical signs and where necessary, appropriate examination. This increased the risk of patients receiving inappropriate treatment as there was no contemporaneous recording of consultations within the medical records.

Care and treatment was not delivered in line with recognised professional standards and guidelines, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and these were available on the computer system, however we were unable to gain assurances that this information was used to deliver care and treatment that met patients' needs. One GP we spoke with could not recall the last NICE guidance that had been issued.
- The practice could not demonstrate that these guidelines were monitored through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) showed the practice had achieved 99.5% of the total number of points available in comparison to the national average of 95%. Exception reporting was 17.5% which was higher in comparison to the national average exception reporting of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets, but in the absence of

documented evidence in some patient records meant we could not be assured that essential reviews had been undertaken for patients with long term conditions. Data showed:

- Performance for diabetes related indicators was 100% which was higher than the CCG average of 88% and the national average of 90%. Exception reporting rate was 21% which was higher than the CCG average of 11% and the national average of 12%.
- Performance for mental health related indicators was 89% which was lower than the CCG average of 92% and the national average of 93%. Exception reporting rate was 8%, which was lower than the CCG average of 13% and national average of 11%.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was 100% which was higher than the CCG average of 96% and the national average of 96%. Exception reporting rate was 12%, which was comparable to the CCG average of 15% and the national average of 13%.

There was some evidence of quality improvement. For example:

- The practice had participated in the flu immunisation campaign and had actively encouraged patients to attend appointments. This had resulted in the practice being one of the 25% of practices with the highest uptake of flu vaccinations within the local clinical commissioning group.
- The practice had participated in an audit on patients that were applicable for breast screening. The practice had achieved 68% from the last three months appointment uptake. The practice followed up each patient that had been invited for an appointment by the hospital and increased the uptake to 71%.

However,

- The practice told us they had completed a range of clinical audits in the last 12 months, national benchmarking, accreditation, peer review and research but was unable to demonstrate the impact of these. One of the local audits involved a CCG medicines management review of all patients taking pain medication in line local pain management guidelines. No details were available on how many patients were reviewed and the outcome of the review.

Are services effective?

(for example, treatment is effective)

- The GP lead told us they had completed a clinical audit on chronic kidney disease in diabetes, but no details of the audit, the process and outcomes were available.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competency. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by accessing on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff told us they had received an appraisal within the last 12 months.
- Staff received some training that included: fire safety awareness and basic life support.

Coordinating patient care and information sharing

The information needed to plan and deliver effective care for patients was not always available as handwritten consultations were not scanned onto their electronic medical records. Therefore they were unable to demonstrate a full and accurate patient record was in place. Improvements were required to ensure those needing to access the record had a full and contemporaneous record.

The practice staff worked with other health and social care professionals and meetings took place with community

health care professionals on a quarterly basis. Care plans were reviewed and updated for patients with complex needs, but due to the lack of clinical leadership and managerial capacity in place there were no assurances these reviews were effective and met patients' needs.

Patients on the unplanned admissions register were reviewed every six months. The practice currently had 76 patients on the register, which represented 3% of the practice population. This included care and risk assessments, care plans, some medical records and investigation and test results

Consent to care and treatment

The process for seeking consent was difficult to monitor due to the lack of contemporaneous records.

- The GP did not show an understanding of the Gillick competency test and their duties in fulfilling it. The Gillick competency test is used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP we spoke with could not assure us that he was aware of how to assess mental capacity and he had no knowledge of deprivation of liberty safeguarding (DoLS). (The Mental Capacity Act 2005 includes the Deprivation of Liberty Safeguards (DoLS) – a set of checks that aims to make sure that any care that restricts a person's liberty is both appropriate and in their best interests). Due to the poor record keeping we were unable to confirm that the outcome of an assessment would be recorded adequately.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 90%, which was higher than the national average of 82%. Exception reporting rate was 18% which was higher than the CCG average of 7% and the national average of 9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening

Are services effective?

(for example, treatment is effective)

test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages. They also ensured a female sample taker was available. Appointments with the practice nurse were available for patients who had cultural and religious beliefs and needed advice on the benefits of attending screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results from Public Health for 2015/16 showed results were lower than the CCG and national averages. For example,

- 59% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 66% and the national average of 72%.

- 37% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 45% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged above 90% which was in line with the national standard of 90%. Immunisation rates for five year olds ranged from 94% to 100% which were comparable to the national average of 88% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Information on health assessments, including vaccinations such as shingles were on display to encourage patients to have regular reviews and appropriate protection against infections.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they were pleased with the service and staff were polite and welcoming and treated them with dignity and respect.

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

Results from the national GP patient survey showed satisfaction scores for consultations with GPs were lower than the CCG and national averages. For example:

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group CCG average of 83% and the national average of 89%.
- 70% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 89% 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%.

The practice satisfaction scores for consultations with nurses showed:

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.

The practice satisfaction scores for helpfulness of reception staff showed:

- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

The practice had not reviewed the results of the GP patient survey in order to develop an action plan for improvements, but had carried out an in house survey in March 2016 which had been discussed with the patient participation group (PPG). The results showed 61% of patients were extremely likely to recommend the practice and 26% were likely to recommend the practice. The practice did not have an action plan in place to review and improve patients' satisfaction.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey to questions about patients' involvement in planning and making decisions about their care and treatment were mixed. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

Results for nurses showed:

- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

Are services caring?

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

- Staff told us that translation 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 in a variety of languages.
- Information leaflets were available in easy read format.

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. There were 56 patients on the practice's register for carers; this was 1.7% of the practice list. Carers were identified at the point of registration and through interactions with the practice staff. Carers had access to same day appointments, health checks and annual influenza immunisations. Data provided by the practice showed 44 carers had received a flu vaccination.

Staff told us that if families had suffered bereavement, a bereavement card was sent. This was followed by a patient consultation if required, to give families advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered appointments with a community diabetes specialist nurse to support patients with complex diabetes needs.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- Extended hours appointments were offered on Monday evening from 6.30pm to 8pm and Saturday morning from 9am to 12pm.
- Home visits were available for older patients and patients who were unable to attend the practice.
- A weekly counselling service was available to support patients with mental health needs.
- Same day appointments were available for children and those patients with medical problems who required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. For vaccines only available privately, patients were referred to other clinics.
- There were accessible facilities for patients with a disability and translation services available. The practice had installed a call bell at the front entrance to alert staff if a patient required assistance to enter the premises.
- There was a hearing loop at the practice and patients with hearing difficulties had alerts added to their medical records.
- The practice offered a variety of services including cervical screening, childhood immunisations and vaccinations.

Access to the service

The practice was opened between 8am to 6.30pm Monday, Tuesday, Thursday and Friday and 8am to 1pm on Wednesday. Morning appointments were available from 9am to 12pm on Monday and Friday, 8.30am to 11.30am

Tuesday and Thursday and 9.30am to 12.30pm on Wednesday. Afternoon appointments were available from 4.30pm to 6pm on Monday and 4pm to 6pm on Tuesday, Thursday and Friday. There were no afternoon appointments available on Wednesday at Dartmouth Medical Centre, however patients could access appointments at the branch surgery.

Extended hours appointments were offered on Monday from 6.30pm to 8pm and on Saturday from 9am to 12pm. Pre-bookable appointments could be booked up to 24 hours in advance. All other appointments were available on the same day. Due to the large number of patients that did not attend appointments, the practice had introduced a system where all patients that had appointments booked were called on the day to ensure they were attending.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment mixed in comparison to local and national averages. For example:

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them and had no difficulties in accessing the service.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. 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 in place 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.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system and leaflets were available in the waiting area which informed patients how to make a complaint.

We looked at one complaint received in the past 12 months, where the actions were well documented and had been discussed with staff. The practice did not record verbal complaints and had one written complaint.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

Our overall inspection findings demonstrated the delivery of quality care and good outcomes for patients were not being realised. There were no plans in place for the sustainability or development of the practice. The practice had lacked capacity and capability in clinical leadership to support or to implement the improvement indicated via the vision and strategy. We found breaches in regulations relating to safe care and treatment and good governance in particular.

Staff we spoke with felt supported by the GPs and practice manager and were able to give feedback and suggestions in relation to the running of the practice. During the inspection practice staff demonstrated values which were caring and patient centred. Feedback received from patients on the day of the inspection was positive about the care received.

Governance arrangements

The clinical governance lead had not ensured that effective assurance and auditing systems were in place to drive improvements. The governance arrangements did not ensure sufficient clinical and managerial oversight was in place to ensure the delivery of good quality care. The lead GP partner faced some challenges in maintaining an overview of the practice due to only working four sessions a week at the branch site and the second partner being absent from the practice. This was reflected in the high use of long term locums in providing clinical care and the quality and safety of services provided.

The practice had a number of policies and procedures in place to govern activity and these were available to all staff. However there were gaps in governance arrangements in relation to assessing, monitoring and mitigating risks. For example:

- Patients were at risk of harm because effective systems were not in place to ensure risks were sufficiently mitigated and their management was embedded.
- Clinical staff did not always assess patients' needs and deliver effective care in line with current evidence based guidance. For example, the 10 medical records we reviewed did not contain an accurate, complete and

contemporaneous record in respect of each patient's consultation. This included a record of the care and treatment provided and decisions taken in relation to the care and treatment provided.

- Some handwritten consultations by the GP partners, completed by the GP at the time of consultation had been attached to the patient record electronic system, but on accessing these documents we found them to be difficult to read or illegible.
- Current processes for the management of medicine alerts issued by The Medicines and Healthcare products Regulatory Agency (MHRA) did not offer assurance that these were reviewed and acted on appropriately.
- There was limited evidence of effective auditing systems in place to drive improvements including clinical audits.
- Current infection control procedures were not effective in reducing the risk to patients, with no cleaning schedules completed for medical equipment.
- Staff added medicines issued by a handwritten prescription to patients medical records, however there was no system in place to monitor accuracy of information and any contraindications that may appear on the clinical medicines management system by a suitably qualified clinician.

We found areas where the governance framework was effective. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Staff appraisals were in place, and staff received regular reviews.
- Staff meetings were held every two months to ensure staff were aware of complaints and significant events and lessons learnt to support improved outcomes for patients.

Leadership and culture

On the day of inspection the provider told us they prioritised quality care; however this was not being achieved due to the poor record keeping and leadership in place. Staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff.

Are services well-led?

Inadequate



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

The provider was aware of 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.

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

- 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, by the GP and practice manager.

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

The practice encouraged feedback from patients and the public. It sought patients' feedback and engaged patients in the delivery of the service but did not always act on information they received.

- The patient participation group (PPG) had 20 regular members and meetings were held every three months. We found information about the PPG on display in the

practice to encourage patients to join. We spoke with six representatives of the PPG at the inspection who told us the practice acted on concerns raised. Ideas and suggestions by patients were also reviewed and implemented where possible. For example: The PPG requested that all notices be in large print and grouped together in the waiting room to make it easier for patients to access information. This was actioned and further information, including support and advice for a range of conditions was placed on display. The practice also purchased chairs with arms to aid patients in raising from a sitting position with ease and the front desk had been lowered to support patients with specific needs.

- The practice told us they had gathered feedback from staff through appraisals and we saw evidence to confirm that staff had regular reviews and annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The practice had not reviewed the results of the GP patient survey but had completed an in house survey which had been discussed with staff and the PPG.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence skills and experience to keep people safe. Medicines must be supplied in sufficient quantities, managed safely and administered appropriately to make sure people are safe. Providers must prevent and control the spread of infection.</p> <p>How this regulation was not being met:</p> <ul style="list-style-type: none">• The proper and safe management of medicines was not evident with non clinical staff adding medicines to patients' records that had been prescribed during consultation with the GP.• GPs were not working within the scope of their competencies, with a lack of knowledge of the clinical system and how to record patient consultations effectively.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider must have processes and procedures to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005</p> <p>How this regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not have an understanding of the Gillick competency test and their duties in fulfilling it.

Requirement notices

- The provider was unaware of how to assess mental capacity and knowledge of deprivation of liberty safeguarding (DoLS).

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider must have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor and mitigate any risks relating to the health and safety and welfare of people using services.

In addition, providers must securely maintain accurate, complete and detailed records in respect of each person using the service.

How this regulation was not being met:

- There was no evidence that alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) alerts were acted on appropriately.
- The provider had not maintained up to date cleaning records of medical equipment to reduce the risk of infection.
- Accurate and contemporaneous records were not being kept for each patient, with detailed information in relation to their assessment of needs, planning and delivery of care.