Dr Safderali Lalji Datoo

Quality Report

Watford Way Medical Centre
278 Watford Way
London
NW4 4UR
Tel: 020 82031166
Website:

Date of inspection visit: 18 May 2016
Date of publication: 03/01/2017

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Safderali Lalji Datoo (also known as Watford Way Medical Centre) on 18 May 2016. Overall the practice is rated as Requires improvement.

This inspection was a follow-up to our earlier inspection on 26 August 2015 at which the practice was rated inadequate overall. There were breaches in legal requirements relating to the provision of safe and well-led services and these key questions were rated inadequate. Effective was rated requires improvement because there were no completed clinical audit cycles. The practice was placed into special measures in November 2015. Subsequent to this the provider submitted an action plan detailing how it would make improvements and when the practice would be meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At our inspection on 18 May 2016 we found the provider had made some improvements, however further improvements are still required in the areas of medicines management, pathology management and securing patient records.

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

- Patients were at risk of harm because the systems and processes in place were ineffective and were not implemented in a way that kept patients safe. For example, arrangements for managing medicines through medication review and repeat prescribing processes were not robust.
- Arrangements for managing patient pathology results were not always robust. For example, we reviewed systems for managing test results and found that results were not always actioned in a timely way and the patient record system was not always updated to show that all necessary actions had been completed.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Progress had been made in relation to clinical audit. The practice had completed one two cycle audit with completion due on another by the end of the year.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- Ensure that arrangements for managing medicines (obtaining, prescribing, recording, handling, storing, security and disposal) are robust; including systems for ensuring that medicines reviews and repeat authorisation functions are undertaken in accordance with recognised guidelines.
- Ensure that patient records are kept secure at all times and that they remain accurate, complete and up to date in respect of each patient. For example, ensure that pathology results are seen and reviewed and that patient records reflect actions taken.

In addition the provider should:

- Review new systems in place to monitor the use of prescription pads.
- Progress plans to develop a practice website to help share information about the practice and the services it provides.
- Ensure that verbal as well as written complaints are recorded, in line with the practice's complaints procedure.

The practice was placed into special measures in November 2015. While improvements have been made since then, the practice continues to be rated as inadequate for one of the five key questions and so remains in special measures for a further six months. The practice will be

kept under review and if needed could be escalated to urgent enforcement action. 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.

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?

Inadequate

The practice is rated as inadequate for providing safe services as there are areas where improvements must be made.

- Systems and processes for managing medicines were not robust. Processes for reviewing and reauthorising prescriptions put people at risk. Systems and processes for medicine reviews did not always align with people's care and treatment assessments, plans or pathways and were not always completed and reviewed regularly in line with their medication changes.
- There was a system in place for reporting and recording significant events. Lessons from significant events were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded safety systems and processes around safeguarding, infection control, and staff recruitment.
- Risks to patients around health and safety, fire, electrical equipment, clinical equipment and legionella were assessed and well managed.

Are services effective?

Requires improvement

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

- Systems and processes were not robust in regard to the management of patient pathology results. For example, we reviewed systems for managing test results and found that results were not always actioned within 24 hours and the patient record system was not always updated to show that all necessary actions had been completed.
- Clinical audit had progressed, however was not yet being used effectively to drive quality improvement. The changes the practice planned to introduce after first cycle audits were not specific enough to bring about improvement.
- Data from the Quality and Outcomes Framework showed patient outcomes were comparable or above national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for responding to people's needs.

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, during our discussions with staff we noted that there was a lack of awareness in relation to the requirement to record and analyse both informal verbal complaints and written complaints.
- 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. For example, the practice referred patients with long-term chronic and medically complex conditions to a CCG crisis care team to prevent admission or readmissions to hospitals and to support end of life care pathways.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

Requires improvement

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

Summary of findings

- Although there had been some improvement in arrangements for identifying, recording and managing risks, concerns were identified in regard to failsafe systems for medicines management and pathology.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice had a number of policies and procedures to govern activity, but clinical policies required further review. For example repeat prescribing.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- Since our last inspection, the practice had begun to proactively seek feedback from staff and patients and we saw evidence that this was acted on. The patient participation group was now active.
- There was not a strong focus on continuous learning and improvement at all levels; specifically in terms of the clinical governance systems and processes.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as inadequate for being safe and requires improvement for being effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Requires improvement

The provider was rated as inadequate for being safe and requires improvement for being effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The nurse had recently completed a diploma in Practical Diabetes Management which enables diagnosis and management of patients with uncontrolled Type 2 diabetes.
- Performance for diabetes related indicators was comparable to the national average.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The provider was rated as inadequate for being safe and requires improvement for being effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

Summary of findings

- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 82%. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as inadequate for being safe and requires improvement for being effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- 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 proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as inadequate for being safe and requires improvement for being effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as inadequate for being safe and requires improvement for being effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- Performance for dementia related indicators were above the national average. One hundred percent of patients diagnosed with dementia had had their care reviewed in the preceding 12 months compared with a national average of 84%. Exception reporting was zero for this clinical domain compared to 8% nationally.
- Performance for mental health related indicators were above the national average. For example: One hundred percent of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%. Exception reporting was 0% for this clinical domain compared to 12% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and eighty five survey forms were distributed and 116 were returned. This represented 5% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. All comment cards stated that practice staff were very kind, caring and supportive. Two comment cards said they had to wait too long after their appointment time to be seen by the doctor.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were very approachable, committed and caring. Patients told us that staff knew them well and made them feel very comfortable whenever they had contact with the practice. One hundred percent of patients in the friends and family test would recommend this practice (37 responses).

Areas for improvement

Action the service MUST take to improve

- Ensure that arrangements for managing medicines (obtaining, prescribing, recording, handling, storing, security and disposal) are robust; including systems for ensuring that medicines reviews and repeat authorisation functions are undertaken in accordance with recognised guidelines.
- Ensure that patient records are kept secure at all times and that they remain accurate, complete and up to date in respect of each patient. For example, ensure that pathology results are seen and reviewed and that patient records reflect actions taken.

Action the service SHOULD take to improve

- Review new systems in place to monitor the use of prescription pads.
- Progress plans to develop a practice website to help share information about the practice and the services it provides.
- Ensure that verbal as well as written complaints are recorded, in line with the practice's complaints procedure.

Dr Safderali Lalji Datoo

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, a second CQC inspector, and a practice manager specialist adviser.

Background to Dr Safderali Lalji Datoo

Dr Safderali Lalji Datoo, also known as Watford Way Medical Centre, is located in Hendon in the London Borough of Barnet. It is one of the 62 member GP practices in NHS Barnet CCG. The practice holds a Primary Medical Services contract (an agreement between NHS England and general practices for delivering primary medical services). The practice provides enhanced services for adult and child immunisations and extended hours.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Treatment of disease, disorder or injury; Diagnostic and screening procedures; Maternity and midwifery services.

The practice has approximately 2,150 registered patients at the time of our inspection.

The staff team at the practice included one principal GP (male) working four sessions a week, two locum GPs (two female) one working four sessions a week and the other one session a week. One practice nurse (female) working 20 hours a week, a full time practice manager and two part time practice administrators one of which is also the trained healthcare assistant.

The practice's reception opening times are:

Morning/Afternoon/Evening

Monday	9:00 - 12:00	16:00 - 18:00
Tuesday	9:00 - 12:00	17:00 - 19:00
Wednesday	9:00 - 12:00	Closed
Thursday	9:00 - 12:00	16:00 - 18:00
Friday	9:00 - 12:00	16:00 - 18:00

Saturday Closed

Sunday Closed

The practice's GP consulting times are:

Morning Afternoon/Evening

Monday	9:00 - 11:30	16:00 - 18:00
Tuesday	9:00 - 11:30	17:00 - 19:30
Wednesday	9:00 - 11:00	Closed
Thursday	9:00 - 11:30	16:00 - 18:00
Friday	9:00 - 11:30	16:00 - 18:00

Saturday Closed

Sunday Closed

Urgent appointments are available each day and GPs also complete telephone consultations for patients. There is an-out of hour's service provided to cover the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice leaflet as well as through posters and leaflets available at the practice.

The practice serves a predominantly White British population (64%). A further 19% identifies itself as Asian / Asian British and 8% as Black / African /Caribbean / Black

Detailed findings

British. The practice has a lower than average percentage than the national average of people with a long standing health condition (42% compared to 49%). At 81 years, male life expectancy is above than the England average of 79 years. At 87 years, female life expectancy is above the England average of 83 years.

The practice was previously inspected on 26 August 2015 when it was rated inadequate overall and placed in special measures.

Why we carried out this inspection

We carried out a comprehensive inspection of this service on 18 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

The practice was rated inadequate in August 2015 and was placed into Special Measures in November 2015. Being placed into Special Measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration. Requirement notices set out the action we told the provider to take following the inspection carried out in August 2015.

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 18 May 2016.

During our visit we:

- Spoke with a range of staff (GP's, practice nurse, practice manager and administrative and reception staff), representatives of the patient participation group, and patients who used the service.
- Observed how patients were being cared for and talked with family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation the provider gave us about the operation, management and performance of the service.

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?

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.

Inadequate

Are services safe?

Our findings

Following our inspection on 26 August 2015 the practice was rated as inadequate for providing safe services. Not all staff had received training in safeguarding adults and children and staff expected to perform chaperone duties had not had a Disclosure Barring Service Check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had no method for identifying, recording and managing risks associated with health and safety for example; fire safety checks and Infection control processes had not been managed in accordance with NHS guidelines. Arrangements for managing medicines were not robust as there were no Patient Group Directions (PGDs) in place. These are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The practice was not equipped to deal with medical emergencies.

At our inspection on 18 May 2016 we found improvements had now been made. However, during this inspection we found that safety systems and processes in regard to patient medicines reviews were inadequate.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of its recorded significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, in February 2016, an incident took place in the waiting area of the practice which resulted in a patient with diabetes missing their scheduled fasting blood test appointment. Following this incident the staff team acted promptly to investigate the complaint and review staff actions during the incident. We saw that the outcomes were recorded and action taken to review reception protocols and speak with relatives and carers.

Overview of safety systems and processes

At our last inspection we found that the practice had not developed systems and processes for monitoring risks to patients. We asked the provider to take action. At this inspection we found that the practice had developed its systems, processes and practices to keep patients safe and safeguarded from abuse. However, we found further concerns in relation to arrangements for managing medicines.

- 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 clinical staff had received training on safeguarding children and vulnerable adults relevant to their role. GP's were trained to child protection or child safeguarding level 3. However, three non-clinical staff (including one recently appointed) had yet to receive training at the time of the inspection. Shortly after our visit we were notified that training had taken place.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had now received a Disclosure and Barring Service (DBS) check. (DBS

Inadequate

Are services safe?

- The practice was now maintaining appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was now the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place along with cleaning schedules and staff had received up to date training as had the practice manager who had received specific training on the role of an infection control lead within general practice. Annual infection control audits were now undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted that the practice was now following NHS infection prevention and control best practice.
- At the last inspection arrangements for the nurse to prescribe medicines such as vaccinations had improved. Patient Group Directions (PGDs) had now been put in place and there was a process in place to ensure these were kept up to date. (These are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- However, at this inspection the arrangements for managing medicines (obtaining, prescribing, recording, handling, storing, security and disposal), in the practice were not always safe. The practice carried out regular medicines audits; with the support of the local CCG pharmacy teams and used the QOF (Quality Outcomes framework) for identifying those patients on a long term condition register. However, during this inspection we found that there was a lack of a failsafe system in place for ensuring that all patients had an appropriate review for their medicine in line with its specific published guidance. For example, there was no process in place for setting medication review dates within the patient record system and therefore there was no clear method for identifying when a medication review for a patient was due. This meant that the lead GP could not be sure that all patients requiring a medication review were being reviewed at an appropriate interval subject to recommended guidelines. Following our inspection the practice reviewed its processes for prescribing and provided a revised repeat prescription and medication review policy. However, we are unable to assess the impact and application of the new policy on the medication review process without further inspection.
- The lead GP also told us that all QoF guidelines are followed and implemented rigorously. This included biannual meetings with the pharmacist team at the local CCG (in addition to several other meetings when they review the prescribing habits including repeat prescriptions policy and medication review) and they work together to resolve any issues that arise. However, no further evidence has been provided to demonstrate that the CCG pharmacy team had reviewed all prescribing at the practice.
- We identified concerns in relation to how the practice was reviewing and reauthorising prescriptions for high risk medicines. We looked at four records for patients who were being prescribed two high risk medicines. These medicines were Methotrexate and Sulphasalazine (medicines commonly used to treat severe rheumatoid arthritis (RA) as well as other specific conditions). We found that prescriptions for all four patients had been consistently reauthorized without the necessary medication reviews and required blood test results. For example, in one record of a patient (who had been repeatedly prescribed Methotrexate and who had been required by hospital to have regular three monthly blood tests monitoring in January 2014); we saw evidence of only two blood results having taken place in a two and a half year period. This meant that the provider was not assessing, monitoring or managing the risks to patients who were receiving such medicines.
- We also identified concerns in relation to how the practice was reviewing and reauthorizing prescriptions for generic medicines. We looked at the records of ten patients who had recently attended the practice. In four records we found no medication review date set for repeat prescriptions and no agreed limits on the number of reauthorisations before the patient needed a review.
- Although the lead GP told us that they were responsible for reviewing all repeat prescription requests and only authorised once the request had been considered we identified concerns in relation to the risks associated with the reissuing of repeat prescriptions. We found that the non-clinical staff who administered this process on behalf of the GP's at the practice did not work within a failsafe system.For example, generating repeat prescriptions without always checking if a medication review date had been reached or whether a review was overdue or checking if they had reached the set number

of authorisations had been reached." We looked at four patient records and requests for repeat prescriptions. We found that in three of the four records prescriptions were not reissued for repeat safely by the senior receptionist. For example, no checks were undertaken to see if a medication review had taken place or whether one was due. The senior receptionist and practice nurse were asked what checks were undertaken when processing repeat prescriptions and they told us that medication reviews were not set so the prescription was issued for the GPs to review and authorise. We noted that they were not fully aware of the practice's repeat prescribing protocols. In one instance we found that a medicine Metformin (a medicine for the treatment of type 2 diabetes) was reissued despite this not being a repeat medicine and showing a recent blood test result requiring a review due to its high reading. The senior receptionist and practice nurse knew the patient had had this medicine numerous times and therefore authorised its reissue. We did not see any process for flagging such concerns to a GP so that this could be reviewed when reauthorising.We looked at the practice's repeat prescribing policy. The policy failed to outline a clear protocol in relation to issuing, collecting, or dealing with missing prescriptions. For example, the practice had not put in place a process for agreeing the number of authorisations after which the medicine must be reviewed e.g. 3, 6 or 12 months. There was also no reference to medicines needing special consideration (high risk). We spoke to the lead GP about these concerns and they recognised that the failsafe process for managing prescribing required review and improvement. They told us that they were not clear on how best to use the patient record system to help them ensure compliance with good prescribing practices. The lead GP stated that they would discuss this issue immediately following the inspection with the new GP locum and practice manager. Subsequently, the GP lead provided a revised repeat prescription and medication review policy. This stated GPs would now review the medications of patients over 75 years every six months rather than annually. The impact of which would be reviewed at a future inspection.

- Additionally, although blank prescription forms and pads were securely stored, there was no system in place to monitor their use. Following the inspection we were informed by the GP lead that a process had been put in place. We reviewed two personnel files for the most recently recruited staff members and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

At our last inspection we found that the practice had not developed systems and processes for monitoring risks to patients. We asked the provider to take action. At this inspection we found that risks were assessed and well managed and in accordance with NHS guidelines.

- There were now procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 put in place a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 that enough staff were on duty. Since the last inspection the practice had recruited a long term female locum GP and an additional receptionist to improve capacity to improve systems and processes that monitor risks to patients.

Arrangements to deal with emergencies and major incidents

At our last inspection we found that the practice had not developed arrangements to deal with emergencies. We asked the provider to take action. At this inspection we found that the practice had developed robust arrangements in order to respond to emergencies and major incidents.

Inadequate

Are services safe?

- 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 obtained a defibrillator and staff had been trained to operate it. Oxygen had been made available with adult and children's masks. Checks were in place. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and since our last visit all staff had been made aware of its importance.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Following our inspection on 26 August 2015 the practice was rated as requires improvement for providing effective services as there was no evidence of quality improvement through two cycle audit.

At our inspection on 18 May 2016 the provider had made progress and completed one two cycle audit in relation to prostate cancer. A new audit had begun for patients with Atrial Fibrillation and one was planned for diabetes management. Following our inspection the lead GP informed us that the Atrial Fibrillation audit was due to complete at the end of the year. However, further areas of concern were identified. At this inspection we found that systems and processes were not robust in regard to the management of patient pathology results.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, in direct response to a NICE guideline about the management of Diabetes; the lead GP attended a training event about modified prescribing which then resulted in a check of patient records. In addition, in response to a NICE guideline about Hypertension (condition related to abnormally high blood pressure) more patients were being encouraged to self-monitor their blood pressure.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90% of the total number of points available. (CCG average, 95% and national average 95%), with 4.4% exception reporting (CCG average 7%, national average 9%). Exception reporting is the removal of patients from QOF calculations where, for example, the

patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for hypertension related indicators were similar or above CCG and national averages. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 80% compared with a national average of 84%. Exception reporting was 1% for this clinical domain compared to 3% nationally.
- Performance for mental health related indicators were above the national average. For example: 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%. Exception reporting was 0% for this clinical domain compared to 12% nationally.
- Performance for dementia related indicators were above the national average. One hundred percent of patients diagnosed with dementia had had their care reviewed in the preceding 12 months compared with a national average of 84%. Exception reporting was zero for this clinical domain compared to 8% nationally.

Performance for diabetes related indicators was comparable to or below the national average. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 84% compared to the national average of 78%. Exception reporting was 2% for this clinical domain compared to 9% nationally. For the percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c (blood glucose measure) is 64 mmol/mol or less in the preceding 12 months was 62.5% compared with a national average of 76%. Exception reporting was 7% for this clinical domain compared to11% nationally.

The provider had taken steps to establish a quality improvement system and had now completed a two-cycle audit on the prevalence of prostate cancer and had

commenced a second in relation to Atrial Fibrillation (Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate). Following the inspection the lead GP informed us that this audit would be actioned and completed by the end of the year. The practice lead GP and practice nurse also explained their plans to commence an additional audit in relation to Diabetes management amongst its patient population as the practice nurse had recently completed a course in Practical Diabetes Management which enables diagnosis and management of patients with uncontrolled Type 2 diabetes including safe prescribing and administering of medicines. These planned audits relate directly to improving patient outcomes.

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, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example the practice nurse had recently undertaken a Diabetes management course.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending an annual update and by accessing on line resources.
- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not consistently available to relevant staff in a timely and accessible way through the practice's patient record system. During this inspection we reviewed systems for managing test results and found that results were not always actioned in a timely way and the patient record system was not always updated to show that all necessary actions had been completed. For example, we found that there were approximately thirty results that had not been processed via the patient record system for eight days. The practice's protocol for pathology results management did not include the time frames for actioning results and it did not clarify which GP's received which results. It was also unclear from our discussions with staff that were responsible for contacting the patients. The lead GP was also removing patient information such as pathology results from the registered location to review at their home. This meant that patient information was not always securely maintained . Following the inspection, the lead GP told us that he is the data controller for his records and that his home office is secure to ensure that any records taken off the premises are securely maintained in accordance with the Data Protection Act. However, we noted that the practice's policy did not outline the transfer process of patient information.

We asked the lead GP, a locum GP and practice nurse about the management of pathology results and they recognised these processes had not been appropriately reviewed and were not clear on the practice's agreed system. For example, the newly appointed locum GP was not clear how their role in managing pathology aligned with that of the lead GP and we noted that processes were not joined up. The practice nurse was unclear regarding how the results seen were then actioned and over what timescale. There was not a robust failsafe system in place to ensure that patient pathology results were handled in a safe and effective way. Following the inspection the lead GP provided a revised policy on acting upon test results and medical reports. The impact of which would be reviewed at a future inspection.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and

Requires improvement

Are services effective?

(for example, treatment is effective)

to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals and care plans were routinely reviewed and updated for patients with complex needs. For example, the lead GP attended the local professional collaborative learning peer group which formed in 2015 and regularly met to discuss complex patient cases and management of conditions such as Diabetes.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Although there was a process for seeking and recording consent; this was not yet monitored through an audit of patient consent.

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. Patients were signposted to the relevant service.
- The practice nurse provided advice to patients on their diet and smoking cessation. The GP's at the practice were able to make referrals to relevant services such as the dietician and stop smoking service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 21.2% to 85% and five year olds from 44% to 88%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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.

Most of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced although two patients expressed concerns about waiting times.

We spoke with three 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 patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses and had continued to improve year on year. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%).
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%).
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% national average of 85%).
- 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 to the national average of 91%).
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and a national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and a national average of 85%.

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

- Staff told us that interpreting services had been arranged since we last inspected the practice in August 2015 for patients who did not have English as a first language. The lead GP and Practice manager had arranged for access to an interpreter service. We saw notices in the reception areas informing patients this service was available. Staff spoke a number of languages of different community languages.

Good

Are services caring?

- A hearing loop had been installed since the last inspection in August 2015.

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. However, the practice website was still under construction.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 37 patients as carers (2% of the practice list). Staff demonstrated an awareness of the needs of carers, for example they would discuss with them any concerns or difficulty they were having and signpost them to support services. The practice offered appropriate vaccinations to carers at times that were convenient for them. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and or with complex health needs.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were was a ramp and disabled toilet facilities on the premises and all consultation rooms were located on the ground floor. The practice now had a hearing loop for those patients with a hearing difficulty.

Access to the service

The practice was open between 8:30am and 6.00pm Monday to Friday and between 8.30am and 7.30pm on Tuesdays. Appointments were available from 9.00am and 11.00am and 4.00pm and 6.00pm Monday to Friday and between 9.00am and 11.00am and 3.00pm and 7.30pm on Tuesdays. In addition, pre-bookable appointments were available up six weeks in advance and urgent appointments were also available for people that needed them. Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable or better to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

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

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 72% of patients described their experience of making an appointment as good compared to 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.

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 complaint

Following our inspection on 26 August 2015 the practice was rated as good for providing responsive services. However, at our inspection on 18 May 2016 we found that the complaints system did not take account of all complaints received both verbal and written.

At the 18 May 2016 inspection we asked to look at complaints received in the 12 months prior to the visit and we were informed that the practice had not received any complaints over that period. However, through our discussions with staff we noted that there was a lack of awareness in regard to the requirement to record and analyse both informal verbal complaints and written complaints.

Are services well-led?

Requires improvement

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

Our findings

Following our inspection on 26 August 2015 the practice was rated as inadequate for being well-led. We found that not all of the provider's policies and procedures had been customised to reflect the practice's own arrangements and there was no quality improvement programme in place. There was no method of identifying, recording and managing risks, for example infection control. Records were not maintained of clinical and staff meetings.

At our inspection on 18 May 2016 improvements had been made, however further areas of concern were identified and key improvements were still required. The provider had customised its policies and procedures. The practice had ensured that those staff who acted as chaperones had the appropriate DBS checks in place. In response to the risks we had identified the provider had reviewed its prescribing arrangements for its practice nurse and had put in place Patient Group Directions (PGDs). It had also put in place appropriate fire safety arrangements, and systems and processes to prevent cross infection, obtained an AED and emergency oxygen and reviewed its emergency procedures. The practice had improved its capacity by recruiting a long term GP locum and an additional administrator to support the practice team. Records of clinical and practice meetings were being maintained. A patient participation group had been re-established. The practice had also initiated a programme of clinical audit and taken steps to complete an audit cycle, although it was too early to demonstrate improved patient outcomes.

However, during this inspection we identified concerns in relation to safe prescribing practices. For example, in how the practice reviews and reauthorises prescriptions for medicines. We also found some concerns in relation to the pathology management processes for example, during this inspection we reviewed systems for managing test results and found that results were not always actioned promptly and the patient record system was not always updated to show that all necessary actions had been completed. The lead GP recognised the need for further system training in order to improve the way the practice records patient information on a planned basis to ensure that reviews are done in a timely way and that there is a failsafe repeat prescribing system.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's aim and objectives were set out in the practice's statement of purpose. The practice had initiated the development of a strategy and supporting business plans which reflected the vision and values and regular monitoring had commenced. Staff were committed to providing high quality care and treatment for the local community.

Governance arrangements

The practice had taken steps to establish an overarching governance framework. The practice had produced a governance policy. However, although the practice team had taken steps to manage risks there remained a need to review processes in relation to medicines management and pathology to ensure that systems are failsafe. The practice had initiated a programme of clinical audit and taken steps to complete an audit cycle. We identified that the practice still needed a process for structured regular records audit to ensure clinical processes were protecting patients against unsafe practice. These processes would enable the practice to monitor quality and ensure clinical decisions were taken at the right time using the most appropriate information. This had been identified as an area of concern at the 18 May 2016 inspection.

The practice now had structures and procedures that ensured that:

- 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.
- An understanding of the performance of the practice was maintained.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, infection control risks were now being assessed managed and monitored.

Leadership and culture

The GP and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. Staff told us that that practice leads were responsive to concerns identified at the last inspection and took direct action to make improvements. Staff told us that increasing capacity in its

Are services well-led?

Requires improvement

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

administrative team has given both the practice manager and practice nurse more time to focus on governance areas without the need to continually support the pressures of reception. The practice had recently appointed a long term locum female GP to work four sessions a week to increase clinical capacity. The lead GP told us they were the designated responsible person for all systems and processes in the practice and a process was underway to review roles for clinical and information governance.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. Practice leads gave affected people reasonable support, truthful information and a verbal apology where necessary. There had been no written complaints in the prior 6 months and therefore the practice could not yet demonstrate compliance with the requirement to provide a written response. We noted that there was a policy in place.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP lead and practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. Since our last inspection on 26 August 2015 the practice has re-established a patient participation group which has had its initial meeting and in addition had undertaken a patient quality assurance survey to identify what the practice and group could do to improve the quality of the service for its patient community. This demonstrated that the practice had proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had identified an action plan. Areas identified included:

- To ensure that patients understand discussions on their condition and treatment.
- To encourage people to take part in regular Patients' Participation Group meetings.
- To find out if patients understand the Complaints Procedure.
- To expand the questionnaire for 2017.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was little evidence of innovation or service development to improve services. The practice had been through a significant period of challenge and recognised the need to improve. The practice had invested in its team to increase capacity with a view to considering options for succession planning. We saw that the practice was looking to develop its approach to Diabetic care to improve outcomes for patients with this long term condition.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Family planning services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance The provider must maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. The provider must ensure that patient records are kept securely when removed from the registered location. The provider must have a process for recording which records have been removed and returned to the registered location. The provider must ensure that patient information is kept up to date. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment** The provider must ensure that care and treatment is provided in a safe way for service users. The provider must ensure that medication reviews align with people's care and treatment assessments, plans or pathways and should be completed and reviewed regularly in line with their medication changes. Staff must follow policies and procedures about managing medicines and policies and procedures should be in line with current legislation and guidance and address, supply and ordering, administration and recording. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.