

Vanbrugh Group Practice, The Greenwich Centre

Quality Report

The Greenwich Centre
Lambarde Square
Greenwich
London SE10 9GB
Tel: 020 8312 6095
Website: www.vanbrughgps.co.uk

Date of inspection visit: 15 August 2017
Date of publication: 12/10/2017

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	12
Background to Vanbrugh Group Practice, The Greenwich Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	15
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Vanbrugh Group Practice on 15 August 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, the system was not effective in identifying and recording all learning outcomes resulting from investigations carried out.
- The practice had embedded systems to minimise risks to patient safety. However, the cold chain policy did not include the action staff should take if fridge temperatures fell outside of the recommended range and there was no consistent process in place to ensure results were received for all cervical screening samples sent for testing and inadequate sample rates were not routinely monitored.
- There was no fail-safe procedure in place to ensure appointments were received for all patients referred under the two-week wait process.
- Although correspondence was actioned by GPs within appropriate timescales there was a large amount of correspondence awaiting coding and linking to patient electronic records.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was a reliable process for producing repeat prescriptions. However uncollected prescriptions were only checked and actioned six-monthly.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patient satisfaction rates regarding the ease with which they were able to get through to the practice by phone were below the CCG and national average.
- Patients we spoke with said they were usually able to make an appointment with a named GP and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, the procedure for checking emergency medicines and equipment was ad hoc and informal.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

There were areas where the provider must make improvements. The provider must ensure care and treatment are provided in a safe way:

- The provider must ensure there is an effective procedure in place to inform staff of the action to take if fridge temperatures fall outside of the recommended range.
- The provider must ensure a consistent process is in place to ensure results are received for all cervical screening samples sent for testing and to monitor inadequate sample rates.
- The provider must ensure that correspondence awaiting coding and linking to patient electronic records is processed within acceptable timescales.
- The provider must ensure that significant event records include all relevant details and that learning and necessary improvements are identified and implemented.
- The provider must ensure that uncollected repeat prescriptions are checked on a frequent basis to ensure action is taken, where necessary, within safe timescales.

The areas where the provider should make improvement are:

- The provider should continue to monitor patient satisfaction rates regarding the ease with which patients are able to get through to the practice by telephone and implement improvements as appropriate.
- The provider should consider implementing an effective process to ensure regular checking of emergency equipment and medicines.
- The provider should consider implementing an effective fail-safe procedure to ensure appointments are received for all patients referred under the two-week wait process.
- The provider should consider ways of improving the privacy of communication at the reception area.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- The practice had systems, processes and practices in place to identify and minimise risks to patient safety. However, the systems were not always sufficiently thorough to ensure patients were kept safe. For example, the cold chain policy did not include details of the action staff should take if fridge temperatures fell outside of the recommended range and the process in place to ensure results were received for all cervical screening samples sent for testing was inconsistent and unreliable.
- Staff understood their responsibilities to raise concerns and to report incidents and near misses. However, investigations were not sufficiently thorough in identifying and recording all learning outcomes.
- Although correspondence was actioned by GPs within appropriate timescales there was a large amount of correspondence awaiting coding and linking to patient electronic records.
- Staff had received training in safeguarding children and vulnerable adults relevant to their role and demonstrated that they understood their responsibilities.
- The practice had adequate equipment and medicines to respond to medical emergencies. However there was no formal process in place for checking that it was in working order and that medicines were in date.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes for most indicators were comparable to the local and national averages.
- The overall clinical Exception Reporting rate was comparable to the local and national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Patient care was coordinated with other services.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality. However, privacy of communication at the reception area was limited by the open-plan aspect.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Extended hours appointments were available weekly on three mornings and three evenings.
- Patient satisfaction rates regarding the ease with which they were able to get through to the practice by phone were below the CCG and national average.
- Patients we spoke with said they were usually able to make an appointment with a named GP and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples we reviewed showed the practice responded quickly to issues raised and shared learning with staff.

Are services well-led?

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

Good



- 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.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received induction, an annual performance review and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence that they complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for notifying safety incidents and sharing the information with staff and ensuring appropriate action was taken. However, processes in place were not sufficiently thorough in identifying and recording all learning outcomes.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and clinical staff had allocated time for study leave.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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 good for the care of older people.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice employed a District Nurse for the elderly to carry out treatment and assessments for housebound patients.
- The practice involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up older patients following discharge from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice performance rate for most Quality and Outcomes Framework (QOF) indicators were comparable to local and national averages. The diabetes related indicator was below the local and national average but the practice were addressing this.
- The practice followed up patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- From the sample of documented examples we reviewed we found there were systems to identify and follow up children who were at risk.
- Immunisation rates for some standard childhood immunisations were below the national target. The practice were aware of the need to improve performance and had taken action to address this.
- Children and young people were treated in an age-appropriate way. The practice had achieved 'You're Welcome' status (The 'You're Welcome' programme in Greenwich supports services to become 'young people friendly').
- Appointments were available outside of school hours and the premises were suitable for children and babies. There was a children's play area in the waiting room and baby changing and feeding rooms.
- The practice worked with midwives and health visitors to support this population group and held regular meetings with the health visitor who was based on the premises.

Working age people (including those recently retired and students)

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

Good



- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended opening hours were available on three mornings and three evenings each week.
- The practice was proactive in offering online services. The practice encouraged online registration for booking appointments, ordering medications and viewing results. The practice uptake rate for online services was one of the highest in the local CCG.
- A full range of health promotion and screening services were provided that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was comparable to the local average of 87% and national average of 84%. The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs but uncollected prescriptions were only checked six-monthly.
- 97% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was comparable to the local average of 82% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing in line with the local clinical commissioning group (CCG) and national averages. 336 survey forms were distributed and 131 were returned. This represented a response rate of 39% (1% of the practice's patient list).

- 88% of patients described the overall experience of this GP practice as good, compared to the CCG average of 81% and national average of 85%.
- 70% of patients described their experience of making an appointment as good, compared with the CCG average of 69% and national average of 73%.
- 85% of patients said they would recommend this GP practice to someone new to the area, compared to the CCG average of 74% and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were positive about the standard of care received. Patients commented that the practice provided an excellent service and that staff were friendly and professional. Five cards also included negative comments regarding difficulty getting through on the telephone. The practice were aware of this issue and had recruited two additional receptionists

and had identified available funding to improve the current telephone system. Patients described the care received as excellent and commented that staff were friendly and that patients were treated with courtesy and respect.

We spoke with 22 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All patients commented that they would recommend the practice to other patients.

Results of the monthly Friends and Family survey were reviewed regularly by the provider. Recent survey results showed that the majority of patients would recommend the practice to friends and family:

- May 2017 (317 patients surveyed – 103 responses) – 89% of patients were likely to recommend the practice.
- June 2017 (319 patients surveyed – 102 responses) – 88% of patients were likely to recommend the practice.
- July 2017 (337 patients surveyed – 97 responses) – 88% of patients were likely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The provider must ensure care and treatment are provided in a safe way:

- The provider must ensure there is an effective procedure in place to inform staff of the action to take if fridge temperatures fall outside of the recommended range.
- The provider must ensure a consistent process is in place to ensure results are received for all cervical screening samples sent for testing and to monitor inadequate sample rates.
- The provider must ensure that correspondence awaiting coding and linking to patient electronic records is processed within acceptable timescales.

- The provider must ensure that significant event records include all relevant details and that all learning and necessary improvements are identified and implemented.
- The provider must ensure uncollected repeat prescriptions are checked on a frequent basis to ensure action is taken, where necessary, within safe timescales.

Action the service **SHOULD** take to improve

- The provider should continue to monitor patient satisfaction rates regarding the ease with which patients are able to get through to the practice by telephone and implement improvements as appropriate.

Summary of findings

- The provider should consider implementing an effective process to ensure regular checking of emergency equipment and medicines.
- The provider should consider implementing an effective fail-safe procedure to ensure appointments are received for all patients referred under the two-week wait process.
- The provider should consider ways of improving the privacy of communication at the reception area.

Vanbrugh Group Practice, The Greenwich Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector. The team included a GP Specialist Adviser and an Expert by Experience.

Background to Vanbrugh Group Practice, The Greenwich Centre

Vanbrugh Group Practice is a large general practice in Greenwich. The practice was established in the 1950s but moved into the current purpose-built premises in The Greenwich Centre in 2015. The premises is rented from NHS Property Services.

The surgery is based on the second (top) floor of The Greenwich Centre. The floor is shared with Oxleas NHS Foundation Trust Community Services. The Centre also includes a gym, library and cafe on the lower floors.

The practice accommodation is based over one floor which can be accessed by a lift. Facilities include a large administration office and practice manager's office which could be accessed via the rear of the reception desk; a patient records and scanning office; twelve consultation/treatment rooms; a dedicated minor surgery room; staff kitchen and lounge area; library; baby feeding room and baby changing room. There is a large waiting area with dedicated childrens area and a large reception desk and seminar/meeting room which is shared with Oxleas NHS Foundation Trust.

The surgery is based in an area with a deprivation score of 6 out of 10, with 1 being the most deprived and 10 being the least deprived. The practice age distribution has a much higher than average number of patients in the 0 to 4 year age group and the 25 to 40 year age group.

Vanbrugh Group Practice operates under a Personal Medical Services (PMS) contract providing services to 13,700 registered patients. (PMS contracts are local agreements between NHS England and a GP practice. They offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and who can hold a contract).

Greenwich Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

The provider is registered with the CQC as a Partnership of four partners providing the regulated activities of diagnostic and screening procedures; family planning; treatment of disease, disorder and injury; surgical procedures and maternity and midwifery services.

Vanbrugh Group Practice is a training practice usually providing placements for two GP Registrars each year. (A GP Registrar is a qualified doctor training to become a GP. GP registrars are allocated longer appointments to see patients at the beginning of their placement and are provided with support from a GP during their sessions). Two of the GPs are GP trainers.

The practice is also a teaching practice offering placements to medical students and Foundation Year 2 (FY2) doctors (FY2 is a grade of medical practitioner undertaking the

Detailed findings

Foundation Programme which is a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist general practice training). The practice also engages in undergraduate teaching for second and third year medical students.

The practice participates in research studies in association with the Clinical Research Network.

GP services are provided by the four (male and female) partners (2.8 wte) and seven salaried GPs (3.8 wte). There are also usually two GP Registrars providing patient appointments.

Clinical services are also provided by two Specialist Practitioner Practice Nurses (1.4 wte); one Practice Nurse (0.5 wte); one District Nurse for the elderly (0.4 wte); one Primary Care Assistant Practitioner (0.7 wte) and one Healthcare Assistant (0.9 wte).

Administrative services are provided by one full-time Practice Manager; one full-time IT Lead; one Typist (0.7); one Scanning Clerk (0.48 wte); two Data Entry Clerks (1.2 wte); one Prescription Clerk (0.8 wte) and eight Receptionists (4.8 wte).

The practice reception and telephone lines are open from 8am to 6.30pm Monday to Friday.

Appointments are available with a GP between 7am and 7pm on Monday and Friday; between 7am and 6pm on Tuesday; between 8am and 5pm on Wednesday and between 8am and 7pm on Thursday. Daily clinics provide appointments for patients requiring urgent care and partners also offer on the day urgent appointments after their morning surgery as required.

Appointments are available with a Specialist Practitioner Practice Nurse between 9am and 5.50pm on Monday and Thursday; between 8am and 5.50pm on Tuesday and Friday and between 9am and 10.30am on Wednesday.

Appointments are available with a Practice Nurse between 8am and 3.15pm on Monday; between 9.30am and 4.45pm on Tuesday and between 2pm and 5.45pm on Wednesday. A District Nurse for the Elderly provides visits to housebound patients on two days per week.

Appointments are available with the Primary Care Assistant Practitioner or Healthcare Assistant between 8am and 5.45pm on Monday and Thursday; between 8am and 4.45pm on Tuesday and Wednesday and between 8am and 5.15pm on Friday.

A GP surgery was also held at Morden College on Monday, Wednesday and Friday morning for its Morden College residents. (Morden College is an independent charity providing care services based in Blackheath. They provide accommodation for independent living, accommodation with some domestic support and residential care with nursing.)

In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are available on the same day. Telephone consultations are also available daily.

When the surgery is closed, urgent GP services are available via NHS 111.

Patients also have access to GP services out of hours at the two GP Access Hubs which are open on Saturday from 9am to 5pm; Sunday from 9am to 1pm and Monday to Friday from 4.30pm to 8pm (by appointment only). Appointments are booked via the surgery or through NHS 111. GPs are able to book advance appointments for their patients on Saturday and Sunday and on the same day for weekday appointments. Patients are seen by a Greenwich GP with access to their GP medical records. Details of patient consultations are recorded directly onto the patient's registered GP's records. Both Access Hub sites were four miles from the surgery.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before 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 15 August 2017.

During our visit we:

- Spoke with a range of staff including GP Partners, Salaried GPs, Specialist and Practice Nurses, Primary Care Assistant Practitioner, Practice Manager and reception and administrative staff.
- Spoke with representatives of the patient participation group (PPG) and patients who used the service.
- Reviewed a sample of the patient records.
- Reviewed comment cards where patients shared their views and experiences 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?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was an electronic recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events but did not always fully identify and record all learning points arising from investigations.
- We saw evidence that lessons were shared with all staff and action was taken to improve safety in the practice. For example, there was an unacceptable delay in a patient with a terminal illness receiving a prescription for controlled medicines despite the patient's relative attending the surgery several times to collect it. As a result the practice implemented several changes. Clinicians were reminded of the need to ensure that diagnoses were coded and that the indication for a medicine was identified at first prescription in order to help others understand why the medication is being requested. Reception staff were also reminded to inform the prescription clerk if relatives or patients have attended more than once to collect a prescription following a request.
- The practice monitored trends in significant events and evaluated response actions taken. An evaluation of incidents was discussed at weekly leadership meetings attended by the Practice Manager and GP partners and

learning was shared with staff at monthly administration and clinical meetings. Sharing of learning and implementation of changes that required urgent action was disseminated immediately.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.
- Staff we interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.
- Notices in the waiting area and around the surgery advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams.
- There was an infection control policy in place and staff had received up to date training.
- Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

The arrangements for managing medicines in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). However, these systems were not always sufficiently comprehensive or effective.

- There was no process in place to ensure that regular checking of emergency equipment and medicines was undertaken to confirm it was in working order and that medicines were in date.
- The cold chain policy did not include details of the procedure for the daily fridge temperature check or the action staff should take if fridge temperatures fell outside of the recommended range. The procedure did not include a requirement for staff to record action taken. We saw evidence where temperatures were out of range on several occasions and it was unclear what action, if any, had been taken.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being issued to patients and there was a reliable process to ensure this occurred. However uncollected prescriptions were only checked and actioned six-monthly. A prescription clerk had been appointed to ensure an experienced member of staff produced the repeat prescriptions for signing and that this task was carried out in a safe environment away from the distractions of the reception desk.
- With the support of the local clinical commissioning group pharmacy team the practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Both specialist nurses had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the partners for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Healthcare Assistants were trained to administer vaccines and medicines and patient specific directions from a prescriber were produced appropriately.

We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

of satisfactory conduct in previous employments in the form of references, qualifications and registration with the appropriate professional body. Checks through the DBS had been carried out for all staff.

Monitoring safety and responding to risks

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- A health and safety policy was available.
- The practice had an up to date fire risk assessment and regular fire drills were carried out by the premises management team. There were designated fire marshals within the practice. Staff were aware how they should support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. This was reviewed weekly at the practice management meeting. There was a rota system to ensure sufficient staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was a panic alarm in reception and all consultation and treatment rooms and an instant messaging system on the computer system which alerted staff to an emergency.
- All staff received annual basic life support training.
- A first aid kit and accident book were available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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.

Are services safe?

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. Contact numbers for all staff was readily available.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. This was included as a standing agenda item for weekly clinical meetings. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results used by the CQC (2015/16) showed that the practice achieved 89% of the total number of points available compared to the local clinical Commissioning group (CCG) average of 89% and national average of 95%.

The practice clinical exception reporting rate was 7% which was similar to the CCG average of 7% and national average 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 performance rates for QOF clinical targets were comparable to the CCG and national averages for most clinical indicators. For example:

- Performance for mental health related indicators of 88% was comparable to the CCG average of 84% and national average of 93%.
- Performance for asthma related indicators of 100% was comparable to the CCG average of 93% and national average of 97%.

QOF data from 2015/16 showed that the practice was an outlier for two clinical indicators:

- Performance for diabetes related indicators of 68% was below the CCG average of 78% and national average of 90%.
- The percentage of patients with a new diagnosis of depression that had been reviewed 10 to 56 days after the date of diagnosis was 32% which was below the CCG average of 79% and national average of 83%. However, overall performance for the mental health related indicator of 88% was comparable with the CCG average of 84% and national average of 93%.

There was evidence of quality improvement including clinical audit. There had been several two-cycle clinical audits carried out in the last two years. One of these was carried out to determine if patients on oral anticoagulant medicines were being monitored in line with National Institute for Health and Care Excellence (NICE) guidelines and the current recommended calculation method:

- The first cycle of the audit was conducted in April 2017 and included an informal interview with GPs to assess their knowledge in line with current guidelines. As a result of the findings GPs were updated on current guidelines and two system changes were implemented. A repeat audit was conducted in June 2017 identifying the following improvements:
- Initially 54% of patients were receiving correct monitoring. This increased to 92% in the repeat audit.
- Initially 98% of patients were on the correct dose. This increased to 100% in the repeat audit.
- Initially, 38% of GPs in the practice were aware of how to monitor these patients correctly; 13% of GPs knew how to accurately carry out the calculation and 0% of GPs knew how frequently to repeat the calculation. All these rates increased to 100% in the repeat audit.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff which was personalised to meet the needs of the individual. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and information governance.

Are services effective?

(for example, treatment is effective)

- The practice ensured that role-specific training and updating was available for relevant staff. For example, nurses reviewing patients with long-term conditions had undertaken additional training for the conditions they treated or reviewed.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at peer support 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 and nurses. All staff had received an appraisal within the last 12 months.
- All staff received mandatory training and updating that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of patient records we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Although correspondence was actioned by GPs within appropriate timescales there was a large amount of correspondence awaiting coding and linking to patient electronic records.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients

moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- Written consent was obtained, scanned and retained in patient records for treatment such as insertion of intrauterine devices and minor surgery.

Health promotion and prevention

The practice identified patients who may be in need of extra support. For example, patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were offered support by practice staff and signposted to the relevant support and advice services where appropriate.

A dietician and Time to Talk service was available on the premises.

The practice uptake rate for the cervical screening programme was 76%, which was comparable to the CCG and national average of 81%. The practice demonstrated how they encouraged uptake of the screening programme by telephoning patients who did not attend to remind

Are services effective?

(for example, treatment is effective)

them of its importance. The practice ensured a female sample taker was available. There was no system in place to ensure results were received for all samples sent for testing or to monitor inadequate sample rates.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Screening rates were comparable with local averages.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates in 2015/16 for the vaccines given to under two year olds were between 76% and 90% compared to the national target of 90%. Uptake rates for vaccines given to five year

olds of 85% was comparable with the local average of 86% and national average of 94%. The practice were aware of the need to improve the child immunisation performance rates and had recently assigned a health care assistant to assist with this.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a male or female GP.

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

We spoke with 27 patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the most recent national GP patient survey published in July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared with the CCG average of 86% and national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 82% and national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 88% 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 national average of 86%.

- 91% of patients said the nurse was good at listening to them compared with the CCG average of 86% and national average of 91%.
- 94% of patients said the nurse gave them enough time compared with the CCG average of 87% and national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 86% and national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and 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 said 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. Children and young people were treated in an age-appropriate way.

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 clinical commissioning group (CCG) and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and national average of 82%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 80% and national average of 85%.

Are services caring?

The practice provided facilities to help patients become involved in decisions about their care. Staff told us that interpretation services available for patients who did not have English as a first language were used frequently. The patient booking-in screen was available in several languages and multi-lingual staff were able to support patients if required.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 278 patients as carers (2% of the practice list). Some patients on the

register were identified by the inspection team as being of an inappropriate age to be a carer (ie under 4 years of age). During the inspection, all of these patients were checked and removed by the practice. The practice confirmed that they would carry out a regular check of the register in future to ensure the information was correct and up to date. An alert was entered on both the patient and carer's record. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. A poster was displayed in the waiting area encouraging patients to inform the practice if they were a carer and the District nurse for the elderly identified carers during home visits to housebound patients.

Staff told us that a condolence card was sent to families that had experienced bereavement. A patient consultation at a flexible time and location to meet the family's needs and advice on how to find a support service was available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours GP appointments (bookable online) in the morning from 7am and in the evening until 7.30pm on three days a week.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- The practice carried out a weekly assessment of future appointment availability and adjusted the appointment schedule accordingly.
- There were longer appointments available for patients with a learning disability.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately, such as Yellow Fever.
- A hearing loop and sign language interpreting services were available for patients who required them.
- Information regarding access to interpreters was available to patients.
- A monitor was displayed in the waiting room which displayed healthcare-related information for patients.
- Alerts were attached to patient records to alert clinicians if a patient had a visual or hearing impairment or required interpreting services.
- All toilets were gender neutral. A lift was available to access the surgery which was on the second floor of the building. There were sliding doors at the entrance and the reception desk, toilets and consultation rooms were wheelchair accessible. All examination couches were hydraulic and there was a higher-rise chair in the waiting room.
- The practice encouraged online registration for booking appointments, ordering repeat medicines and viewing results. The practice uptake rate for patients using online services was above the CCG average. Wi-Fi was available to patients in the waiting area.

- Texts were used for appointment reminders and to encourage uptake of services, for example, for flu vaccines. If a text was returned undelivered, an alert was put on the patient record to ensure receptionists and clinicians obtained the correct details at the next contact.
- An anticoagulation clinic was available on the premises enabling patients to be seen locally.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Home visits were available, with the nurse, for housebound patients. This included monitoring of anticoagulation therapy.
- Home visits were available for housebound patients for joint injections and minor surgery where appropriate.

Access to the service

The practice reception and telephone lines were open from 8am to 6.30pm Monday to Friday and GP appointments were available throughout this time with extended hours appointments available from 7am three days a week and available up to 7pm three days a week. These appointments could be booked up to four weeks in advance.

Daily emergency clinics provided appointments for patients requiring urgent care and the GP partners also offered same-day urgent appointments after their morning surgery as required.

Appointments were available with a Specialist or Practice Nurse five days a week and these appointments could be booked up to six weeks in advance. A District Nurse for the Elderly provided visits to housebound patients on two days per week.

Appointments were available with the Primary Care Assistant Practitioner or Healthcare Assistant five days a week.

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

Results from the national GP patient survey showed that patient's satisfaction rates with how they could access care and treatment was mostly comparable with the local clinical commissioning group (CCG) and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 80% of patients were satisfied with the practice's opening hours compared with the CCG average of 75% and national average of 76%.
- 89% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and national average of 84%.
- 81% of patients said their last appointment was convenient compared with the CCG average of 70% and national average of 81%.
- 70% of patients described their experience of making an appointment as good compared with the CCG average of 69% and national average of 73%.
- 55% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and national average of 58%.
- 56% of patients said they could get through easily to the practice by phone compared with the CCG average of 70% and national average of 71%.

Patients told us on the day of the inspection that they were usually able to get an appointment when they needed one.

The practice had a system 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 for handling complaints and concerns.

- The complaints policy and procedure were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, posters were displayed in the waiting area and information was included in the practice leaflet and website. A complaints form was also available from the reception.
- We looked at ten complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from complaints and analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint regarding difficulty getting out of the lower chairs in the waiting room the practice purchased of a higher-rise chair for patient use and installed an enhanced check-in system following complaints regarding regular malfunctions of the check-in system.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a strategy and supporting plans which reflected the vision and values and were regularly monitored.

Governance arrangements

- A comprehensive understanding of the performance of the practice was maintained. Monthly clinical and administrative meetings were held which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, these were not always sufficiently comprehensive.
- We saw evidence from minutes of meetings that lessons were shared following significant events and complaints.

The practice had an overarching structured governance framework which included procedures to support the delivery of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff had lead roles in key areas and colleagues were aware of these.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. However, not all policies were sufficiently comprehensive to mitigate risks to patients. For example, the cold chain policy did not include instruction regarding action to take if fridge temperatures were out of range.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held every three months which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of meetings that learning was shared with staff following investigations into incidents and complaints.

Leadership and culture

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

The partners were actively involved in influencing the local health policy by membership of the Local Medical Committee (LMC), Greenwich Clinical Commissioning Group (as Quality Lead), Syndicate Lead and GP Provider Network.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support for staff when communicating with patients regarding notifiable safety incidents. The partners encouraged a culture of openness and honesty.

From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management. The practice held and minuted a range of multi-disciplinary meetings:

- Weekly Partners' meeting with the Practice Manager
- Weekly clinical meetings attended by GP and nurses
- Practice nursing staff and HCAs held monthly nursing meetings
- Practice meetings, attended by all staff, were held twice a year.

Are services well-led?

Good 

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

- Administration staff meetings took place monthly, led by the Practice Manager.
- Multi-disciplinary team meetings were held weekly. Visiting external team representatives were scheduled to attend on a monthly basis such as, the palliative care team, health visitors and district nurses. Visiting speakers were also scheduled to attend these 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. Minutes were comprehensive and were available for practice staff to view. Staff said they felt respected, valued and supported by the partners. Staff were involved in discussions about how to develop and improve services.

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

The practice proactively encouraged and valued feedback from patients and staff.

- Feedback from patients was obtained from the suggestion box and from results of the NHS Friends and Family test, NHS choices comments, complaints and compliments. These were reviewed and analysed by the Practice Manager and partners and shared with staff at regular staff meetings.
- The PPG had been active for the past seven years and consisted of up to 8 members who met in person and a further 600 patients who were members of the online group. We spoke to two members of the PPG who told us that they felt the provider valued the input from the group.
- Feedback from staff was obtained 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. They told us they felt listened to and that their opinion was valued. Staff told us they felt involved and engaged in decisions regarding improvements to the practice. For example, the administrative team had raised concerns related to reception cover and the delays in answering of telephones. Two additional receptionists were therefore recruited and a new telephone system installed and the practice are currently reviewing improved systems to include call queuing.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. Salaried GPs and nurses were allocated a study leave allowance.
- The practice team was forward thinking and part of pilot schemes to improve outcomes for patients. For example, as part of the practice initiative to help improve access they had implemented a trial of the 'Dr First' access system where all calls were triaged by a GP prior to booking an appointment. This received negative feedback from patients and was therefore stopped after six weeks.
- Until June 2017 the practice had hosted a 12 month research trial. A research nurse from Kings College attended the surgery to carry out trials selected by the practice GPs.
- The practice had recently recruited a 'Patient Champion' to act as an interface between patients and doctors.
- The practice is currently developing strategies to increase patient awareness of the self-referral services available to them.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found, that in the carrying out of the regulated activities, care and treatment was not provided in a safe way for service users:</p> <ul style="list-style-type: none">• The provider did not have an effective procedure in place to inform staff of the action to take if fridge temperatures fall outside of the recommended range.• The provider did not have an effective procedure in place to ensure results were received for all cervical screening samples sent for testing and to monitor inadequate sample rates.• The provider did not ensure that correspondence awaiting coding and linking to patient electronic records was processed within acceptable timescales.• The provider did not ensure that significant event records included all relevant details and that learning and necessary improvements were identified and implemented.• The provider did not ensure that there was a safe and effective process in place for the monitoring of uncollected repeat prescriptions. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>