Dr Richard Hattersley

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Richard Hattersley on 2 February 2017 to assess whether the practice had made the improvements in providing care and services that were safe, effective and well-led.

We had previously carried out an announced comprehensive inspection at Dr Richard Hattersley on 2 September 2015. Following the inspection in 2015, the practice was rated as requires improvement overall. The practice was rated as good for being caring and responsive and requires improvement for safe, effective and well-led. Shortfalls identified covered blank prescriptions not being safely tracked by the practice. Gaps in the employment checks necessary for staff. There was a lack of governance systems to adequately monitor patient outcomes and manage risks to patients and staff.

We carried out an announced focussed inspection at Dr Richard Hattersley on 31 May 2016 to assess whether improvements had been made. At the inspection in May 2016, the practice was able to demonstrate that they had made some improvements. However, the practice was unable to demonstrate that they were fully meeting the standards. The practice was rated as requires improvement for safe, effective and well-led services. The overall rating for the practice remained at requires improvement. We found systems for reporting and investigating significant events and emergencies were not consistently safe. Data showed that patient outcomes remained lower than local and national averages.

The reports on the September 2015 and May 2016 inspections can be found by selecting the 'all reports' link for Dr Richard Hattersley on our website at www.cqc.org.uk

This inspection was a further announced comprehensive inspection, to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations identified at previous inspections. The practice is rated as requires improvement overall.

Our key findings across the areas we inspected on 2 February 2017 were as follows:

- Patients were at risk of harm because systems and processes were not being followed to keep them safe.

Summary of findings

For example, the practice did not have assurance that infection control practice consistently followed current guidance. Not all staff had received training in safeguarding and public areas were not effectively monitored for potential risks to patients and staff.

- Staff were able to report incidents, near misses and concerns; however the practice had not ensured that all staff understood what should be reported. Learning was not consistently shared with all staff to ensure improvements to care were made.
- Data showed patient outcomes were low in some areas compared to the locality and nationally. A limited amount of clinical audits had been carried out, and there was no effective system to manage performance and improve patient outcomes. There was limited focus on prevention and early detection of the health needs of all patients.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- The practice was responsive to the needs of patients from vulnerable groups. For example, approximately 10% of the practice population had alcohol and substance misuse issues. The practice were well equipped to deal with these patients' needs. The lead GP had undertaken an extended qualification to support patients with substance misuse.

The practice had no clear leadership structure and limited formal governance arrangements to ensure high quality care. Staff felt supported by leadership.

The areas where the provider must make improvements are:

- Ensure that governance systems operate effectively. For example, the practice must review the system in place for reporting significant events and learning from complaints, reviewing the health and safety of the practice including infection control processes.
- Ensure that patients with long term conditions have their needs assessed and met.
- Instigate a programme of clinical audit to improve outcomes for patients.
- Ensure an effective system for the reviewing and acting upon medicines and other safety alerts.
- Ensure practice policies reflect current processes in the practice. For example, the complaints process and business continuity plan.

The areas where the provider should make improvements are:

- Review engagement with the patient participation group.
- Review the process to encourage patients to participate in screening programmes for breast and bowel cancer.

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?

Requires improvement

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

- Safety concerns were not consistently identified or addressed quickly enough.
- There was a system in place for reporting and recording significant events, however this was not consistently effective. The practice had not ensured all staff knew what constituted a significant event or how to report these.
- Risks to patients were assessed but not consistently well managed. For example, we found cluttered corridors in publically accessible areas which posed a potential fire risk.
- The practice was unable to demonstrate at the time of inspection that all GPs were trained to child protection or child safeguarding level 3.
- The practice did not record that cleaning checks for clinical equipment, such as for ear syringing, had been completed. If the equipment did not require cleaning, there was no evidence to show this.
- An up to date business continuity plan was not available to staff.
- Vaccines were not consistently stored securely.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

Requires improvement

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

- Staff assessed needs and delivered care which was not always in line with evidence based guidance. For example, the practice could not demonstrate that medicine safety alerts were reviewed and acted upon.
- Few clinical audits were carried out and the results did not demonstrate quality improvement.
- There was limited focus on prevention and early detection of the health needs of all patients.
- The practice exception reporting for Quality and Outcomes Framework (QOF) indicators was higher than clinical

Summary of findings

commissioning group and national averages. For example, overall exception reporting for clinical indicators was 22% compared to the clinical commissioning group average of 13% and national average of 10%.
- There was limited evidence that the practice was comparing its performance to others; either locally or nationally.
- There was a lack of care plans for patients receiving end of life care.
- There was not an overarching training plan however staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 in line with or above other practices in the locality 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 that 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 providing responsive services.

- It 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. However, learning from complaints was not shared with staff and other stakeholders.

Summary of findings

- Patients said they were urgent appointments available the same day.

Are services well-led?

Inadequate

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff understood the vision and their responsibilities in relation to it. However, there were no realistic plans to achieve the vision. Actions identified by the practice to improve the quality of care were not fully achieved.
- There was a leadership structure and staff felt supported by management. However, the governance arrangements were unclear. For example the practice had a number of policies and procedures to govern activity, but these were not consistently implemented or reviewed to ensure information was current.
- There were systems in place to monitor and improve quality and patient outcomes, but these had not demonstrated improvement.
- Systems were not effective for managing risks such as for managing significant events or with regard to health and safety, vaccine security and clinical equipment.
- The practice had a virtual Patient Participation Group (PPG). However, since September 2016, communication with the PPG had not been maintained.

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 requires improvement for older people. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice for caring and responsiveness.

- The practice offered personalised care to meet the needs of the older patients in its population.
- Those at risk of unplanned hospital admission always received same day appointments.
- Performance indicators for conditions commonly found in older patients were comparable to national averages. For example, 100% of patients with a history of a stroke or mini-stroke, received a flu vaccine in the preceding 12 months compared to a national average of 96%. However, exception reporting for this indicator was 29% compared to a national average of 20%.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for people with long-term conditions. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice for caring and responsiveness.

- Outcomes for patients with long-term conditions had not improved since the last inspection. Exception reporting figures remained higher than local and national averages. For example:
- Data for patients with diabetes were comparable to national figures. For example, the percentage of patients with diabetes, on the register, who had an acceptable blood pressure reading in the preceding 12 months, was 70%, compared to a national average of 78%. However, exception reporting for this indicator was higher than average at 27%, compared to a national figure of 9%.
- A total of 96% of patients with COPD (Chronic obstructive pulmonary disease, a chronic lung condition) had a care plan

Summary of findings

agreed and documented in the notes compared to a CCG average of 92% and national average of 90%. Exception reporting for this indicator was higher than CCG and national averages at 33%.
- Longer appointments and home visits were available when needed.
- Nurses had lead roles in chronic disease management and received training to provide care in line with national guidance.
- Patients at risk of hospital admission were identified and the practice held admission avoidance meetings to ensure these patients' needs were met.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for families, children and young people. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice for caring and responsiveness.

- 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 mixed for childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- A total of 81% of eligible women attended for a cervical smear in 2015-2016. This is similar to the national average of 82%. However, exception reporting for this indicator was 24%, higher than the national average of 7%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held regular meetings with other professionals to ensure the needs of this group were met. For example, joint meetings with health visitors, midwives and social workers to gain a holistic understanding of the needs of this group.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for working age people (including those recently retired and students).

- 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.

Summary of findings

- The practice offered flexible telephone appointments to meet the needs of this group.
- 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.
- Pre-bookable appointments with GPs and were available in extended hours to meet the needs of this group.
- The practice responded to the high student population in the area by offering them appropriate vaccines.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances, including those without a fixed abode.
- The practice had five patients with a learning disability. At the time of our inspection, none of these patients had been offered a health check in the previous 12 months.
- The practice offered longer appointments for patients with vulnerable circumstances.
- The practice supported patients of no fixed abode to register the practice as their place of address. The practice then forwarded relevant communication to patients to help ensure all their needs were met.
- 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.
- 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 requires improvement for people experiencing poor mental health (including people with dementia).

- A total of 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the clinical commissioning group (CCG) average of 86% and national average of 84%. Exception reporting for this indicator was lower than CCG and national averages.

Summary of findings

- The practice supported a high proportion of patients had alcohol or drug misuse health issues. Approximately 10% of the practice population were affected by this issue. Staff were experienced in this area, and we saw that the care of these patients was appropriate.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan recorded in the preceding 12 months was 93% compared to the CCG average of 91% 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.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 338 survey forms were distributed and 107 were returned, which is a response rate of 38%. The completed surveys represented responses from approximately 3.6% of the practice's patient list. Results were above or in line with national averages:

- A total of 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- A total of 87% 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%.
- A total of 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- A total of 72% 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%.

A total of ten patients had completed the friends and family test from September to December 2016; 100% of these patients would recommend the practice to others. We spoke with six patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr Richard Hattersley

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser and a practice manager specialist advisor.

Background to Dr Richard Hattersley

Dr Richard Hattersley, known locally as Boscombe Manor Health Centre, is based in Boscombe, a suburb of Bournemouth, Dorset. It has been at its present location since 1996, and operates out of a converted Victorian era building.

The practice is part of Dorset Clinical Commissioning Group (CCG) and has an NHS general medical services contract to provide health services to approximately 3,000 patients. The practice is open from 8.00am to 6pm from Monday to Friday. Pre bookable extended hours appointments are available between 7.30am and 8am on Mondays and Thursdays. The practice has opted out of providing out-of-hours services to their own patients and refers them to the NHS 111 service or a local out of hours service.

The number of patients aged between 25 and 45 years old is up to four times higher than the national average. The practice is based in an area of high social deprivation and life expectancy for both males and females is lower than the CCG and national averages. The practice has more than twice the national average for patient turnover. Approximately 25% of the practice population changes every year; however the number of patients registered at the practice has remained constant. A high proportion of patients at the practice, approximately 13%, are affected by serious mental illness and/or substance misuse. Approximately 16% patients registered at the practice do not speak English as a first language, with the majority of these originating from an Eastern European background.

The practice has one GP and one salaried GP who together are equivalent to 1.3 full-time GPs. Both GPs are male. The practice has one female practice nurse, who worked half a day per week and a female health care assistant, who worked one and half days per week. At the time of our inspection, the practice were also employing a locum nurse on a regular basis to undertake a day every fortnight. The clinical team are supported by a team of three full-time reception staff.

We carried out our inspection at the practice's only location which is situated at:

Dr Richard Hattersley

Florence Road

Boscombe

Bournemouth

Dorset

BH5 1QH

Why we carried out this inspection

We carried out an announced comprehensive inspection at Dr Richard Hattersley on 2 September 2015 when we rated the practice as requires improvement overall. Specifically, the practice was rated as good for providing responsive services and being caring and requires improvement for providing safe, effective and well-led care.

Detailed findings

As a result of the inspection in September 2015, the provider was found to be in breach of regulations 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that blank prescriptions were not safely tracked by the practice. There were also gaps in the employment checks necessary for staff. We also found a lack of governance systems to adequately monitor patient outcomes and manage risks to patients and staff.

We carried out an announced focussed inspection at Dr Richard Hattersley on 31 May 2016 to assess whether improvements had been made. At the inspection in May 2016, the practice was able to demonstrate that they had made some improvements. However, the practice was unable to demonstrate that they were fully meeting the regulations. The practice was rated as requires improvement for safe, effective and well-led services. The overall rating for the practice remained at requires improvement.

As a result of the inspection in May 2016, the provider was also found to be in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because governance systems and processes were not consistent enough to ensure safe and effective care.

The provider sent us an action plan in September 2016 of the changes they would make to comply with the regulations they were not meeting at that time.

How we carried out this inspection

We carried out a comprehensive follow up inspection on 2 February 2017 to check the necessary improvements had been made. During our visit we:

- Spoke with a range of staff (The lead GP, locum practice nurse, and reception staff).
- Observed how patients were being cared for in the reception area
- Spoke with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

At our inspection in May 2016, we found that significant events were handled and investigated appropriately. However, the system to report significant events to relevant staff was not implemented well enough so that the practice could be assured that necessary actions were taken to promote patient safety. For example, the GP was aware of four significant events which needed investigating, but the practice manager was only aware of two of these and so the documentation was not completed for two of four events.

At this inspection in February 2017, we found that the system in place for reporting and recording significant events was not fully effective.

- The practice did not hold a summary of significant events which could be reviewed for analysis of trends to promote learning. Significant events records were kept in an ad hoc manner by clinicians. For example, staff told us of an event relating to the injury of a member of staff which had been reported but not investigated.
- Significant events relating to clinical incidents were discussed at weekly clinical meetings so learning was shared with clinicians.
- Non-clinical staff were not clear on what would be considered a significant event and what would require reporting for further investigation and learning.
- There was a recording form available on the practice's computer system.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared with clinicians and action was taken to improve safety in the practice. For example, a patient had contacted the practice via an interpreter to discuss symptoms which were diagnosed as a urine infection. The patient received treatment, however it was not identified that the patient had a condition that required medicine to thin the blood to minimise the risk of blood clots. This was identified when the patient contacted the practice a few days later with continuing symptoms. We were told that no harm came to the patient and they received appropriate treatment. The GP reflected on the difficulties that can arise when using an interpreter and when workload is high.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe but these were not embedded:

- 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. We were told that GPs did not attend safeguarding meetings due to limited capacity but always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice was unable to demonstrate that all GPs were trained to child protection or child safeguarding level 3. We asked them to submit this to us within 48 hours of our inspection. A training certificate dated 3 February 2017 was submitted. The practice were able to demonstrate on inspection that all other staff were trained to the appropriate level of safe-guarding.
- Notices in clinical rooms advised patients that chaperones were available if required. Staff who performed chaperone duties were trained for the role and had a satisfactory Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff maintained a record to indicate which reception staff member would undertake chaperone duties on a particular day.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice employed contract cleaners to undertake routine cleaning, the performance of which was monitored by the practice. Curtains in treatment rooms were disposable and had been changed at the required frequency, most recently in January 2017. A practice nurse was 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. Infection control audits were undertaken, most recently in January 2017, and we saw evidence that action was

taken to address any improvements identified as a result. For example, the practice was investigating installing a covered area for the external clinical waste storage bins.

- Staff explained to us an appropriate cleaning schedule for clinical equipment, such as nebulisers, ear syringing equipment and spirometers. However, there were no records to support that cleaning of this equipment was undertaken. We asked the practice to submit copies of cleaning records within 48 hours of our inspection. The practice were unable to provide these.
- The practice infection control policy dated May 2015 stated that all staff would receive hand hygiene training. We saw evidence that a hand hygiene audit had recently been undertaken by the practice.
- The arrangements for managing medicines, including emergency medicines in the practice were safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Vaccines were stored in fridges that were appropriately maintained and calibrated. Twice daily temperature readings of fridges that stored vaccines were taken and recorded. Fridges were maintained in the correct temperature range, and staff knew what action to take if temperatures went out of range. One fridge containing a small amount of vaccines and which was stored in a publically accessible area was unlocked. This meant unauthorised access to the vaccines could not be prevented. We raised this with the practice who immediately moved the vaccines to a secure fridge. We were told the unsecure fridge would no longer be used.
- Patient Group Directions (PGDs) had been adopted by the practice to allow registered nurses to administer medicines in line with legislation.
- We reviewed the file of two members of staff that had been employed since April 2013 and found appropriate recruitment checks had been undertaken prior to employment. These checks must include proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were assessed, but not consistently well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a completed fire risk assessment in February 2016 and carried out fire drills, most recently in January 2017. Staff had received recent fire safety training and we saw that regular tests of fire alarms, fire escapes and emergency lighting were conducted. However, we noted that boxes of paper, cardboard and other unused equipment were stored next to and on top of a vaccine fridge, which posed a potential fire risk. A large piece of chipboard was found to be leaning against a wall in a publically accessible corridor. This posed a potential risk of injury to patients.
- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had a schedule to ensure that all electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had employed an external contractor to conduct a risk assessment for Legionella and had completed the actions identified to improve safety. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

At our inspection in September 2015, we found that the practice did not have a defibrillator available on the premises or a sufficiently recorded rationale for why this

was not needed. In May 2016, the practice had completed a risk assessment to support why a defibrillator was not necessary, however we found that the risk assessment was not adequate. It referred to a review of evidence which supported the practice view that a defibrillator was not necessary. No further details of this evidence was detailed and the risk assessment did not refer to national guidance. No estimation of the level of risk was included in the assessment.

We also found in September 2015, that not all emergency equipment was in date. On 31 May 2016, we were shown records that emergency equipment was checked every three months that included a date and a tick to indicate a check had been carried out at regular intervals, but not what these checks related to. We were told that the checks included expiry dates and to confirm that packaging was intact. However, we found a children's oxygen mask that was past its use by date of November 2013.

At this inspection in February 2017, we found that the practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- All the medicines and equipment we checked were in date and stored securely.
- Since October 2016, the practice had a defibrillator available on the premises and oxygen with adult and children's masks. These were checked on a regular basis to ensure equipment was operating properly. A first aid kit and accident book were available and were completed appropriately.

The practice had a business continuity plan for major incidents, such as power failure or building damage. However, the plan was dated in 2013. We raised this with the practice who contacted previous staff to confirm the plan had been updated in May 2016. However, the practice could not provide us with a copy of the most recent plan. This meant staff could not access the plan in the event of an emergency.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

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.

Medicines safety alerts were disseminated to staff. . On inspection, the practice were unable to discuss recent medicine alerts issued in the previous year and the implications these had for patients. This meant the practice could not demonstrate prescribing remained in line with recommended guidance.

Management, monitoring and improving outcomes for patients

At out previous inspections in September 2015 and May 2016, we found that improvements to the quality of services, based on data from quality outcome tools, had not been acted upon. The practice participated in the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice.

Concerns associated with the high exception reporting were raised with the GP and practice manager at both of our previous inspections. 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.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. However, we found that there was limited focus on prevention and early identification of health needs for patients.

At this inspection the most recent published results for April 2015 to March 2016 were 96.8% of the total number of points available which was comparable to CCG and national averages. The practice achieved an overall clinical exception reporting of 22%, compared to a clinical commissioning group (CCG) average of 13% and national average of 10%. The practice's figure for overall exception reporting has decreased since the previous QOF period of 2014-2015, when it was 26%, but still remains high compared to local and national averages.

In 2015-16, the practice was not an outlier for any QOF indicators, however exception reporting remained high for some indicators, particularly for long-term conditions. Approximately 50% of the patients at the practice had a long-term condition. Data from 2015-16 relating to long-term conditions showed that:

- Performance for diabetes related indicators were similar to national averages. For example, 71% of patients with diabetes had an acceptable average blood sugar reading in the preceding 12 months compared to the CCG average of 82% and national average of 78%. However, exception reporting for this indicator was 32% which was higher than the CCG average of 18% and national average of 13%. This has increased since the 2014-2015 QOF cycle from 23%.
- A total of 84% of patients with a diagnosis of high blood pressure had an acceptable blood pressure reading in the preceding 12 months compared to the CCG average of 84% and national average of 83%. Exception reporting for this indicator was 17% which was higher than the CCG average of 6% and national average of 4%; a reduction of 7% since the 2014-2015 QOF cycle.
- A total of 76% of patients with asthma had a review in the preceding 12 months compared to a CCG average of 77% and national average of 76%. Exception reporting for this indicator was higher than CCG and national averages at 21%; a decrease of 6% since the 2014-2015 QOF cycle.
- A total of 96% of patients with COPD (Chronic obstructive pulmonary disease, a chronic lung condition) had a care plan agreed and documented in the notes compared to a CCG average of 92% and national average of 90%. Exception reporting for this indicator was higher than CCG and national averages at 33%, an increase of 8% since the 2014-2015 QOF cycle.

Other data from 2015-2016 showed:

- Performance for mental health related indicators was better than local and national averages. For example, 96% of patients with severe enduring mental health

Requires improvement

Are services effective?

(for example, treatment is effective)

problems who had an alcohol consumption documented compared to a CCG of 87% and a national average of 88%. Exception reporting for this indicator was lower than CCG and national averages.

- The practices figures for prescribing were similar to national and CCG averages. For example, daily prescribing rates for hypnotics (a medicine used to treat anxiety) according to recommended guidance were better than the CCG and national averages (0.2 compared to the CCG average of 0.92 and national average of 0.98).
- A total of 81% of eligible women received a cervical smear compared to a CCG average of 83% and national average of 81%. However, exception reporting for this indicator was 24% which is higher than local and national averages, an increase of 3% since the 2014 to 2015 QOF cycle.

We raised the continued high exception reporting with the practice on inspection. Staff told us they issued three invitations and reminders to patients before excepting them for reporting figures. National guidance is to offer patients three invitations or reminders in a variety of formats (by letter, telephone or text) before they are excepted. Previously, the practice had sent one invitation to patients before they were excepted. The practice had a patient turnover of approximately 25% due to the location and demographic of the population it served. We were told at this inspection and at our inspection in May 2016, that the practice were identifying patients who no longer used the practice so they could be removed from data.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last year, all of which were prescribing audits that were supported by the CCG.
- The practice were due to merge with another provider in April 2017. This organisation had been able to support the practice with regards to prescribing to further improve patient care. For example in January 2017, a pharmacist employed by the organisation the practice was merging with, reviewed the patients living in nursing homes with the lead GP. A total of 13 patients were reviewed to ensure they were prescribed the most appropriate medicines.

Effective staffing

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

- Staff were able to access appropriate training which included an induction programme for staff and covered topics such as fire safety and infection control. There were opportunities for role specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions or giving vaccines.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Nurses and health care assistants who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 for most staff, 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.

We found that training programmes were not underpinned by relevant policies or protocols to demonstrate that there was ongoing training and development for each staff role. The practice was unable to demonstrate what training they considered staff to require to ensure they were competent at all times. There was no training policy or protocol which set out the training provision for staff and the frequency this would be required. We raised this with the practice who submitted a training policy within 48 hours. This set out the training that the practice considered to be mandatory for staff, but not the frequency with which this would be undertaken.

Coordinating patient care and information sharing

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

Requires improvement

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. However, we found a lack of care plans for some patients. For example, we reviewed the records of two patients receiving end of life care, and found that neither patient had a care plan in place. This meant the practice could not demonstrate that care was communicated effectively between relevant teams and specialities.
- Referrals for suspected cancer were faxed to the organisation the practice is planning to merge with in April 2017 for their secretaries to process. This was closely monitored by the practice to ensure completion.

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. 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.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Approximately 16% of the practice population also smoked. The practice provided specialist smoking cessation advice to around 20% of these patients.
- The practice's uptake for the cervical screening programme was 81%, which was similar to the CCG average of 83% and the national average of 81%. However, exception reporting was high for this indicator at 24%. 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 offering appointments every day of the week, and ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast screening uptake for eligible women was lower than the clinical commissioning group (CCG) average at 62%, compared to a CCG average of 73%. Uptake for bowel cancer screening was also lower at 54% compared to the CCG average at 64%.

The practice performance for childhood immunisation rates were mixed. For example, immunisation rates for the vaccines given to 36 eligible children under two year olds was 8.4 compared to the national average of 9.1. However, of the 30 children aged five, 100% had received their second measles mumps and rubella (MMR) immunisation compared to the CCG average of 92% and national average of 88%. We raised this with the practice who told us that there had been a period of absence of nursing staff which had affected immunisation uptake. The practice had now employed a locum nurse on a regular basis to help improve immunisation uptake.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

were identified. The practice had a range of health promotion and self-care leaflets available to patients in the reception areas, some of which were available in languages other than English.

Good

Are services caring?

Our findings

At our last inspection, we rated the practice as good for providing caring services.

Kindness, dignity, respect and compassion

On this inspection, we again observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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 and they could offer them a private room to discuss their needs.

Patients we spoke to said that staff responded compassionately when they needed help and provided support when required. They commented upon how all staff listened to them and how they valued being treated as individuals. Patients also told us that access to appointments was good and that repeat prescription requests were dealt with very quickly.

We noted that the practice received a number of thank you cards from patients. These were collated and shared with staff.

Results from the national GP patient survey from July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they spoke to compared to the CCG average of 98% and national average of 97%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and 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 93% and national average of 91%.

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 card we received was also positive and aligned with these views.

Results from the national GP patient survey from July 2016 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:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and 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 86% and national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.

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

- Practice level data showed that approximately 16% of the patient population had English as a second language. Staff told us that translation services were available for these patients. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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 72 patients who were also carers which amounted to approximately 2% of the practice list. Patients were asked about any caring responsibilities when they registered at the practice and at routine health checks. There was a carers lead who ensured there was a range of information to help carers receive support and advice.

Staff were aware of which patients had a terminal illness, or families who had suffered as recent bereavement, so that their needs could be met quickly. Staff told us that if families had suffered bereavement, their usual GP contacted them and the practice sent the family 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. The practice hosted a specialist bereavement counselling service on a regular basis, which was open to patients registered at the practice as well as outside of the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our last inspection, we rated the practice as good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the lead GP was a board member of a local health federation which aimed to work together to provide health care effectively for the local population.

- The practice offered extended hours appointments for patients who could not attend during normal opening hours.
- There were longer appointments available for patients who were vulnerable.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice were particularly responsive to the needs of patients from vulnerable groups. For example, approximately 10% of the practice population had alcohol and substance misuse issues. The practice were well equipped to deal with these patients' needs. The lead GP had undertaken an extended qualification to support patients with substance misuse. The practice ensured that locum staff were familiar with the importance of recording certain aspects of care for these patients.
- The practice offered private facilities for breastfeeding mothers.
- The planned merger of the practice with another provider had provided opportunities for patients to receive enhanced services. For example, since October 2016 patients at the practice had accessed specialist tests and services available at the other provider, such as physiotherapy and echocardiograms (a specialist heart scan).
- Patients told us they were able to get their needs met quickly. We saw locality data which showed that the practice's attendance figures to accident and emergency departments, including for patients over 75 years of age, were lower than average for the area. The practice also had a lower number of emergency admissions compared to the average for the area.
- There were disabled facilities, baby changing and translation services available.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Practice telephone lines open from 8.30am. Appointments were from 8.30am to 12.30pm every morning and from 2pm to 6pm daily. Extended hours appointments were available every Monday and Thursday morning from 7.30am. Pre-bookable appointments were available with a GP and with a nurse. Urgent on the day appointments were also available for patients that needed them. The practice operated a triage system, ran by one of the GPs, so that patients received advice or the most appropriate appointment to meet their needs.

Results from the national GP patient survey from July 2016 showed that patients' satisfaction with how they could access care and treatment was in line with or above local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and the national average of 73%.
- 98% of patients said the last appointment they got was convenient compare to a CCG average of 94% and national average of 92%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were generally in line with recognised guidance and contractual obligations for GPs in England.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice complaints leaflet for patients referred to the practice manager as the designated responsible person who handled all complaints in the practice. However, there had been no practice manager since October 2016.
- We saw that information was available to help patients understand the complaints system.

We looked at six complaints received in the last 12 months five of which were verbal complaints, and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency in dealing with the complaint.

For example, a patient complained that a member of staff cut the patient off during a call to the practice. The practice received a complaint via email and the patient implied they would be taking legal action. An acknowledgement, apology and complaints information was sent the same day the complaint was received. The patient did not pursue the complaint. The practice could not demonstrate how lessons were learnt from individual concerns and complaints to improve the quality of care. Staff told us that the outcomes from complaints were not routinely shared with them.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection, we rated the practice as requires improvement for well-led.

Vision and strategy

- The practice had a vision to provide a high standard of patient-centred care. Staff understood the vision and their responsibilities in relation to it. However, there were no realistic plans from the practice to achieve the vision. Actions identified by the practice following our last inspection to improve the quality of care, had not been fully achieved.
- The practice had been proactive at succession planning and were pursuing a merger with a local practice to provide and improve services for patients. The lead GP told us that the planned merger with another practice in the area, would enable more effective care to be delivered.
- The practice was in the process of a merger with another practice, which was due to complete in April 2017. The practice had liaised with the clinical commissioning group (CCG) to achieve the merger.
- Staff told us they felt informed throughout the merger process and were positive about the changes. Staff from the practice had had opportunity to learn from the organisation it was merging with. For example, reception staff had visited the organisation's other practice locations to observe different systems and processes.

Governance arrangements

At our last inspection in May 2016, we found that the practice lacked systems to monitor risks to patients and patient outcomes as set out in the Quality and Outcomes Framework (QOF).

At this inspection we found areas which had not improved:

- Exception reporting rates for the practice remained high. For some indicators this had improved, however for others this had got worse. For April 2015 to March 2016, the practice current exemption figure was 22%, which is a reduction of 4% from our inspection in September 2015, but remains higher than local and national averages. The average for the Clinical Commissioning Group is 13% and the national average is 10%.
- Although significant events were handled and investigated appropriately, the system to report significant events to relevant staff was not consistently effective.
- There was a lack of oversight with regard to managing risks to patients. For example, with regard to health and safety, vaccine security, and cleaning records for clinical equipment.
- The practice was working with the organisation it was merging with. This organisation was beginning to oversee the systems in place, to ensure they were consistent and effective. However, this was not yet fully embedded. For example, policies for the practice referred to previous members of staff or contained out of date information.
- The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care. For example, the practice did not keep a register of potential risks and learning from complaints was not shared with staff.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were not consistently used and the practice were using some policies which referred to the organisation it was due to merge with. Some policies were not available to all staff. For example, the business continuity plan was not available to staff.
- Audit activities were undertaken on an ad hoc basis. There was a lack of a programme of continuous clinical and internal audit to monitor quality and to make improvements.

Leadership and culture

The lead GP in the practice has the experience to run the practice, however they did not have the capacity to ensure consistently safe and high quality care. Leadership was in part provided by the organisation the practice was due to merge with in April 2017. For example, staff told us they would approach the interim business manager from the merging practice with concerns. The lead GP told us that all matters relating to human resources and personnel were handled by the practice they were merging with.

The practice 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). However, this

Are services well-led?

Inadequate

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

did not included training for all staff on communicating with patients about notifiable safety incidents. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal apology. The practice received few written complaints.
- The practice kept written records of verbal interactions as well as written correspondence. Staff told us they felt supported by the lead GP and the leadership from the organisation the practice was due to merge with in April 2017.
- Staff told us and that the practice did not hold regular team meetings. These were held on an ad hoc basis and were not minuted. Staff had weekly teleconferences with the business manager from the organisation the practice was due to merge with. A reception supervisor from this organisation also visited the practice weekly to support practice staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the GPs or with the new leadership team and felt confident in doing so.
- Staff said they felt respected, valued and supported, particularly by the lead GP and proposed new leadership in the practice.
- Staff told us they had been made to feel welcome by the new organisation, for example by being invited to social events.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through complaints received and general feedback. The practice reviewed feedback for trends and made changes to improve patient's experiences. For example, extended hours offered had been changed from evening to early morning appointments based on patient preference.
- The practice had a virtual Patient Participation Group (PPG). The practice had previously sent email communication and surveys to members of the PPG. However, since the departure of the previous practice manager in September 2016, communication with the PPG had not been maintained.
- The practice had gathered feedback from staff through appraisals and general 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 in how the practice was run. We were told they were kept informed of issues face to face.

Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area. The lead GP was a director of a local federation which aimed to improve the future needs of the practice patients and ensured that the needs of the practice could be considered in local initiatives and that the practice could be responsive to local needs.

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
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 HSCA (RA) Regulations 2014** **Safe care and treatment** **The registered provider did not ensure that all reasonably practicable actions were taken to mitigate risks to the health and safety of service users.** • There was not an effective system in place to ensure cleaning checks were completed for clinical equipment. **This was in breach of regulation 12(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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered provider did not operate suitable systems and processes to assess, monitor and mitigate the risks relating to the health and safety of service users in the carrying on of the regulated activity. There was limited improvement on quality outcomes such as reported through Quality and outcome framework (QOF). The practice was unable to demonstrate how it aimed to improve the care of all patients. There were limited audits. Medicine safety alerts were not monitored to ensure they were followed through. There was no clear plan about how the responsibilities of the practice manager would be allocated to ensure that they would be carried out. Policies did not always reflect current procedures in the practice. For example, the complaints policy . There was not a thorough analysis of the significant events. Significant events were recorded in an ad hoc manner. There was limited learning as a result of complaints received. Risk to patients were not consistently monitored. For example, there were no cleaning records relating to clinical equipment, such as ear syringing equipment and nebulisers. Some vaccines were accessible to unauthorised personnel. Care plans for palliative patients were not consistently in place. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.