The Lanehouse Surgery

Quality Report

The Lanehouse Surgery
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Weymouth
Dorset
DT4 0HB
Tel: 01305 785681
Website: http://lanehousesurgery.co.uk/

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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?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at The Lanehouse Surgery on 21 October 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for The Lanehouse Surgery on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 2 May 2017. The key questions are now rated as good for effective, caring and responsive and requires improvement for safe and well led domains. Overall the practice is now rated as requires improvement.

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

- There was a new approach to the running of the practice with an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to the safe care of patients were more clearly managed, with the exception of those relating to medicines administered by health care assistants.
- Staff assessed patients who attended the practice had their needs and delivered care in line with current evidence based guidance.
- Staff had received updated training and had the skills, knowledge and experience to deliver effective care and treatment. However, knowledge of correct safe-guarding procedures was not always embedded.
- Patient feedback was positive about the standard of care received.
- Information about services and how to complain was available and easy to understand. Complaints were investigated appropriately and in a timely manner.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had created a new vision for its future sustainability and improvement and staff were highly supportive of this vision.
- The practice proactively sought feedback from staff and patients, which it acted on. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However, there remain areas where the provider must make improvement. The practice must:

- Ensure patient specific directions are authorised where Health Care Assistants are to administer medicines.
- Ensure staff are fully aware of the correct safe-guarding procedures and that policies reflect these procedures.

In addition the provider should:

- Review the systems in place for the recording of cleaning of clinical equipment.
- Review existing policies to ensure they reflect latest legislation and practice procedures

I am taking this service out of special measures. This recognises the improvements made to the quality of care provided by the service. Positive progress has been achieved by the leadership of the practice and there is a clear plan for future development.

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 now rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however staff knowledge of appropriate actions was not embedded.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, there were risks relating to authorisation for the administration of medicines by Health Care Assistants.

Are services effective?

Good

The practice is now rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- The practice exception reporting for Quality and Outcomes Framework (QOF) indicators was lower than clinical commissioning group and national averages across the majority of clinical indicators.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice conducted audits which demonstrated quality improvement.
- All staff had now received mandatory training
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016 showed patients rated the practice in line with national and local averages 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.
- Feedback from patients about their care and treatment was positive.
- Information for patients about the services available was easy to understand and accessible in the waiting room.
- Staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

Good

The practice is now rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had reviewed and improved arrangements for patients with disabilities and patients with English as an additional language.
- Information about services and how to complain was available and easy to understand. Complaints were investigated appropriately and learning from these were shared with staff.

Are services well-led?

Requires improvement

The practice is now rated as requires improvement for providing well led services.

- The provider had not adhered to the requirements of their partnership that has been addressed separately to this report. The practice was in the process of arranging a merger. Despite this, 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 said they felt well supported by management.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, some areas of risk with how systems were managed had not been identified by the provider.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Discussions and decision making processes were now recorded and information was shared appropriately.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.

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 practice was rated as good for caring, responsive and effective and requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Every patient at the practice including older patients aged over 75 years had a named GP.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients at risk of hospital admission were identified as a priority and were regularly reviewed to ensure all of their needs were met.
- The practice worked jointly with other practices in the Weymouth area to provide services for patients aged over 75 years to avoid admission to hospital and support patients living in residential homes.

People with long term conditions

Requires improvement

The practice was rated as good for caring, responsive and effective and requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that outcomes for patients with diabetes were comparable to CCG and national averages. For example, 65% of patients with diabetes had an acceptable average blood sugar level compared to a clinical commissioning group (CCG) average of 82% and the national average of 78%. Exception reporting for this indicator was 7% compared to a CCG average of 18% and national average of 13%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice was rated as good for caring, responsive and effective and requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 in line with national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 81%. Exception reporting for this indicator was 3% compared to the CCG and national average of 7%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice ran a daily sit and wait clinic for children under 12 years of age which did not require patients to book appointments. Patients we spoke to felt reassured by this service.
- The practice worked with other professionals, such as health visitors, to ensure the needs of this group were met.
- The GP ran a vasectomy (male sterilisation) service for patients across the Weymouth and Portland locality.
- There was a dedicated health promotion board in the waiting area aimed at families with young children.

Working age people (including those recently retired and students)

Requires improvement

The practice was rated as good for caring, responsive and effective and requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations to meet the needs of this group.
- The practice offered extended hours until 7.30pm on Tuesdays.

People whose circumstances may make them vulnerable

Requires improvement

The practice was rated as good for caring, responsive and effective and requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had a carers lead, who 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. Clinical 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. However, the correct safeguarding procedures to undertake was not embedded in all staff.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice was rated as good for caring, responsive and effective and requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Summary of findings

- 97% 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) of 86% and the national average of 84%.
- Performance for mental health related indicators was comparable to local and national averages. For example, 83% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months, compared to a CCG average 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 with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Practice data showed that 71% of patients with a mental health problem had received a physical health check.
- 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, or below local and national averages. Two hundred and twenty two survey forms were distributed and 104 were returned. The returned responses represented just over 3% of the practice's patient list. Responses were in-line with or above local and national averages. For example:

- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and national average of 85%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and national average of 78%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.

At our previous inspection in July 2016, patient feedback was positive. At this inspection we again asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards, all of which were positive about the standard of care received. Staff were described as being friendly, understanding and efficient. Patients commented that the practice offered an excellent service.

We spoke with six patients, one of whom was also a carer, during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The Lanehouse Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.**The team included a GP specialist adviser, a practice manager specialist adviser and a CQC staff member, who was observing the inspection.

Background to The Lanehouse Surgery

The Lanehouse Surgery is situated in the coastal town of Weymouth in Dorset. The practice provides a general medical service to approximately 3,200 patients and is part of NHS Dorset clinical commissioning group.

The practice is based on one level of a building in a residential area. The practice is situated near several public transport routes which are displayed clearly for patients in the practice, and there is patient parking available, including designated bays for disabled drivers.

The practice's population is in the six decile for deprivation, on a scale of one to ten. (The lower the decile the more deprived an area is compared to the national average). The practice population is predominantly White British although there is a small Polish and Chinese population. There is a practice age distribution of male and female patients' broadly equivalent to national average figures, with a slightly higher number of patients over the age of 55 years. The average male life expectancy for the practice area is 78 years which is slightly lower than the national average of 79 years; female life expectancy is 83 years which matches the national average of 83 years.

The practice is registered with CQC as a partnership of two GP partners, both of whom are male. However, at the time of our inspection we were informed that the practice now had one full-time male GP, the other GP having retired in February 2017. This change of registration is being dealt with separately to the report.

The practice also uses a female locum GP for half a day every week. The lead GP is supported by a nurse practitioner, a practice manager, and eight additional managerial, administration and reception staff. The practice also employed two practice nurses who provided a range of services including wound care, long-term condition management, travel advice, cervical smears and immunisations.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are offered between 8.30am and 12.30pm and between 2pm and 6pm. The practice offers a range of appointment types including book on the day, telephone consultations, home visits and advance appointments. Extended hours are offered on Tuesday evenings until 7.30pm. Outside of these times patients are directed to contact the out of hour's service by using the NHS 111 number. Details are also given on the practice website and information leaflet of the nearest urgent care services.

Other services offered by the practice include: midwifery, chiropody, counselling, anticoagulation service and vasectomies.

The Lanehouse Surgery provides regulated activities from the main site at:

Lanehouse Surgery

Ludlow Road

Weymouth

Dorset

Detailed findings

DT4 0HB

Why we carried out this inspection

We undertook a comprehensive inspection of The Lanehouse Surgery on 21 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months. The reports for this inspection can be found by selecting the 'all reports' link for The Lanehouse Surgery on our website at www.cqc.org.uk.

The Lanehouse Surgery has previously been inspected by us before. We conducted an announced comprehensive inspection of The Lanehouse Surgery in October 2016. Following this inspection, we issued three requirement notices in relation to breaches in regulation 17, Good Governance, regulation 18, Staffing and regulation 19, Fit and Proper persons employed of the Health and Social Care Act 2008.

We undertook a further announced comprehensive inspection of The Lanehouse Surgery on 2 May 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the clinical commissioning group and NHS England to share what they knew. We carried out an announced inspection on 2 May 2017. During our visit we:

- Spoke with a range of staff (a GP, the practice manager, reception and contracts managers, the lead nurse, nurse practitioner, a health care assistant nurse and three reception and administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed the results of staff surveys.
- Reviewed policies, actions plans and other documents.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

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

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

Requires improvement

Are services safe?

Our findings

At our previous inspection on 21 October 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of risk assessment and monitoring, significant events and recruitment were not adequate.

These arrangements had improved when we undertook a follow up inspection on 2 May 2017, but there were still some remaining concerns. The practice is now rated as requires improvement for providing safe services.

Safe track record and learning

At our inspection in October 2016, we found the system for documenting, reviewing and learning from significant events was not effective. There was no consistent documentation of discussions around significant events to improve safety. The practice could not demonstrate there was a consistent process to ensure any necessary actions from national patient safety alerts were carried out.

At this inspection in May 2017, the practice now had an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents. There was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Significant events were discussed at all staff meetings and learning and actions recorded within minutes. Staff told us they attended meetings where significant events were formally discussed to share wider learning and were aware of learning from significant events. For example, a home visit request was not recorded correctly and the visit did not take place. This was picked up and the GP visited the next day and offered the patient a full apology. We were informed that the patient did not come to any harm, although was anxious. The practice ensured all staff were informed of the correct process to record home visit requests and the incident was discussed at the next clinical and management meetings to ensure this would not happen again.

National patient safety alerts were now sent to the practice manager and deputy practice manager for review and were then circulated to relevant staff for action. Patient safety alerts were now discussed at staff meetings to ensure relevant action was taken.

Overview of safety systems and process

At our inspection in October 2016, the practice could not demonstrate that all staff were trained to the correct level of child safe-guarding. Arrangements in relation to infection control training, recruitment and the management of blank prescription stationery were not consistently safe.

At this inspection, the practice had developed systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Clinical staff demonstrated that they understood their responsibilities.
- At our last inspection, the practice could not demonstrate that all staff had received adult and child safeguarding training to the appropriate level. All staff had now received adult safeguarding and child safeguarding training to the appropriate level. However, non-clinical staff did not consistently describe the correct procedures to take regarding safe-guarding concerns. We informed the practice who arranged a meeting to specifically discuss safe-guarding processes scheduled for 25 May 2017.
- The practice had an administrative lead for safeguarding whose role it was to process any child protection enquiries, set any safeguarding tasks or reminders for clinicians, disseminate local and national safeguarding updates to staff and maintain the practice register for patients with safeguarding concerns.

Requires improvement

Are services safe?

- Safe-guarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare, however the vulnerable adult policy required updating to reflect new legislation and guidance.
- Notices in clinical areas and newsletters advised patients that chaperones were available if required. All staff who performed chaperone duties were trained for the role or had received a Disclosure and Barring Service check (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.
- At our inspection in October 2016, the practice did not consistently maintain appropriate standards of cleanliness and hygiene. At this inspection, we observed the premises to be clean and tidy. The lead nurse was the designated lead for infection control and liaised with the local infection prevention teams to keep up to date with best practice. At our last inspection, staff had not received appropriate training in infection prevention and control and the practice had not responded to the findings of their infection control audit. All staff had received up to date training in infection control.
- Infection control audits had been undertaken, most recently in January 2017, and we saw evidence that action was taken to address any improvements identified as a result. Since out last inspection, the practice had acted on all of the concerns identified to minimise the risk of infection. For example, a 'no touch' mechanism had been placed on all bins containing clinical waste. All staff were offered vaccines to protect against Hepatitis B infections and records were kept to reflect the immunisation status of clinical staff.
- 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 April 2017.
- Staff explained to us an appropriate cleaning schedule for clinical equipment, such as nebulisers, ear syringing equipment and spirometers. Equipment was visibly clean, however, there were no records to support that cleaning of this equipment was undertaken. The practice provided evidence that demonstrated records of cleaning had been put in place by 5 May 2017.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). At our last inspection, blank prescription stationery was not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times. At this inspection, we found the practice had re-written a policy for handling prescriptions which had been discussed at staff meetings. 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. An effective system was in place to monitor vaccine stock levels. Patient Group Directions (PGDs) had been adopted by the practice to allow registered nurses to administer medicines in line with legislation.
- We found that health care assistants were, on occasion, administering medicines by injection without the correct authority. We were told by the practice that health care assistants administered medicines by injection, for example vitamin B12, to adults under the authority of a PGD and we saw patient records which confirmed this. Health care assistants are not registered health professionals and are therefore not legally allowed to administer medicines under a PGD. Health care assistants were trained and deemed competent to administer medicines by injection, however were not administering these against a patient specific prescription or direction from a prescriber. We informed the practice of this finding who submitted an action plan within 48 hours setting out the steps taken to protect patients and staff. The practice confirmed that from 3 May 2017, competent health care assistants would administer such medicines requiring an injection using a patient specific direction (PSD) created by a GP or independent nurse prescriber.
- At our last inspection in October 2016, the practice did not have a system to ensure that appropriate recruitment checks were consistently undertaken prior to employment. We reviewed two personnel files of staff employed since our last inspection in October 2016, and found appropriate recruitment checks, including registration with the appropriate professional body, were now undertaken prior to employment. For example, 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.
- 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.

Monitoring risks to patients

At our last inspection, the practice did not consistently manage risks to ensure these were minimised. For example, actions in a health and safety risk assessment, such as reducing the risk of fire and legionella infection had not been completed.

At this inspection, we found there were procedures in place for monitoring and managing risks to patient and staff safety:

- The practice had a completed fire risk assessment in March 2017 and carried out regular fire drills. A new fire alarm system had been installed in February 2017. Staff had received recent fire safety training and we saw that regular tests of fire alarms, fire escapes and emergency lighting were conducted. All actions from the risk assessment deemed high and medium risk had been completed. There was a plan in place to complete actions deemed as low risk.
- There was an up to date health and safety policy available with a poster which identified local health and safety representatives. The practice had booked two places for staff to undergo additional training in May 2017 to assess health and safety risks.
- All electrical equipment was checked, most recently in January 2017, 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, work station assessments and infection control. The practice had employed an external contractor to conduct a risk assessment for Legionella in November 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Actions to minimise the risk of legionella infection were carried out by staff on a regular basis.
- 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 October 2016, we found there were inadequate systems in place to assess and manage risks associated with anticipated future events or emergency situations.

At this inspection we found 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff now knew of their location. All the medicines we checked were in date and stored securely and checked weekly by staff.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks, which was checked weekly by staff. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 21 October 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff training needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 2 May 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90.7% of the total number of points available. The practice's overall exception reporting rate was lower than the averages for England (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 achieved an overall clinical exception reporting of 4%, compared to a clinical commissioning group (CCG) average of 7% and national average of 6%.

Data from 2015-16 showed that performance for clinical indicators were comparable to national and local averages:

- The percentage of patients with hypertension (high blood pressure) whose last blood pressure reading (measured in the preceding 12 months) was acceptable was 87% compared to a CCG average of 84% and a national average of 83%. Exception reporting for this indicator was 2% compared to a CCG average of 6% and national average of 4%.
- Performance for diabetes related indicators were comparable to national averages. For example, 78% of patients with diabetes had an acceptable blood cholesterol level compared to the CCG average of 82% and national average of 80%. Exception reporting for this indicator was 10% compared to a CCG average of 17% and national average of 13%.
- Performance for mental health related indicators were similar to local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had an agreed care plan documented in their notes was 92% This was higher than the CCG average and national average of 89%. Exception reporting for this indicator was 8% compared to a CCG average of 15% and national average of 13%.

In 2015-16, the practice was not an outlier for any QOF indicators. The practice regularly reviewed their QOF performance in clinical meetings to ensure care and treatment was appropriate for all patients. For example, the practice identified that they wished to improve on their performance for patients with hypertension (high blood pressure) so had provided additional training for clinicians on appropriate blood pressure targets.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits started since our last inspection. Improvements made were implemented and further re-audits were panned to monitor improvements. For example, the practice carried out an audit of patients who were prescribed oramorph (a medicine for the treatment of severe pain) to ensure this was appropriate. Of 12 patients prescribed the medicine, ten patients were identified who could use safer, alternative medicines in line with guidance. The practice contacted these patients to discuss and review treatment. Six patients agreed to try alternative medicines and at the second audit cycle four no longer received a prescription for the medicine.
- There was an audit plan in place for the 2017-2018 period. We saw that these audits had been started.

Good

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, research and peer review.
- Findings were used by the practice to improve services.

GPs were reflective about their own practice. For example, GPs regularly met with another practice to discuss prescribing and undertook regular medicines audits so prescribing could remain in-line with current guidance.

Information about patients' outcomes was used to make improvements. For example, the practice had reviewed the care given to patients with diabetes and performance for diabetes according to QOF. Additional training and support was given to clinical staff so they were informed of the latest treatment options and reviewed the way in which these patients were coded on the computer system.

Effective staffing

At our last inspection we found that staff had not received the training to deliver effective care and treatment. At this inspection in May 2017, arrangements for effective staffing had improved.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, basic life support and confidentiality.
- Staff had also undergone training to support treating patients with compassion and respect such as in Equality and Human Rights, Dementia Awareness and Conflict Resolution.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Nurses 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.
- The learning needs of all staff were now identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- At our last inspection, not all staff received training in safeguarding, fire safety awareness, infection control, Mental Capacity Act 2005, and basic life support. The practice did not have details of training completed by locum staff. At this inspection, we found that the importance of training had been highlighted to staff and management monitored this for completion, including for the locum GP. There was a comprehensive pack for locum GPs to ensure they were familiar with the practice systems and processes. The practice could demonstrate that all staff had undergone the training the practice considered to be mandatory. Staff received training 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 and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and 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.

Good

Are services effective?

(for example, treatment is effective)

- 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, frail patients, 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.
- Specialist smoking cessation and specialist dietary advice was available by referral.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 81%. 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 conducted audits of cervical smears taken to check for inadequate smears.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast screening uptake was higher than national and clinical commissioning group (CCG) averages at 81%, compared to a CCG average of 76% and national average of 72%. Uptake for bowel cancer screening was similar to CCG and national averages. The practice achieved 58% compared to a CCG average of 63% and national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. The practice achieved an average of 8.9 out of 10 for vaccines for under two year olds compared to a national average of 9.1. A total of 93% of 31 eligible five year olds received the full course of the MMR vaccination compared to the CCG average of 95% and national average of 94%.

Patients had access to appropriate health assessments and checks, such as health checks for new patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had a comprehensive range of health promotion leaflets available to patients in the reception area.

Good

Are services caring?

Our findings

At our last inspection in October 2016, we rated the practice as good for providing caring services. The provider continues to be rated as good for providing caring services.

Kindness, dignity, respect and compassion

We observed that members of staff were consistently courteous and helpful to patients and treated them with dignity and respect.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

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

We received four patient Care Quality Commission comment cards. All of these were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with five patients and one carer of a patient registered at the practice. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed the practice was in line with or below 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 to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 91% 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%.
- 93% 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%.
- 93% say the last nurse they saw or spoke to was good at listening to them 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 cards we received was also positive and aligned with these views.

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

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

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

- Practice data showed that less than 1% of patients registered at the practice have English as a second language. Staff told us that translation services were available for patients who did not have English as a first language. There were signs in the practice that told patients translators were available.

Good

Are services caring?

- Information leaflets were not routinely provided in an easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Since our last inspection, the practice had identified 48 patients who were also carers, which was approximately 1.6% of the practice list. The practice had a 'carers lead' whose role it was to update resources for carers, liaise with the clinical commissioning group about the needs of carers and to maintain the carers register in the practice. There was a designated carers information area in the waiting room which displayed details of relevant support groups and sign-posting to local services. Carers at the practice were invited to receive a health check.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 21 October 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of supporting patients with additional needs required improvement.

These arrangements had improved when we undertook a follow up inspection on 2 May 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

At our last inspection, we found that the practice had not adequately considered the needs of patients who did not have English as a first language; staff were unaware of how to arrange a translator. There was also no hearing loop and the reception desk was a barrier for patients who were wheelchair users. At this inspection we found that the needs of these patients had been addressed as follows:

- Information for patients who did not speak English as a first language was available. The practice displayed information for patients to advise them of any communication need so they could accommodate individual needs. Information regarding translators had been included in practice newsletters to patients.
- A hearing loop had been installed in February 2017. Staff checked that the hearing loop works on a daily basis.
- The reception desk had been altered so it was suitable for patients with disabilities.

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated jointly with other practices in a project to provide services for patients aged over 75 years to avoid admission to hospital and to ensure these patients receive appropriate treatment and support. Practice level data showed that for 2016-2017, emergency admissions for patients over 75 years of age registered at the practice had reduced by 28% compared to the previous year.

- Home visits were available for older patients and patients who had difficulties attending the practice. Typically, three home visits were conducted per day.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice offered text messaging reminders to patients about appointments.
- The practice offered disabled and baby-changing facilities.
- The practice developed a monthly newsletter for patients which included news items as well as information on further avenues of support.
- The practice housed the Citizens Advice Bureau on a weekly basis. Patients could book appointments to attend via the practice.
- The practice supported a GP to perform vasectomies (male sterilisation) in the Weymouth and Portland and Bridport locality. The service was available to patients living across Dorset through the NHS choose and book service. The practice had a dedicated clinical area for the procedure and bookings for the service were managed by the practice. Annual audits of practice were conducted and the GP received regular review by a specialist. In 2015-2016, 12 procedures were performed. The practice conducted a patient survey to support their practice. All of the patients would recommend having the procedure conducted by the GP. 100% of patients felt that the GP's communication during the procedure was excellent and 83% felt that the procedure was better or much better than they had anticipated.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday, with the exception of between 1pm and 2pm on Fridays where the practice closed for meetings or training. Phone lines were open between 8am and 6.30pm with the out of hours service picking up phone calls after this time. GP appointment times were from 9am to 12.30pm every morning and from 4pm to 6pm every afternoon. Extended hours were from 5pm until 7.30pm on a Tuesday.

In addition to pre-bookable appointments that could be booked up to seven weeks in advance, urgent appointments were also available on the same day for people that needed them. Patients told us it was easy to get an appointment and to get through to the practice by telephone.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

- 83% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 75% national average of 78%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and national average of 73%.
- 99% of patients said the last appointment they got was convenient, compared to a CCG average of 94% and national average of 92%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Clinical and management meetings were held regularly where complaints were discussed and identification of learning or actions from complaints were recorded and followed through for completion.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system through a leaflet that summarised the procedure.

We looked at a log of five complaints received between January 2016 and May 2017. These were satisfactorily handled, dealt with in a timely way, and with openness and transparency in dealing with the complaint.Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained about the attitude of a member of staff and treatment offered. The practice apologised to the patient, offered an explanation and spoke to the member of staff concerned.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 21 October 2016, we rated the practice as inadequate for providing well-led services as there was no plan to support the vision for the practice, no overarching governance structure and no systems to seek patient feedback.

Some of these arrangements had improved when we undertook a follow up inspection on 2 May 2017, although some concerns remain. The practice is now rated as requires improvement for well-led services.

Vision and strategy

At our last inspection, we found that there were no detailed plans to achieve the practice vision, values and strategy. At this inspection, we found that:

- The second partner had left the practice in February 2017. Despite active advertisement for another partner, the GP had not been replaced. However, the practice was in the process of merging with another practice and this was due to be completed during 2017.
- The practice had liaised with the clinical commissioning group (CCG), NHS England and the Local Medical Committee (LMC) to achieve the merger and held regular strategy meetings. We saw that staff and patient views were included as part of this process and that staff and patients were kept up-to-date, for example, through whole practice meetings, advertisements in local papers and on local radio stations as well as patient leaflets.
- Staff told us they felt informed and positive with regard to the merger process.
- The practice had revisited its vision and strategy in April 2017. The practice aimed to provide a high quality, accessible and safe service to their patients in a courteous manner. Staff knew and understood the vision and aims.

Governance arrangements

At our last inspection, we found that the delivery of high-quality care was not assured by the leadership and governance in place. Governance arrangements and system monitoring was lacking including for recruitment, management of blank prescription stationery, monitoring of training and the health and safety of the environment. Information regarding significant events and safety alerts was not shared with staff effectively.

At this inspection the practice demonstrated they had reflected on the previous inspection findings and instigated changes to improve care for patients. They demonstrated improvements in record-keeping, the oversight of the practice and there was an effective governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- The practice had implemented systems which supported effective communication between all staff teams; particularly in regard to sharing learning from medicines and healthcare products alerts, significant events and service feedback.
- Governance arrangements were in place to monitor and improve the quality of services provided to patients. Clinical audits had been undertaken and there were systems in place to ensure the latest prescribing guidance was implemented. However, there were shortfalls with the authorisation of injections by Health Care Assistants.
- Learning from significant events and complaints was shared with staff so the quality of care could be improved.
- Training considered mandatory by the practice was now monitored for completion. However, not all staff had understood how to apply their training such as for safeguarding procedures.
- Health and safety risks had been mitigated through staff training, completion of actions on risk assessments and regular monitoring of the premises, including fire drills.
- All staff now had employment contracts in place which set out role expectations and full terms and conditions.

Leadership and culture

At our last inspection, the partners in the practice had the capability to run the practice but one of two partners registered with CQC were absent. This meant capacity was limited and high quality care could not be not assured. The remaining GP aspired to provide safe, high quality care but poor governance procedures restricted their ability to provide this. There was not a clear overarching leadership structure in place.

At this inspection in May 2017, we found that the practice had in part resolved some of the capacity issues. The practice had employed a nurse practitioner, who was also a non-medical prescriber, to help with the management of minor illness and urgent patients' needs. Practice manager

Are services well-led?

Requires improvement

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

support had previously been limited to six hours a week. Since 1 April 2017, there was now a full-time practice manager in post who had responsibility for The Lanehouse Surgery and the practice they were due to merge with. Staff could attend meetings at the other practice they were due to merge with and staff had begun to work across both sites.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The leadership encouraged a culture of openness and honesty. 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 and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There were now structures and procedures in place which ensured that staff were aware of their own roles and responsibilities. All staff said they felt supported and valued by the leadership in the practice.

- Staff told us the practice now held regular meetings such as; weekly partners and management meetings, monthly team meetings for reception, nursing and administration teams and monthly whole staff meetings. Staff were advised of the dates of meetings well in advance.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.
- All staff were involved in informal discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

At our last inspection we found that systems to obtain feedback from patients were under developed. At this inspection we found that:

- The practice proactively sought feedback from patients. The practice had installed a patient suggestion box in the waiting area. Patients were invited to complete the friends and family test. Responses to these were collated by the practice and discussed in team meetings for ways to improve care.
- The practice had set up a patient participation group (PPG), and were actively recruiting patients to join the group. Meetings were held jointly with another practice, which the practice planned to merge with. Meeting venues were alternated between The Lanehouse Surgery and the other practice to encourage attendance. The practice actively supported the PPG by supporting the chair to attend the national patient association conference.
- The practice had employed a regular female locum GP as a result of patient feedback.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, the practice had changed the shift pattern for reception staff in April 2017, so that receptionists no longer worked alone on reception in the evening. This was a direct result of staff feedback.

Continuous improvement

At our last inspection, we found that although the practice aspired to have a focus on continuous learning and improvement at all levels within the practice they were unable to provide us with evidence of what they had done or how they planned to achieve this.

At this inspection, we found that the practice had the capacity and strategies in place to continuously improve. For example, the practice was part of the Weymouth and Portland Locality plan to improve locality and multi-disciplinary working to reduce unplanned admissions by managing patients more effectively in the community and earlier identification of those in need. The practice manager also instigated a locality wide patient participation group to ensure the needs of patients are at the forefront of developments in the area.

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 17 HSCA (RA) Regulations 2014 Good governance **The registered provider did not have suitable systems in place to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activities (including the quality of the experience of service users in receiving those services).** • There was no oversight to ensure medicines administered by health care assistants were done so with the correct legal authority. • Knowledge of the correct safe-guarding procedures to protect patients was not embedded. **This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**