

Dr Sivaranjini Shyamsundar

Quality Report

Lincoln House Surgery
33 Lincoln Road
Southport
Merseyside
PR8 4PR

Tel: 01704566277

Date of inspection visit: 8 September 2017

Website: www.lincolnhousesurgerysouthport.nhs.uk Date of publication: 13/10/2017

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to Dr Sivaranjini Shyamsundar	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	17

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sivaranjini Shyamsundar's practice (also known as Lincoln House Surgery) on 8 September 2017. Overall the practice is rated as good but requires improvement for providing safe services.

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

- There was an open and transparent approach to safety. There were systems to monitor safety and quality. However, we found gaps in documentation and therefore there was not always a clear audit trail for how the practice managed:-significant events and complaints, accidents, drug alerts, uncollected prescriptions, vaccination authorisations, fridge temperatures for storage of vaccinations; and cervical screening. The provider advised us after the inspection that these shortfalls had been addressed. We will re-inspect the service at a later date to check the sustainability of the systems implemented and adherence to protocols.

- The practice had some equipment and medication available to respond to medical emergencies but no oxygen. This was ordered on the day of our inspection.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patient survey information and Care Quality Commission (CQC) comment cards reviewed indicated that patients were very satisfied with the service they received. Patients commented that they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Verbal complaints were addressed but there was no system to monitor these complaints.
- There was a clear leadership structure and staff felt supported by management and worked very well together as a team.

The provider must:

- Ensure care and treatment is provided in a safe way to patients

Summary of findings

The areas where the provider should make improvement are:

- Include the correct details in patient information literature regarding who patients can complain to as an alternative to the practice i.e. NHS England.

- Record and treat verbal complaints in the same way as written complaints.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. This was because although there were some systems to monitor safety and quality, we found gaps in documentation and therefore there was not always a clear audit trail to demonstrate how they managed:-significant events and complaints, accidents, drug alerts, uncollected prescriptions, vaccination authorisations, fridge temperatures for storage of vaccinations; and cervical screening. The provider advised us after the inspection that these shortfalls had been addressed. We will re-inspect the service at a later date to check the sustainability of the systems implemented and adherence to protocols.

The practice had some arrangements to respond to emergencies and major incidents. However, the practice did not have oxygen. This was ordered on the day of the inspection.

However the practice:-

- Was clean and tidy
- Could demonstrate that they understood their responsibilities in relation to safeguarding and all staff had received training on safeguarding children and vulnerable adults relevant to their role.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patient survey information and Care Quality Commission (CQC) comment cards reviewed indicated that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. Learning from complaints was shared with staff. However, verbal complaints although addressed were not monitored to identify any trends.

Are services well-led?

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

Good



- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.
- There were arrangements in place to monitor and improve quality and identify risk but there were gaps in how these were managed.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider complied with the requirements of the duty of candour.
- The practice encouraged a culture of openness and honesty.
- The practice sought feedback from patients.
- Protected learning time was available for all staff.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.

Good



People with long term conditions

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

- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. .
- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had a phlebotomy service onsite for convenience.

Good



Families, children and young people

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

The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics and provided immunisations.

Good



Working age people (including those recently retired and students)

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

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice had an additional clinic available once a week in the evening for patients who could not attend during normal working hours.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

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

Good



People experiencing poor mental health (including people with dementia)

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

- 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 was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing above local and national averages (based on 105 survey forms representing approximately 5% of the practice's patient list).

- 92% of patients described the overall experience of this GP practice as good compared with the local clinical commissioning group (CCG) average of 87% and the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 80%, national average of 77%).

- 92% of patients described their experience of making an appointment as good (CCG average 73%, national average of 73 %.)
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average of 97%, national average of 95%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards, all of which were very positive about the standard of care received.

Dr Sivaranjini Shyamsundar

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.

Background to Dr Sivaranjini Shyamsundar

Dr Sivaranjini Shyamsundar's practice is located in a residential area in Birkdale. There were approximately 2094 patients on the practice list and the majority of patients were of white British background.

The practice is a teaching practice managed by an individual female GP who works full time. There are two part time practice nurses, a practice manager, reception and administration staff. The practice occasionally has regular locum GPs and there is a trainee physician associate. The practice is open 8am to 6.30pm Monday to Friday. In addition there are additional pre bookable evening appointments available until 7pm on Wednesdays.

Patients access the Out-of-Hours GP service by calling NHS 111.

The practice is commissioned by NHS Southport and Formby local clinical commissioning group and has a Personal Medical Service (PMS) contract and also offers enhanced services for example; extended hours.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

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

Detailed findings

The inspection team :-

- Reviewed information available to us from other organisations e.g. local commissioning group.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 8 September 2017.

- Spoke to staff .
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. There was a recording form available on the practice's computer system but not all staff were aware of this. There was an incident log book at reception. 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). The practice carried out a thorough analysis of individual significant events. However, the practice did not analyse significant events periodically to identify any trends. We were told significant events were discussed at meetings. However, we were not provided with any minutes to demonstrate shared learning from these meetings when we asked.
- We reviewed one documented example which demonstrated that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice advised us they cascaded safety alerts by email so there was an email log available, and discussed drug alerts, usually on the day they were received. We were told a copy of the alerts were on file. Medication safety alerts were then discussed by the local medicines management team at meetings and the practice carried out any relevant searches for patients that may be affected by the drug alert. However, there was no clear documented log of incoming alerts and what action the practice had taken in response to the alert. The provider informed us after the inspection that this had been addressed.

Overview of safety systems and processes

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns

about a patient's welfare. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- There were cleaning schedules and monitoring systems in place.
- The GP was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. There had been an annual audit and actions taken as a result.
- There were processes 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 to monitor their use.
- The practice nurses carried out vaccinations but we found that all of the vaccination authorisation forms had not been signed by the GP. The provider advised after the inspection that all current PGDs had been signed by the GP. We will re-inspect the service at a later date to check that there are systems in place to manage the authorisation of incoming PGDs for the practice.
- Fridge temperatures were monitored but we found two consecutive days when temperatures recorded were above the normal temperature range. It was not clear how the practice had responded from the documents provided. The practice had a data logger and it transpired temperatures were unsafe over a period of time when the fridge was being re stocked and the fridge had not been reset. However, this was not known by the practice until we pointed this out and this

Are services safe?

incident demonstrated that there was no system to review the temperatures recorded to check for any problems. The provider advised us after the inspection, that there had been a staff meeting to discuss the monitoring of fridge temperatures and what to do in the event the temperature was out of range for the safe storage of vaccinations. We will re-inspect the service at a later date to check that there are sustainable systems in place to manage the monitoring of fridge temperatures and those protocols are adhered to.

- We were told there was a system for managing uncollected prescriptions. However, we found several prescriptions that were still in the uncollected prescriptions box. The provider advised after the inspection that a new uncollected prescription protocol had been put in place. We will re-inspect the service at a later date to check that there are sustainable systems in place to manage uncollected prescriptions and those protocols are adhered to.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

- Risk assessments to monitor safety of the premises were carried out, such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice was looking to recruit a health care assistant and a permanent locum GP.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises but no oxygen. This was ordered on the day of the inspection.
- A first aid kit was available. We were told there was an accident book but this could not be located on the day of the inspection. We were told by the provider that the accident book had been found after our inspection.
- Emergency medicines were available and all staff knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan for major incidents. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. NICE guidelines were discussed at staff meetings.

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 practice worked with the local medicines management team to carry out medication audits and had carried out a few clinical audits.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had locum GPs and there was a comprehensive induction pack available.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. However, there were no audits of screening tests completed to ensure competency and avoid any missed test results.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.

- 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. Staff attended external training days and had protected learning time once a month.

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.

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.

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

The practice worked closely with the mental health services. The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations.

Consent to care and treatment

Clinicians understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and guidance for children. All staff had received training about the Mental Capacity Act.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example, health trainers and smoking cessation.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Results from the national GP patient survey from July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was performing higher than local and national averages for several of its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 86%.
- 92% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Care Quality Commission comment cards we received were generally 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. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Care planning and involvement in decisions about care and treatment

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. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 82%.

The practice provided facilities to help patients be involved in decisions about their care. For example, interpretation services were available for patients who did not have English as a first language.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 87 patients as carers (approximately 4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, the 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- We found the GP knew their patients well and adopted a strategy of dealing with patients' medical problems in one consultation to prevent a build-up of unnecessary repeat visits. For example, there were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- The practice sent text message reminders of appointments.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Patients had access to phlebotomy services.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. In addition there were additional pre bookable evening appointments available until 7pm on Wednesdays.

Results from the national GP patient survey from July 2017 showed that patient's satisfaction with how they could access care and treatment was much higher compared with local and national averages.

- 98% of patients said they could get through easily to the practice by phone (CCG average 64%, national average of 71 %.)
- 92% of patients described their experience of making an appointment as good (CCG average 73%, national average of 73 %.)

The practice had a triage system to assess:

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

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

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- 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. However, this did not incorporate advice for patients who did not want to complain directly to the practice.
- The practice manager dealt with verbal complaints but there was no system to monitor verbal complaints and hence there were missed opportunities to identify any trends. Staff told us complaints were discussed at informal staff meetings but these meeting were not always documented. The provider advised us after the inspection that these shortfalls had been addressed. We will re-inspect the service at a later date to check the sustainability of the systems implemented and adherence to protocols.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The GP had recently taken over managing the practice and was committed to delivering high quality care and promoting good outcomes for patients. Staff we spoke with were engaged in the process of continuous improvement to deliver high standards of care.

Governance arrangements

Governance arrangements included::

- A clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we identified some gaps which we discussed with the provider.

Leadership and culture

The provider was not aware of but did have systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We reviewed one incident and we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients.
- As it was a small practice, staff would meet up daily, usually in the lunch hour. These meetings were not always documented but if there was information to cascade to staff who were not present, the GP would send a task via the computer system to the member of staff concerned.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients and staff. It sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received.
- The NHS Friends and Family test,
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the GP was working towards an additional qualification in dermatology.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There were insufficient systems in place to mitigate risks. For example:-</p> <ul style="list-style-type: none">• There was a limited system to manage drug safety alerts and record actions taken.• There was no authorisation process for practice nurses to administer vaccinations.• There were no audit systems for cervical screening results.• There was a limited system for dealing with uncollected prescriptions to ensure patients received their medication.• There was limited documentation for significant events to demonstrate actions taken and shared learning to prevent reoccurrence. <p>Regulation 12 (2) (b)</p>