

The Lakes Medical Practice



Inspection report

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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 location	Requires improvement	
Are services safe?	Good	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive?	Requires improvement	
Are services well-led?	Requires improvement	

Overall summary

This practice is rated as requires improvement overall. (Previous rating January 2018 – Inadequate)

There have been three previous inspections of this practice, two of which were comprehensive inspections where ratings were awarded and one, a focused inspection. The focused inspection was carried out to ensure compliance with a warning notice that was served following the January 2018 inspection.

We initially carried out a comprehensive inspection on 8 October 2014. At this time, the practice was rated as good with one area of outstanding.

A comprehensive inspection was also carried out in January 2018 and the practice was rated as inadequate overall and placed into special measures. The practice was issued with two warning notices.

We then carried out a focused inspection to check that the practice had made the necessary improvements required, as highlighted in the warning notice. We found that they had complied with the warning notice.

We then carried out this most recent announced comprehensive inspection at The Lakes Medical Practice on 12 July 2018. This was to check that the practice had made improvements as identified in our previous inspections and to re-rate all key questions and population groups.

The key questions at this inspection are now rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

At this inspection we found:

- Governance process had improved: partners, clinicians and management staff had lead roles and policies had been updated. There were effective information cascades and staff knew who to go to if they had an issue.
- The practice did not have a fire risk assessment in place.

- There was an improvement to oversight of training requirements and recruitment checks.
- There were effective systems to manage Medicine and Healthcare products Regulatory Agency (MHRA) and other alerts that may affect patient safety. A policy was now in place to action these.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- All staff received an appraisal in the last year.
- Feedback from the GP patient survey indicated that patients continued to experience difficulty getting through on the phone and accessing appointments. However, action had been taken by implementing an automated self-service check in desk.
- Some Quality Outcome Framework (QOF) indicators were still below local and national averages.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- The practice should make improvements to how patients access to the service, including access to the practice over the telephone.
- The practice should keep staff up to date with safeguarding training before it expires.
- The practice should have a system in place for quality improvement.
- The practice should review its cancer and two week wait referral rates.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Inadequate 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, and a practice nurse specialist adviser.

Background to The Lakes Medical Practice

The Lakes Medical Centre provides primary medical services at 21 Chorley Road, Swinton, M27 4AF. The service operates under a General Medical Services contract.

The practice is registered for the following regulated activities: Surgical Procedures, Diagnostic and Screening, Maternity and Midwifery, Family Planning, and Treatment of Disease, Disorder or Injury.

The practice has three GP partners, two male and one female and three salaried GPs, one female and two male. The nursing team consists of a nurse practitioner (male), two practice nurses (female), a health care assistant and a phlebotomist. The clinical staff are supported by an administration team made up of a practice manager and reception staff. The Lakes medical centre is a teaching practice and has a GP trainee.

The Lakes Medical Centre provides care to over 9300 patients. The age population is similar to the national average but with a slightly higher proportion of adults aged from 25-34.

The practice's level of deprivation is rated four out of 10 on the Indices of Multiple Deprivation (IMD) decile (the lower the IMD, the more deprived an area is). The average life expectancy for males at the practice is 79 years and 83 years for females.

Outside of normal opening hours, patients would be diverted to the NHS 111 service.

Are services safe?

We rated the practice as good for providing safe services (previously rated inadequate, March 2018).

We found that significant improvements had been made to the systems within the practice to keep people safe. This included ensuring checks to electrical equipment were carried out to ensure they were safe. The practice had taken action to deal with patient safety and medicine alerts and we saw that all relevant alerts had been acted on including an alert relating to sodium valproate. Improvements had also been made to recruitment procedures, and all relevant recruitment checks had been carried out on staff members.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role but the safeguarding lead was not up to date with their training, but we did see evidence to confirm that they were booked onto a safeguarding course. All staff knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. All staff who acted as chaperones were now trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice had now ensured that they carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

Are services safe?

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues with the exception of a fire risk assessment, which the practice did not have in place.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned lessons and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and most of the population groups as requires improvement, except for people with long term conditions which was rated as inadequate. (Previously rated requires improvement, March 2018).

The practice had made improvements to training of staff and providing on-going support and all staff had now been appraised.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was below local and national averages. For example, patients with asthma who had an asthma review in the last 12 months was 36% compared to the CCG average of 74% and the national average of 76%.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 73%.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice's performance on quality indicators for working age people was in line with local and national averages

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental

Are services effective?

illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

The practice had implemented a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The overall QOF score for the practice was 475 (out of 559) compared to the CCG average of 511 and the national average of 539. The practice was aware that improvements to QOF were needed.
- The practice used information about care and treatment to make improvements.
- The practice was not actively involved in quality improvement activity as audits were only single cycle.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews. Some staff members were being trained up to carry out extra responsibilities. For example, the phlebotomist was working towards becoming a healthcare assistant.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained, we asked to see the record of ongoing professional registration checks being carried out but this was not available to us on the day of the inspection but the practice sent this to us after the inspection. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

Are services effective?

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health. The practice had access to a health improvement worker that patients could be referred to for social prescribing services.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring. (Previously rated good, March 2018).

Kindness, respect and compassion

- Feedback from patients was mixed about the way staff treat people. For example, some patients said they were not happy with the service that was provided. This was particularly around getting an appointment, getting through to the surgery on the telephone, and some patients said they did not like the attitude of reception staff. Other patients said they were happy with the service and found the staff to be caring.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were slightly below compared with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as requires improvement for providing responsive services. (Previously rated requires improvement, March 2018).

The practice had made some improvements since the last inspection by trying to improve access to the service. The practice was encouraging patients to register for access to online service, such as booking appointments.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients told us they were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

Are services responsive to people's needs?

- Patients had timely access to test results, diagnosis and treatment but told us it could sometimes be difficult getting an appointment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the phone system was not easy to use.
- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment. The results were particularly low for getting access through on the phone, and for getting to see or speak to a GP or nurse the last time they tried to make an appointment. The practice were aware of this and were trying to encourage the uptake of patients registering for online access to the appointment booking system.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service. (Previously rated inadequate, March 2018).

We found that some improvements had been made to leadership within the practice. The leaders had implemented an action plan to ensure improvements were made to governance systems in the practice. For example, regular team meetings were now occurring and these were being minuted. New policies had been developed which were now accessible to all staff members.

Leadership capacity and capability

Leaders had made improvements relating to the capacity and skills they had to deliver high-quality, sustainable care and had addressed most areas of risk previously found, however, there were areas of repeated concern. These included QOF performance and the fire risk assessment had still not been carried out.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice now had a vision and strategy to make improvements to be able to deliver high quality, sustainable care.

- At our previous inspection, we identified that the practice lacked a vision and strategy in the overall management of the service. At our most recent inspection we found that the practice had devised a comprehensive action plan with the assistance of third party support and the practice team were clear as to what improvements had been made. However, some data showed that further improvements were required.
- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

- The practice monitored progress against delivery of the strategy.

Culture

The practice had taken steps towards a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. They told us how they now attended regular practice meetings and were involved in making improvements within the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were improved processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Improvements had been made to the responsibilities within the practice, but there were still improvements to be made within the governance of the practice.

- Structures, processes and systems to support governance and management were set out and understood but were not yet effective. For example, safeguarding training had expired for the safeguarding lead.

Are services well-led?

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were some processes for managing risks, issues and performance.

- Leaders were aware of challenges they were currently experiencing with QOF performance. They had begun to address the issues, for example, by training up clinical staff members, but there was still further work to be done to improve this.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety with the exception of the practice not having a fire risk assessment. There was a comprehensive spreadsheet in place which detailed patient safety alerts. These were managed effectively and transparently.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit did not yet demonstrate a positive impact on quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was a newly formed active patient participation group (PPG). The PPG only consisted of two patients, but the practice was keen to recruit more members to this, and we had seen that PPG meetings had taken place.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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 Systems were not effective to assess, monitor and improve the services provided in particular: QOF targets for people with long term conditions were low.The service did not have a fire risk assessment in place.The .Patients were not satisfied with the arrangements in place with the appointment system, and to contact the practice by telephone.