

Westminster Surgery

Inspection report

12-18 Church Parade
Ellesmere Port
Merseyside
CH65 2ER
Tel: 01513554864
www.westminstersurgery.nhs.uk

Date of inspection visit: 29/8/2018
Date of publication: 03/10/2018

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?

Good



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.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Westminster Surgery on 29th August 2018 as part of our inspection programme.

At this inspection we found:

- Westminster Surgery is a GP practice and is part of Cheshire and Wirral Partnership NHS Foundation Trust. The Trust had clear governance systems to monitor staffing, recruitment, staff training and appraisals, incidents and complaints. However, on the day of our inspection we found that the practice had struggled because of staffing issues over the past 12 months, including not having a full-time practice manager; and consequently, governance arrangements were not cohesive at location level. Trust wide governance arrangements, were not always fully implemented at the practice location. Governance arrangements, responsibilities and managing risks required improvement at practice level.
- The practice carried out the regulated activity of minor surgery but was not registered with the Care Quality Commission to do so.
- The practice ensured that care and treatment was delivered according to evidence- based guidelines. However, there was a lack of a clinical audit programme and a regular monitoring system for high risk medications.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Clinicians we spoke with were passionate about providing person centred care.
- The most recent results from the GP national patient survey (August 2018) showed lower than average patient satisfaction rates with being able to contact the surgery by telephone and general satisfaction with the service. The practice had recently changed its appointment systems.

- There was no effective system for managing verbal complaints.
- There was a strong focus on continuous learning and improvement. However, due to staffing issues the practice had struggled to implement their plans.
- The practice engaged with local community organisations and charities to support patients. They had embraced new technology to improve communications and provide additional support for patients.

The provider must:

- Not carry out the regulated activity of minor surgery at the practice until registered to do so.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care at the practice.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to all complaints by patients and other persons in relation to the carrying on of the regulated activity at the practice.

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

- Review the system for safety alerts received by the practice to ensure action taken is documented.
- Remove blank prescriptions from printers overnight and keep them in secure place (or have lockable printers).
- Review the uncollected prescriptions policy for vulnerable patients to ensure clinicians view the reasons for uncollected prescriptions before destruction.
- Review how contingency plans are managed for practice protocols when there are staff changes.
- Reduce the threshold for reporting incidents and near misses and continue to support staff to report these.
- Act to address the low patient satisfaction rates in respect of patients contacting the surgery by telephone and making an appointment.
- Review methods to identify and increase their list of carers to enable the practice to provide support.

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 | Requires improvement  |
| 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 manager adviser.

Background to Westminster Surgery

Westminster Surgery is situated in a small shopping precinct in Ellesmere Port and is part of Cheshire and Wirral Partnership NHS Foundation Trust. The practice website address is www.westminstersurgery.nhs.uk

The practice is part of NHS Cheshire West Clinical Commissioning Group (CCG) and has a primary medical Primary Medical Services (PMS) contract.

At this practice there are two salaried GPs and the practice uses regular GP locums. There is a practice nurse (who was on leave at the time of our inspection and the practice was using two part time nurses to cover) and a health care assistant. Clinicians are supported by a part time temporary practice manager and reception and administration staff.

Westminster Surgery is registered with the Care Quality Commission to carry out the following regulated activities:

Diagnostic and screening procedures,

Family planning,

Maternity and midwifery services,

Treatment of disease, disorder or injury.

The practice carried out the regulated activity of minor surgery but was not registered with the Care Quality Commission to do so.

There were 2,881 patients on the practice register at the time of our inspection.

The practice is open 8am to 6.30pm every weekday. The locally provided Extended Hours service takes over (from another location), every evening from 6pm to 9.30pm and from 6.30pm every Friday until 8am Monday morning.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had 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. They knew how to identify and report concerns. Staff who acted as chaperones were 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.) On the day of our inspection the practice could not confirm who the named safeguarding lead was. We were informed after the inspection that a new safeguarding lead for the practice had been appointed.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice 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. We conducted a tour of the premises and found improvements that could be made to the premises, in relation to safety signage and displaying opening hours. The provider assured us after the inspection that shortfalls we identified had been addressed.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

- 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. However, when there were changes to staffing, the practice had not fully assessed and monitored the impact on safety or developed any contingency plans for changes to staff.

For example, one member of staff with a lead role had recently left and remaining staff were unclear as to who was responsible for managing uncollected prescriptions.

- 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.

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 some 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 acted 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 on appropriately. Patients were involved in regular reviews of their medicines. There wasn't a regular monitoring system for the overview of prescribing and tests associated with high risk medicines but this had been addressed in the practice's monthly audit schedule that was sent to us after the inspection.

Are services safe?

- There was no system for GPs to review uncollected prescriptions for vulnerable patients before the prescriptions were disposed of. Staff informed us that uncollected prescriptions went to the medicines manager. However, this member of staff had left and it was therefore unclear what the protocol was at the time of our inspection.
- Blank prescription forms were not securely stored in line with current guidance.
- The practice was part of a local project to reduce the cost of repeat prescribing unnecessary medication.

Track record on safety

The practice had a good track record on safety.

- There were some risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses.
- The provider had Trust level policies for managing incidents and adequate systems for reviewing and investigating when things went wrong. Information about incidents were cascaded to a central monitoring team for the Trust who analysed information for trends

and cascaded any learning points in a locality data pack which was made available for the practice to discuss at meetings. However, the IT support to report an incident at practice level to the Trust had not been operational for at least a week and contingency plans for staff to follow were unclear. We were informed after the inspection that this had now been addressed and comprehensive contingency plans were in place in the event of any future IT issues. The provider also informed us after the inspection that their policies for managing complaints and incidents was under review.

- We saw documentation to demonstrate that the practice identified themes and acted to improve safety in the practice. The practice recognised that there had been a low level of incident and near misses reporting. Information about reporting was displayed on staff noticeboards. However, clinical meetings and staff meetings had not taken place regularly over the previous 12 months and there was no standing agenda to include discussions around incidents and complaints to improve shared learning.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. However, the system in place did not include fully documenting the actions taken when required.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall.

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 are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- The practice worked with other health care professionals such as district nurses and community matrons, to help prevent those patients who may be more at risk of having unplanned hospital admission.
- 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.
- The practice used well-being co-ordinators to help older patients who may be socially isolated access social prescribing schemes.

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. There were designated lead members of staff for each chronic disease area.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice held a monthly diabetic specialist nurse clinic to manage more complex cases.

Families, children and young people:

- Some 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.
- The practice had previously worked with a local primary school to help increase immunisation take up.

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

- The practice's uptake for cervical screening was 60% (2016-2017 Public Health England figures), which was below the 80% coverage target for the national screening programme. The practice's uptake for breast and bowel cancer screening was below the national average. The surgery had introduced a bespoke "Holistic Care" template which covers all chronic diseases and was age specific in reminding patients with regards to screening tests. In addition, the practice had posters (in Polish and English) in the waiting room promoting all screening tests. The practice had attended a local sports day to encourage uptake of screening. We were informed that these measures had possibly helped improve their screening uptake.

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 had a register of palliative care patients but we noted there were very few patients on it. The practice advised us after the inspection that the list of patients had been updated.

Are services effective?

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a Well-Being Coordinator and offered access to a variety of support schemes.
- 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 illness, and personality disorder by providing access to health checks.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to 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 and offered longer appointments.
- The practice's performance on quality indicators for mental health was in line with local and national averages.
- The practice had access to a counselling service that attended the practice.
- The practice was working on a pilot scheme in conjunction with a local charity to produce a garden outside the practice; the idea being that this would provide therapy for those patients who may be more socially isolated or experiencing poor mental health.

Monitoring care and treatment

The practice regularly monitored its performance against the Quality Outcomes Framework (QOF) and discussed performance and action needed at separate performance meetings. However, it was noted from minutes from one of these meetings that the practice wanted to implement an audit plan but because of staffing issues felt this had to be delayed until September. The Trust did carry out some higher level audits and the practice had carried out some audit activity but there was no planned schedule in place. The provider sent us a schedule of planned monthly audits starting from September 2018 after our inspection.

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.
- 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. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support and there were supervisions for all staff on a six-weekly basis. There was an induction programme for new staff.
- 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.
- 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.

Are services effective?

- 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.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- 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.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

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, the practice had posters in Polish to help patients understand what screening tests 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 but more could be done to increase the number of carers identified.

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.

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. This was because the in-house system for managing complaints required improvement.

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 GP 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 are more vulnerable or who have 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.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. 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.
- 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, the practice had implemented e-consult which is an online facility to help patients manage appointments and provide further help.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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 had arrangements for those patients experiencing urgent mental health issues to be seen by a GP as a priority.

Timely access to care and treatment

- The most recent results from the GP national patient survey (August 2018) showed lower than average satisfaction rates with being able to get through by telephone. This theme was reflected in feedback from seven Care Quality Commission comment cards. The practice had recently changed its appointment systems. The practice was aware of the low satisfaction rates and had planned a discussion about this at the next staff meeting scheduled in September.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.

Are services responsive to people's needs?

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The provider had Trust level policies for managing complaints and concerns. Information about complaints, concerns or compliments were cascaded to a central monitoring team for the Trust who analysed information for trends and cascaded any learning points in a locality data pack which was made available for the practice to discuss at meetings. However, we found on inspection that the practice did not fully follow the protocols outlined in the policy. Verbal complaints were not managed appropriately.

Information about how to make a complaint or raise concerns was available. However, this did not give the option for the patient to complain to NHS England as an alternative to complaining to the practice.

Clinical and staff meetings were not happening on a regular basis and discussions around complaints was not a standing agenda item.

The provider informed us after the inspection that their policies for managing complaints and incidents was under review.

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.

This was because, although there were Trust wide governance arrangements, these were not always implemented at the practice location. Governance arrangements, responsibilities and managing risks required improvement at practice level.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The practice had a number of staffing issues over the past 12 months, including not having a full-time practice manager. There was a practice manager who was providing temporary cover for two days a week but they had only been in post for six weeks prior to our inspection. The practice was aware of the issues they faced and acted promptly in response to our concerns. We received confirmation from the Trust after our inspection that they had started the recruitment process for a full-time practice manager to oversee all matters relating to the governance of the practice as a matter of priority.

Vision and strategy

- The Trust had a clear vision and set of values.
- 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.

Culture

The practice had a culture of high-quality care.

- Staff stated they enjoyed working in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- 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. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year and six weekly supervisions.
- The practice promoted equality and diversity. Staff had received equality and diversity training.

Governance arrangements

- The Trust had clear governance systems to monitor staffing, recruitment, staff training and appraisals, incidents and complaints and a suite of policies. However, on the day of our inspection we found that the practice had, had a number of staffing issues over the previous 12 months, including not having a full-time practice manager; and consequently, governance arrangements were not always applied at location level. Clinical and staff meetings had not been taking place regularly to improve shared learning and communications. Some protocols were practice specific but required more detail or communication cascade to help staff. In addition, the practice did not manage verbal complaints in line with the Trust's policies.

Managing risks, issues and performance

- The practice had processes to manage current and future performance. The Trust had oversight of safety alerts, incidents, and complaints. However, the IT support to report an incident at practice level had not been operational for at least a week and there wasn't an effective contingency plan for staff to follow. The provider informed us after the inspection that the situation had been resolved and there were now contingency plans if the system failed. Incident reporting levels were very low and more could be done to capture information around incidents and near misses to prevent reoccurrence.
- There was evidence of some audit work but no plan to demonstrate quality improvement. Following the inspection, the practice sent us a schedule of planned monthly audits.
- The practice had plans in place and had trained staff for major incidents.
- The practice had some staffing issues. Staff had lead roles but when these staff left or returned after a period of absence it was unclear how the practice managed contingency of the procedures.

Are services well-led?

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice used performance information which was reported and monitored and managed.
- 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 recently formed patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. However, due to staffing issues the practice had struggled to implement their plans. 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 Treatment of disease, disorder or injury | Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The provider did not have an effective system for identifying, receiving, recording, handling and responding to complaints by service users at the practice. (16 (2)) |

| Regulated activity | Regulation |
|---|--|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not ensured that their audit and governance systems at practice level were effective. (17(2)(f)) |