

The Wellington Practice

Inspection report

Aldershot Centre for Health
Hospital Hill
Aldershot
Hampshire
GU11 1AY
Tel:
www.wellingtonpractice.co.uk

Date of inspection visit: 12 September 2018
Date of publication: 23/10/2018

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

Overall summary

This practice is rated as Good overall. (Previous inspection August 2017 – Requires improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

In August 2017 we undertook a comprehensive inspection at The Wellington Practice. As a result of the inspection we issued requirement notices and issued a rating of requires improvement for providing safe, effective and well-led services. We carried out an announced follow up comprehensive inspection at The Wellington Practice on 12 September 2018 as part of our inspection programme and to identify if improvements required at our previous inspection had been made. We found significant improvement to services had been achieved. However, the practice still requires improvements in providing effective services to patients.

At this inspection we found:

- The practice had clear systems to manage risks to patients and staff. When incidents occurred, the practice learned from them and improved their processes.
- The practice did not consistently monitor the effectiveness and appropriateness of the care it provided to ensure treatment was always appropriate. National data indicators showed there was poor performance in some clinical areas. The practice has a challenges in terms complex disease profiles and the transient nature of its population.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- There was an improved focus on learning and improvement since 2017.
- The practice continuously reviewed the needs of its patient population and adapted processes to improve services for its population.

We saw one area of outstanding practice:

The practice had enlisted the expertise of an external GP to help with reviewing and deciding on which action to take following significant events. This was aimed at providing an independent and objective review of events which may enhance the learning culture of the practice. The external GP attended the meetings where events were discussed. We saw this led to improvements in process being identified and implemented.

The areas where the provider must make improvements are:

- Improve the monitoring and processes to drive improvement in patient care.

Additionally, the provider should:

- Review the process for ensuring spirometers are accurate and fit for use.
- Review the location of oxygen cylinders which may be required in an emergency is known to all staff.
- Identify means of identifying carers' who may require additional support.

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

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

The inspection team included a lead inspector and a GP specialist adviser.

Background to The Wellington Practice

The Wellington Practice, Aldershot Centre for Health, Hospital Hill, Aldershot, Hampshire, GU11 1AY.

- The Wellington Practice is located in the centre of Aldershot. The practice has approximately 3,300 registered patients with an even spread across all age groups. There is a slightly higher than average number of working age individuals and slightly lower than average number of older adults. Aldershot has a range of deprivation but the most deprived areas of the town fall in the top 30% most deprived areas of the country. There is a high prevalence of armed service personnel registered at the practice. There is a 30% proportion of Nepalese patients, many of whom are older patients. Staff explained many of these patients have come to the UK with existing health conditions that have not been well managed in the past and this impacts on the practice's ability to manage their health needs. However, the practice has a lower prevalence of patients with a long standing health condition at 42% compared to the national average of 53%. The practice cared for approximately 150 patients in care and nursing homes.
- The Wellington Practice is located within a large multi-purpose building called the Aldershot Centre for Health. The building hosts a variety of health services including two GP practices, outpatients' departments

and the headquarters for the NHS North Hampshire and Farnham Clinical Commissioning Group of which The Wellington Practice belongs to. Aldershot Centre for Health is fully adapted to accommodate for people with disabilities.

- The practice is run as a single handed GP practice with one lead GP. They had been successful in recruiting a new GP and a nurse to provide care to patients. There was a long term locum also working at the practice. The nursing team also consisted of a health care assistant. The clinical staff are supported by an administrative team led by the practice manager.
- The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are available on a pre-bookable basis on Tuesday evenings between 6.30pm and 7.30pm and from 10am to 12.30pm on one Saturday a month.
- The practice does not offer out of hours treatment for their patients instead referring patients to the NHS 111 service.
- The practice was registered to provide the following regulated activities: Diagnostic and screening procedures, family planning, surgical procedures, maternity and midwifery services and treatment of disease disorder and injury.

Are services safe?

At our previous inspection in August 2017 we found the provider was not undertaking disclosure and barring service (DBS) checks for all staff who undertook chaperone duties. Infection control audit outcomes were not always acted upon.

At this inspection we found improvements had been made.

We rated the practice as good for providing safe services.

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. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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, harassment, discrimination and breaches of 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. Audit outcomes were acted on to ensure compliance with required standards of infection 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.
- Equipment was well maintained and tested to ensure it worked appropriately. However, practice staff were not aware that regular validation or calibration of spirometers was required between clinics to ensure their accuracy. Following the inspection the practice manager informed us no spirometry would be undertaken before a new one was purchased and a system of validation was implemented.

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.
- There was an effective approach to managing test results.
- 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, emergency medicines, minimised risks. However, the oxygen cylinder was shared with a practice located in the same building and we found it was in their clinical treatment room when we tried to view the cylinder. The practice manager informed us they had ordered the practice their own oxygen cylinder following this finding.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with

Are services safe?

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 on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to managing services at the practice.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

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. 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?

At our previous inspection in August 2017 we found the provider was not always providing required training to staff and that arrangements for obtaining consent were not adequate.

At this inspection we found improvements had been made but there were still concerns about clinical performance.

We rated the practice and all of the population groups as requires improvement for providing effective services.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

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.
- Online services were promoted and used by patients to enhance their access to ongoing care. This included access to test results and seeking advice from clinicians.
- Staff used appropriate tools to assess the level of pain in patients.
- 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 and mental health needs.
- Patients aged over 75 were referred to other services such as voluntary services and supported by an appropriate care plan where deemed appropriate.
- 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 were offered 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.
- Performance on management of long term conditions was poor when compared to national data outcomes. There were instances of high exception reporting (where patients are not included in data submissions indicating clinical performance). This posed the risk that some patients may not be receiving the care they need.
- To assist in the reviewing of patients on long term medicines for chronic conditions, the practice employed a sessional clinical pharmacist in 2018 to support reviews of these patients.
- The practice manager and lead GP informed us they were working towards improved performance on the care of long term conditions by the end of 2018. One important factor in this improvement was the employment of a nurse to undertake diabetes and other long term condition reviews.
- 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.
- The practice provided care plans for patients with newly diagnosed conditions.
- There was appropriate equipment for the diagnosis and monitoring of patients with long term conditions.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were lower than the target percentage of 90% or above in 2017 but the practice informed us this had improved in 2018.
- Every child who did not attend an appointment within the practice or externally who was on the at-risk register was followed up by a GP to determine if any risks were posed to the child.

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

- The practice's uptake for cervical screening had improved from 63% to a projected 79% for 2018/19.

Are services effective?

- The practices' uptake for breast and bowel cancer screening was lower than the national average but this was partly to do with the transient nature of the practice's population.
- 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.

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, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Health checks were offered to patients with a learning disability.

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, care planning and medication reviews.
- There was a system for following up patients who failed to attend for check-ups regarding their long term medication, such as those taking lithium.
- Patients with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was similar to the national and local averages.
- Only 27% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months according to the clinical record system. This was significantly lower than the national and local average in 2017.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia.

Monitoring care and treatment

The practice had improved their quality improvement activity since 2017. However, there was no structured plan to improve the performance of clinical care for patients with long term conditions.

- The practice's QOF results were poor when compared to clinical commissioning group averages and national averages.
- There were areas where exception reporting was higher than the national averages without appropriate process being followed for exempting the patients. The practice manager explained work underway on the clinical system to remove the coding of those patients previously exempted from data to ensure 2019 exception reporting was done on a case by case basis.
- There were audits regarding the prescribing of specific medicines for conditions such as urinary tract infections and they identified improvement areas. The audits were not yet repeated to identify if improvements had been made. There were no audits regarding long term condition care.
- The practice involved an independent GP on their quality improvement meetings to provide objective expertise.

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 with any changes to guidance.
- 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. This included an induction process, appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Are services effective?

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 deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents.
- Staff shared information with community services, social services and carers where this may have supported patients' needs.
- 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.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients nearing the end 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 individualised care planning.
- 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.

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 had had access to guidance on the mental capacity act 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 to friends and family test and GP national survey was very positive about the way staff treated 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.

- Patients' various potential communication needs were reflected in sources of information and aids. This

included a hearing loop and language translation services. A part time Nepalese receptionist also worked at the practice and they were able to assist Nepalese patients who did not speak fluent English.

- Staff helped patients and their carers find further information and access community and advocacy services.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff took measures to promote patients' privacy and dignity.
- Staff were provided with training which included how to protect patients' personal information.
- 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?

At our previous inspection in August 2017 we found the provider was not always providing required training to staff and that arrangements for obtaining consent were not adequate.

At this inspection we found improvements had been made.

We rated the practice as good for providing responsive services and in all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of needs and preferences and showed flexibility in responding to patient needs. The patient population was predominantly urban, with a high proportion of ex-service personnel. The practice was attuned to this and adjusted its services accordingly.

- 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.
- Fax communication and email was available for patients who found using the phone difficult.
- The practice provided effective care coordination for patients who are 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.

People with long-term conditions:

- The recall system for patients with a long-term conditions had been reviewed and amended to improve attendance for reviews.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice undertook diabetic prescribing to improve patients' impudence and knowledge about their condition. This included extensive information on self-care and lifestyle.
- For patients on warfarin, finger prick testing was available which reduced the need to attend hospitals for blood tests.

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 children who missed an appointment at hospital or at the practice were followed up.
- 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):

- Extended hours appointments provided access to this group of patients at convenient times.
- Patients could email GPs to ask questions about their care and treatment.
- Phone access was a consistent positive in patient feedback.

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.
- The practice had implemented a learning disability lead at reception who had expertise on how to support this group of patients and they were responsible for booking learning disability health checks.

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

Are services responsive to people's needs?

- The practice was proactive in providing care and meeting the needs of patients with mental health conditions including dementia.
- Patients with mental health conditions were easily identifiable on the record system in order for staff to know they may require prioritisation or additional support.
- The practice had considered the language staff used in trying to identify mental health conditions in patients from specific ethnic minorities, where the stigma of these conditions may be a barrier to informing others.
- The practice participated in a local scheme run by commissioners to review what additional support patients may require in terms of mental health provision.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal.
- Patients could book a routine appointment within 48 hours and same day appointments were available.

- A Duty Doctor assessment system was in place and patients could receive a timely return call from the practice to assess their needs.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Patient feedback on access to appointments was consistently high on every question regarding access on the GP national survey 2018 compared to local and national averages.

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 looked for any lessons to be learned from individual concerns and complaints.

Please refer to the Evidence Tables for further information.

Are services well-led?

At our previous inspection in August 2017 we found the provider was not always operating governance systems effectively and that quality improvement was not prioritised.

At this inspection we found improvements had been made to quality improvement processes and governance.

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood challenges faced by the practice and were implementing short and long term plans to ensure services improved and were maintained.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. This was evident from the successful recruitment of clinical staff.
- 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 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 sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work at the practice.
- 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 processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was consideration of staff well-being.
- 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 patients.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, improvement planning for the care of long term conditions required further input from leaders.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- There were established policies, procedures and activities to ensure safety.
- There was not sufficient quality improvement work for long term conditions care, but some plans and actions were in place.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was a culture of identifying, assessing and managing risks related to the provision of services. For example, risks related to infection control and storage of medicines.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Are services well-led?

- Quality and operational information were used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings. Staff had sufficient access to information.
- 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 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 no patient participation group, but the practice had been actively trying to recruit members to form one with no success.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider was not always ensuring that risks related to provision of care and treatment to patients with chronic conditions were identified, assessed and mitigated. Regulation 12(1)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	