Harley Street Healthcare Clinic

Inspection report

104 Harley Street
London
W1G 7JD
Tel: 02079356554
www.harleystreet104.com

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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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Inadequate

Overall summary

This service is rated as Inadequate overall. (Previous inspection November 2019 – Good)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an unannounced focused inspection at Harley Street Healthcare Clinic on 17 November 2020 in response to concerns in relation to safety. During the day we identified other areas of concern and undertook an announced comprehensive inspection on 26 November 2020.

Harley Street Healthcare Clinic is a private general medical practice which offers a range of private services to patients such as routine medical checks, health screening, private prescriptions, adult immunisations, travel vaccinations and blood tests.

The lead GP is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The systems to manage infection prevention and control were not effective.
- Not all staff had appropriate recruitment checks carried out at the time they were appointed in line with the provider's recruitment policy.
- Staff had not received information governance training or the appropriate level of safeguarding children training for their roles.
- The service did not manage medicines appropriately.
- The service did not have an effective mechanism in place to review, disseminate and implement safety alerts.
- Staff did not always have the information they needed to deliver safe care and treatment to patients.
- The service did not always learn and make improvements when things went wrong.
- The service could not demonstrate how improvements were made using completed audits.
- Not all staff had the skills, knowledge and experience to carry out their roles.
- Staff worked together with other organisations occasionally, to deliver effective care and treatment, but there were no systems to follow up on patient referrals.
- The service obtained consent to care and treatment, but this was not in line with legislation and guidance.
- Feedback from patients who completed the providers internal feedback form was positive about the service and the way staff treated them.
- Complaints and concerns were not managed appropriately, and the service did not respond to them properly to improve the quality of care.

Overall summary

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Establish and operate effective systems for identifying, receiving, recording, handling and responding to complaints.

(Please see the specific details on action required at the end of this report).

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

- Develop quality improvement activity, undertaking audits to make improvements to clinical outcomes for patients.
- Implement systems for patients to provide feedback on clinical care.
- Improve and monitor the process for seeking consent to care and treatment in line with legislation and guidance.
- Improve the facilities in place for people with hearing and visual impairments.

Monitoring care and treatment

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included two further CQC inspectors and a GP specialist adviser.

Background to Harley Street Healthcare Clinic

Harley Street Healthcare Clinic is a private general medical practice offering a range of services to patients such as routine medical checks, health screening, private prescriptions, adult immunisations and travel vaccinations and blood tests.

The service is delivered from 104 Harley Street, London, W1G 7JD. The clinic is a short walking distance from Regents Park station and Great Portland Street station on the London underground. There is paid off street parking available. A reception desk and waiting room is situated on the ground floor, which is shared with other services in the building and is operated by the premise's management service. The provider has an administration office, waiting area, two consultation rooms and one room used for phlebotomy located on the second floor as well a consultation room on the ground floor.

The service is registered to provide the regulated activities of Diagnostic and screening procedures and the Treatment of disease, disorder or injury from this location to people over the age of 18 years. The clinic is open between 9 am and 8 pm Monday to Friday. Between 8 pm and 10 pm Monday to Friday and all-day Saturday and Sunday, the clinic can be access by telephone and email.

How we inspected this service

During the inspection we spoke to the registered manager and the administration staff. We reviewed a range of documents.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Inadequate

Are services safe?

We rated safe as Inadequate because:

We found that the systems and processes to assess, manage and mitigate risk to patients were not always effective.

- The systems to manage infection prevention and control were not effective.
- Not all staff had appropriate recruitment checks carried out at the time they were appointed in line with the providers recruitment policy and failed to carry out appropriate risk assessments associated to keep people safe.
- Not all staff had received the appropriate level of safeguarding training for their roles and no staff received information governance training.
- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment were not always reliable.
- The service did not have an effective mechanism in place to review, disseminate and implement safety alerts.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The systems to manage infection prevention and control were not effective. We found a converted water fountain in a consultation room, was being used as a sink, that only supplied cold water and therefore was not suitable for hand washing. A modesty screen was used in the ground floor consulting room, made of material that could not be easily cleaned and was not being cleaned regularly. Spill kits were not available to safely clean spillages of bodily fluids. The provider had carried out some checks on infection control however, these were not completed infection control audits. They did not determine if the service was meeting infection control guidance and did not determine what actions were required to address where they were not meeting guidance.
- The provider carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken at the time of recruitment for staff as outlined in the services policy. However, we found that a member of the administration team who was working as a healthcare assistant had not received a DBS check at the time they were appointed by the service in 2011 (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). A DBS check was recorded in September 2020. The provider had failed to carry out a risk assessment to determine the scope of work the staff could undertake without a valid DBS check in place and continued to permit the member of staff to see patients without supervision.
- There was a policy for safeguarding adults, however this required monitoring and review. There was no policy for safeguarding children. We found that only the lead doctor had the appropriate level of child safeguarding training to level three for their role. Staff had received adult safeguarding training, however staff had not received safeguarding children training appropriate to their roles. The fact that the clinic did not see under 18's still means staff need to be taught a level of awareness around children's safeguarding.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- The service worked with other agencies to support patients and protect them from neglect and abuse.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

There systems to assess, monitor and manage risks to patient safety were not effective.

Inadequate

Are services safe?

- The arrangements to manage medicines safely were not effective. Medicines that were kept on site were not checked regularly, and the provider was not assured that the medicines and medical devices used were safe and effective to use. We found four medicines and medical devices out of date in the first aid box as well as six different medicines and medical equipment out of date in the doctor's bag.
- There was equipment to deal with medical emergencies, which were stored appropriately and checked regularly by the building management team.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The staff had up to date basic life support training.
- The provider could not demonstrate that there were arrangements for planning and monitoring the number and mix of staff needed. For example, we saw that the healthcare assistant worked unsupervised when there was no senior clinician present in the service.
- The provider had some safety policies, which were available to staff. For example, there were policies for health and safety and fire safety. Staff received safety information from the service as part of their induction.
- There were appropriate indemnity arrangements in place for the doctor. However, it was not clear if this also covered the work the healthcare assistant carried out.
- The providers had carried out a Legionella risk assessment.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- Individual care records were not written and managed in a way that kept patients safe. We reviewed 17 care records and found that information needed to deliver safe care and treatment was not always available to relevant staff in an accessible way. For example, we saw a patient of childbearing age was prescribed a medicine that should not be given during pregnancy. However, there were no records to demonstrate that the risks of the medicine were shared with the patient before prescribing or when generating a repeat prescription. We saw a patient had attended with an infection who needed a referral to a specialist. However, there were no records to demonstrate that the patient was informed of the need to be referred to a specialist for further treatment or reasons shared with the patient why this was not necessary. We found an injectable medicine used for severe allergic reactions was prescribed to a patient. There were no records of the important risks associated with the medicine shared with the patient in line with the Medicines & Healthcare products Regulatory Agency (MHRA) safety guidance.
- The service did not proactively share information with other agencies unless it was requested.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they cease trading.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- We found 10 out of date medicines and medical equipment, which did not assure us that medicines were safe for use.
- The service did not carry out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients, however they could not always evidence that they gave advice on medicines in line with legal requirements and current national guidance. For example, we saw two patients who were administered an injection for an iron deficiency did not have a rationale recorded for why they

required this medicine. We also found when the injection was administered by the service, the provider failed to record the details of the medicine. For example, there was no record of batch number or expiry date of the injection administered to patients. These details are required in the event of a medicine is recalled or there is a safety alert associated with it, then details of who was given it are available in case the action needs to be taken with the patients. Where there was a different approach taken from national guidance there was not always a clear rationale for this that ensured patient safety.

Track record on safety and incidents

The service had some safety records.

- The provider had carried out some risk assessments in relation to safety issues. However, we found that the service had not reviewed the actions identified and therefore could not demonstrate they had implemented improvements as a result of the risk assessments. For example, we saw an independent fire risk assessment and health and safety risk assessment had recently been carried out, however leaders told us that the actions had not been implemented.

Lessons learned and improvements made

The service did not always learn and make improvements when things went wrong.

- Staff we spoke to said they understood their duty to raise concerns and report incidents and near misses.
- There were some systems for reviewing and investigating when things went wrong. The service reported that they learned and acted to improve safety in the service, however on the day of inspection the providers did not have any examples of an incident that led to improving safety of the service.
- The provider was aware of the requirements of the Duty of Candour but could not demonstrate it was always implemented.
- The service did not have an effective mechanism in place to review, disseminate and implement safety alerts. A non-clinical member of staff was responsible for making the decision to share relevant safety alerts with the clinician. However, there were no systems to provide assurance that alerts had been seen and acted on by the lead clinician.

Inadequate

Are services effective?

We rated effective as Inadequate because:

- Not all staff had the skills, knowledge and experience to carry out their roles. Staff had not received training specific to their roles.
- We did not always see evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.
- Clinical records did not always record all the required details of consultations.
- The provider could not demonstrate how they were monitoring care and treatment to patients. Although the provider had carried out some audits, they could not demonstrate how improvements were made to patients care and treatment using completed audits.

Effective needs assessment, care and treatment

The provider had a system to keep themselves up to date with current evidence-based practice. We did not see evidence that clinicians always assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The lead GP told us that they stayed up to date with current evidence-based practice through informal and formal updates from external stakeholders. For example, we saw the GP attended clinical updates and received informal updates from other clinicians working in the NHS.
- We found that when the lead GP confirmed a diagnosis or treatment, these were not always recorded accurately in patient records. For example, we saw a medicine used for severe hay fever was prescribed to a patient without a record of discussion of its potential risks, as outlined in safety guidelines.
- Patients' immediate and ongoing needs were not always assessed appropriately. For example, we saw a patient who needed a physical examination did not have one recorded.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff told us arrangements were in place to deal with repeat patients, however patient records did not always record what reviews were carried out by the GP prior to a repeat prescription being generated.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in some quality improvement activity. However, improvement was required.

- The provider could not evidence that clinical audits had a positive impact on quality of care and outcomes for patients. For example, following an audit on clinical record keeping, the provider had determined that staff writing in clinical notes should add an identifying initial to confirm who had made the entry. We saw that this requirement had not been implemented or monitored. However, during our inspection we found this had not been actioned. The provider had not followed up on the actions of the audit to ensure improvements were implemented.

Effective staffing

Not all staff had the skills, knowledge and experience to carry out their roles.

Inadequate

Are services effective?

- Not all staff were appropriately qualified. A member of the administration staff carried out the role of a healthcare assistant without having received specific training to carry out the role and without any documented competency assessment in place. The staff member did not have a job description specifying that they would be carrying out the additional duties of a healthcare assistant.
- For example, the member of staff carried out health checks, administering injections and phlebotomy without receiving specific training to carry out these activities. The member of staff carried out these duties unsupervised, when the clinician was not present and without any record of a Patient Specific Direction (PSD) in place. (A PSD is a specific, written order by a qualified prescriber. The prescriber retains responsibility for safe administration of the injection).
- Staff told us that protected time was given by the provider for staff learning and development. However, the provider had not identified the learning requirements for staff to carry out their roles. For example, staff had not received specific training for phlebotomy or administering injections.
- The provider had an induction programme for all newly appointed staff. However, staff had not received information governance training or safeguarding children training specific to their roles.
- The lead doctor was registered with the General Medical Council (GMC) and was up to date with their revalidation.

Coordinating patient care and information sharing

Staff worked together with other organisations occasionally, to deliver effective care and treatment.

- Before providing treatment, doctors at the service did not always ensure they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Patient information was shared appropriately (this included when patients moved to other professional services), however we found that clinical records did not always record all the details of consultations.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP at the point of registration. There were no systems in place to review this regularly to ascertain if patients' decision on consent had changed.
- The provider had risk assessed the treatments they offered. However, they had not identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. The provider informed us that they did not manage long term conditions and would always refer patients back to their NHS doctor.
- The provider told us that care and treatment for patients in vulnerable circumstances was coordinated with other services.

Supporting patients to live healthier lives

Staff supported patients to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Where risk factors were identified, the lead doctor told us that these were highlighted to patients who were advised to share this with their normal care provider for additional support. However, the provider did not follow this up.
- Where patient needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment, but this was not in line with legislation and guidance.

Inadequate

Are services effective?

- Staff told us that they understood the requirements of legislation and guidance when considering consent and decision making.
- The provider told us that they monitored the process for seeking consent appropriately, however on the day of inspection we found notes in clinical records did not document details of treatment options discussed with patients or potential risks. We could not be assured that the providers were obtaining consent to care and treatment in line with legislation and guidance.

Good

Are services caring?

We rated caring as Good because:

- The service sought feedback on customer satisfaction but not on the quality of clinical care patients received.
- Staff were bilingual and the providers had access to an interpreting service if needed.
- There were no communication aids in place to support patients who were hard of hearing or had vision impairment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on customer satisfaction and not on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgemental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff did not have appropriate facilities to help patients to be involved in decisions about care and treatment.

- Communication aids were not available for patients who were heard of hearing or had vision impairment. However, staff told us that they communicated with patients who were hard of hearing via writing.
- For patients with learning disabilities or complex social needs, providers informed us that they would require family or carers to attend the service with them.
- Communication aids were not available for patients who were heard of hearing or had vision impairment. However, staff told us that they communicated with patients who were hard of hearing via writing.
- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Requires Improvement

Are services responsive to people's needs?

We rated responsive as Requires improvement because:

- Complaints and concerns were not managed appropriately, and the service did not use learning from complaints to improve the quality of care.
- The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, patients could contact the service out of hours (after 8 pm) via telephone or email, which is managed by the practice manager until 10 pm between Monday to Friday and all day Saturday and Sunday. There was an out of hours number signposted on the provider website for patients.
- The facilities and premises were appropriate for the services delivered.
- There were facilities in place for people with disabilities and for people with mobility difficulties.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service did not take complaints and concerns seriously and did not respond to them appropriately to improve the quality of care.

- The service had complaint policy and procedures in place. However, we saw that the providers did not follow their own policy when investigating a complaint. For example, we saw that a complaint had been made but the provider failed to record the investigation that was carried out to resolve the complaint.
- The service could not demonstrate that they learnt lessons from individuals concerns, complaints and did not analyse trends. The provider could not evidence that it acted as a result to improve the quality of care. For example, we saw that a complaint received into the service had not been investigated appropriately, as the subject of the complaint had been involved in the investigation. We saw that patient confidentiality had also been breached due to the poor handling of the complaint and the provider had not acknowledged or demonstrated sufficient insight into the cause or consequences of these failings.
- The service did not inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Inadequate

Are services well-led?

We rated well-led as Inadequate because:

- We found that leadership capacity, monitoring processes, governance arrangements and approach to continuous improvement was insufficient.
- The service was unable to be assured that safe and effective care were being provided.

Leadership capacity and capability;

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about some of the issues and priorities relating to the quality and future of services. They did not understand all the challenges and how to address them.
- The leadership strategy at the service had not ensured that safe and effective care was being provided. Tasks were delegated to non-qualified staff, who were not monitored.
- Management were visible and approachable.

Vision and strategy

The service did not have a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

- Staff described what they thought was the vision and values of the service and what they thought their role in achieving them were. However, the provider did not have a clear vision or values set.
- The service had a strategy and business plans. However, these did not acknowledge the current challenges and priorities that the service needed to overcome to deliver high quality care and good outcomes for patients.
- The service could not demonstrate how they monitored progress against delivery of the strategy.

Culture

The service could not demonstrate that they had a culture of good quality sustainable care:

- The provider could not demonstrate how openness, honesty and transparency were used when responding to incidents and complaints.
- The provider was aware of the duty of candour but did not have appropriate systems to ensure compliance were always implemented. This included the implementation of the complaint's procedure at the service.
- Not all staff received regular annual appraisals in the last year. Staff told us they could discuss learning and development with management team, but this was not always formalised.

Governance arrangements

There was some evidence of systems in place and lines of accountability to support governance management. However, improvements were necessary:

Inadequate

Are services well-led?

- Policies, procedures and activities to ensure safety were not properly established by leaders to assure themselves that they were operating safely and effectively. We found that policies were not always service specific or regularly reviewed. For example, we saw the Information Governance lead named in the policy was not a current member of staff. We saw there was a Covid policy recently established but this was not specific to the service and did not detail what infection prevention equipment was available at the clinic for staff and patients.
- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective. The provider did not carry out regular audits of the clinical service provided to assess and monitor and improve the quality of clinical care and treatment of the service.
- Staff understood their roles and accountabilities, although not all staff had up to date job descriptions in place.
- The service submitted data or notifications to external organisations as required.
- The service did not follow data security best practice standards, and we saw that patient information was inappropriately shared with third parties. For example, we saw that a patient's details were shared with other patients in the service by a member of staff.

Managing risks, issues and performance

The processes for managing risks, issues and performance were not effective.

- The process to identify, understand, monitor and address current and future risks including risks to patient safety were not effective.
- The service did not have processes to manage current and future performance. Performance of clinical staff could not be demonstrated through audit of their consultations, prescribing or referral decisions. Leaders did not have oversight of all safety alerts.
- Clinical audits did not demonstrate a positive impact on quality of care and outcomes for patients. There was no evidence that there were changes to the service to improve quality, as a result of clinical audits.
- The provider had a business continuity plan in place and staff told us they would refer to this in response to major incidents.

Appropriate and accurate information

The service did not have appropriate and accurate information.

- Quality and operational information was not used to ensure and improve performance. The service was not in a position to adequately monitor performance.

Engagement with patients, the public, staff and external partners

- The service sought feedback on customer satisfaction from patients' feedback. However, they did not seek feedback on the quality of clinical care patients received. We did not see evidence of the service encouraging feedback from external partners.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The provider did not consistently assess, monitor and improve the quality of the service or clinical care provided. • The provider did not consistently maintain an accurate, complete and contemporaneous record of each patient, including a record of the care and treatment provided to the patient and of the decisions taken in relation to the care and treatment provided.

Regulated activity	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints • The provider did not consistently investigate all complaints received and did not take necessary and proportionate action in response to failures identified by the complaint or investigation.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The systems and process to keep people safe and safeguarded from abuse were not effective. • There were ineffective systems to assess, monitor and manage risks to patient safety. • The service did not have reliable systems for appropriate and safe handling of medicines.

Regulated activity	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing • Not all staff had the skills, knowledge and experience to carry out their roles.