

Walcote Health Ltd

The Walcote Practice

Inspection report

The Walcote Practice
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Overall summary

We carried out an announced comprehensive inspection on 7 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The Walcote Practice provides private GP services to self-funded and privately insured patients who are also registered with an NHS GP. Services include, but are not limited to; wellness screening and health checks, sexual health checks, and diagnosis and treatment of acute, chronic, and long term conditions. The service also provides minor surgery, the fitting of contraceptive implants, joint injections, travel services and vaccines, and mother and baby checks.

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.

Summary of findings

A total of 39 patients provided feedback about the service which was all positive regarding the caring attitude of staff. Patients commented that the service was professional, friendly and thorough and they would recommend the service to others.

Our key findings were:

- Patient records were stored electronically and were encrypted to ensure they were safe and secure and adhered to data protection legislation.
- Patients who used the service had an initial consultation where a detailed medical history was taken. Patients who used the service were able to access detailed information regarding the services offered and delivered by the provider.
- The service understood the needs of patients and were proactive to ensure the service was accessible.
- The service won the 'patient service 2018 whatclinic' award for its provision of customer care.
- Staff had been provided with in house mandatory training however, not all staff had received safeguarding training to the appropriate level.
- The service had a system to identify patients who were also carers. Those patients received priority booking for consultations or home visits.
- The provider made extensive use of patient feedback as a measure to monitor and improve services.
- The website for the service was very clear and easily understood. In addition, it contained valuable information regarding treatments available and fees payable.
- The practice offered a range of health checks with a GP.
- There were shortfalls in some recording of checks of emergency medicines and equipment, checking identity and actions following safety alerts.

We identified regulations that were not being met and the provider must:

- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

The Walcote Practice

Detailed findings

Background to this inspection

We carried out this inspection on 7 September 2018. The inspection team consisted of a lead CQC inspector and a GP Specialist Advisor.

As part of the preparation for the inspection, we reviewed information provided for us by the service. In addition; we reviewed the information we held on our records regarding this provider.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example, we looked at the premises, interviewed staff, looked at the clinical systems and patient records and reviewed documents relating to the service.

The Walcote Practice provides private GP services to self-funded and privately insured patients who are also registered with an NHS GP. Services include, but are not limited to; wellness screening and health checks, sexual health checks, and diagnosis and treatment of long term conditions. The service also provides minor surgery, the fitting of contraceptive implants, joint injections, travel services and vaccines, and mother and baby checks.

The Walcote Practice offers services to both adults and children. Patients pay the Walcote Practice per consultation. Patients are able to book appointments at a time to suit them and with a doctor of their choice via the telephone. GPs conduct face to face consultations with patients and, where appropriate, issue prescriptions or make referrals to specialists; consultation notes are available for patients to access, upon request. The service is open from 8am until 6.30pm Monday to Friday and from 9am until 12.30pm every Saturday. Consultations are available during these times.

The service is registered to provide the following regulated activities: treatment of disease, disorder or injury, family planning, maternity and midwifery services, surgical procedures and diagnostic and screening procedures.

The service operates from one location;

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The service employs one full-time GP and one part-time GP, a business manager and a practice administrator. The practice is supported by three reception staff who are employed by an independent company, with which the practice has a service agreement. The reception staff are employed by an independent company who provide reception and administration support to the service and several other companies which operate from the same premises. The service undertook all relevant recruitment checks and provided the reception staff with an induction, mandatory and ongoing training to ensure they are skilled receptionists.

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.

Are services safe?

Our findings

We found that this service was not providing safe care in accordance with the relevant regulations. This was because there were shortfalls in some recording of checks of emergency medicines and equipment, oversight of training, checking identity and actions following safety alerts.

Safety systems and processes

The service had systems to keep patients safe and safeguarded from abuse. However, there were shortfalls in checking the identity of patients and confirming that accompanying adults had legal authority before undertaking a consultation or treating a child or young person under 18 years.

- The service had a suite of safety policies including adults and children safeguarding policies which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- The provider had an overarching lead professional as the safeguarding lead.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received in-house safety training and knew how to identify and report concerns. However, staff had not received up to date safeguarding training to a level appropriate to their role. For example, the main GP, who was also the safeguarding lead, had not received level three safeguarding children training since 2014. Intercollegiate Guidelines (ICG) recommend that refresher training is undertaken every three years. The administration staff had covered areas of safeguarding during their induction and refresher training but had not completed level one safeguarding training. Staff we spoke to demonstrated they were familiar with the safeguarding policy and procedure, and understood their responsibilities regarding reporting concerns. Staff knew who was the safeguarding lead for the service. We discussed this with the service who told us they planned to arrange for administration staff to complete online safeguarding training appropriate to their role. Following the inspection, we saw evidence that the main GP had subsequently completed safeguarding children training appropriate to their role.
- Information in the consultation rooms and on the service's website advised patients that staff were available to act as chaperones. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The provider did not have a process for checking identity of patients. All patients who received a consultation completed a registration form but were not asked to provide proof of identity.
- The provider did not confirm the identity of parents or other accompanying adults to check they had legal authority before undertaking a consultation or treating a Minor (child or infant).
- The provider maintained appropriate standards of cleanliness and hygiene. Cleaning schedules were in place in all clinical areas and were dated and signed each day. Protective personal equipment was readily available.
- There were infection control procedures in place to reduce the risk and spread of infection. The service showed us an infection control annual statement which detailed infection prevention and control procedures which had been implemented or reviewed in the last 12 months. We saw that an external audit had been completed in September 2017 and assessed that the service was meeting the necessary infection control standards. We saw that the practice had implemented all recommendations within the audit. For example, the audit recommended that the practice purchase a data logger to capture temperature data from a fridge which was used to store medicines which required refrigeration. The service had purchased the data logger, which recorded the temperature of the fridge, and reviewed data to check temperatures were not outside of recommended parameters.
- Appropriate systems were in place for clinical waste disposal. Records were seen of contracts held for clinical waste and clinical sharps.

Are services safe?

- Systems were in place for the prevention and detection of fire. Risk assessments and equipment was readily available. All staff had undertaken fire safety training.
- Systems were in place to monitor the water system, this included legionella risk assessments. Legionella is a term for a bacterium which can contaminate water systems in buildings. We saw the service had undertaken regular checks of the water temperature, in accordance with the policy and procedure, to minimise risk from infection.
- General risk assessments were reviewed annually. All identified risks were recorded each month and discussed at the business meeting. The monthly risk assessment record documented what action had been taken when needed.

Risks to patients

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

- We reviewed all personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. There were appropriate arrangements in place for indemnity insurance for all clinical staff. The practice held personnel files for three receptionists who were employed by an independent company.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections (for example, sepsis).

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The provider had arrangements in place, in line with Department of Health and Social Care (DHSC) guidance, to store and protect medical records if they were to cease trading.

- Patient records were stored electronically and were encrypted to ensure they were safe and secure and adhered to data protection legislation.
- The providers and staff worked with other services when this was necessary and appropriate. For example, the service had processes in place to share information with safeguarding bodies when required.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines.

- The systems for managing medicines, emergency medicines and equipment, minimised risks. The service told us that they regularly checked emergency medicines and equipment. However, they did not have a system to record checks and confirm emergency medicines and equipment were in date and safe to use. The practice had a defibrillator. We found a spare battery for the defibrillator that had expired. We discussed this with the service, who subsequently implemented a system to record checks of emergency medicines and equipment.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service monitored repeat prescriptions and undertook reviews of medicines with patients when required.
- The service used private prescriptions which were printed and given to patients. All prescription stationary, including prescriptions awaiting collection, was stored securely.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The service involved patients in regular reviews of their medicines.

Track record on safety

- There was a system in place for reporting and recording significant events. The provider had systems and processes in place to identify, record, analyse and learn from incidents and complaints.
- There had been four significant events recorded for the practice, on each occasion we saw relevant actions had been taken to improve quality of care. Lessons learned had been discussed with relevant staff and during meetings. For example, the service's website had been

Are services safe?

hacked and links to medical products had been added. The service contacted the website manager who restored and reinstated the website. The service had arranged for a system to be implemented that alerted managers if external information had been added to the website.

- There was a system for receiving, reviewing and actioning safety alerts from external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA). However, the system was not formally recorded so the practice did not have oversight that any relevant actions had been completed. We discussed this with the service who subsequently implemented a formal overview system of safety alerts received and subsequent action taken.

- All test results were reviewed by the GPs.

Lessons learned and improvements made

- Any significant events and complaints received by the clinic were reviewed and investigated promptly.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Patients received a full assessment of their needs. This included their clinical needs and their mental and physical wellbeing.
- When we spoke to patients, reviewed comment cards and reviewed processes and protocols, we saw no evidence of discrimination in supporting care and treatment decisions.
- The practice used their computer systems to undertake searches of suitable patients for clinical audits to improve their health outcomes and to monitor performance against areas such as NICE guidelines.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice offered child, adult and travel immunisations.

Monitoring care and treatment

- The service had a programme of clinical audit and other quality improvement activity to improve quality outcomes for patients. For example, the service had undertaken an audit of prescribing antibiotics for patients presenting with an acute cough, following national guidance.
- The service had a system where they were able to search patient records if they had received safety alerts. The service demonstrated that they were aware of NICE (National Institute for Health and Care) guidance. Staff told us that if there was a change in current guidance or legislation they would contact patients to discuss risks and alternative treatment options.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, administrative staff had not received safeguarding adults or safeguarding children training.

- All medical staff had medical indemnity cover and were registered on professional registers. For example, the General Medical Council.
- Three reception staff and a part time IT support services staff member were employed by an independent company who provided reception and administration support to the service and several other companies which operated from the same premises. The service undertook all relevant recruitment checks and provided the reception staff with an induction, necessary and ongoing training to ensure they were skilled receptionists. However, the provider had not sought assurance regarding the need for safeguarding training for these staff. We spoke to all administration staff who were able to demonstrate they understood the safeguarding policies and procedures.
- All staff had training records and had completed mandatory training in subjects including basic life support and fire safety.
- Each staff member had an annual appraisal where training needs were identified, although staff said training needs could also be identified informally throughout the year.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. This included when they moved between services, and when they were referred for specialist care.
- Some patients also had an NHS GP, and the practice communicated with the NHS GP with the patient's consent. For example, if the patient requested follow-up treatment via the NHS. The service provided vaccines for babies and children. A child's NHS GP was notified if the service had administered vaccines to avoid the risk of a child or baby receiving the same vaccine twice.

Supporting patients to live healthier lives

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

- The service offered a range of medical assessments which included pathology tests and patients could be referred for diagnostic screening such as X-ray, ultrasound, CT scanning and MRI.
- Health screening packages were available to all patients and included an assessment of lifestyle choices.

Are services effective?

(for example, treatment is effective)

- Patients were encouraged to undergo regular health screening such as mammograms and cervical screening.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.

Consent to care and treatment

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making, including the Mental Capacity Act 2005.
- The process of seeking consent was demonstrated through records. We saw consent was recorded in the

client's electronic record, in line with legislation and relevant national guidance. However, there were shortfalls in confirming that accompanying adults had legal authority before undertaking a consultation or treating a child or young person under 18 years.

- Information about fees for the service provided by the service was transparent and available online prior to clients booking an appointment. For example, fees for additional blood tests were discussed prior to procedures being undertaken.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information. All of the 39 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. This was supported by the practice's patient survey results and testimonials published on the service's website, all of which were positive.
- The service won the 'patient service 2018 whatclinic' award for its provision of customer care.
- The service had a system to identify patients who were also carers. Those patients received priority booking for consultations or home visits.
- The provider made extensive use of patient feedback as a measure to monitor and improve services and did this by monitoring compliments, complaints and results from online reviews and patient surveys.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- We were told that any treatment including fees was fully explained to the patient prior to commencement of treatment, and that people then made informed decisions about their care. Standard information about fees was available in the patient leaflet and on the website.
- Staff told us interpreting and translation services could be made available for patients who did not have English as a first language, and for patients who were either deaf or had a hearing impairment. Service leaflets could also be made available in large print and Easy Read format, which makes information easier to access for patients with learning disabilities or visual impairments.

Privacy and Dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.
- The practice complied with the Data Protection Act 2018, and the General Data Protection Regulations 2018.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

- The service understood the needs of its population and tailored services in response to those needs. For example, the practice offered a range of health checks and sexual health screening with a GP.
- The service understood the needs of patients and were proactive to ensure the service was accessible. For example, the service had easy read materials for patients who had learning disabilities. All staff had undertaken 'accessible information and communication support training'.
- The service had provided Saturday vaccine clinics for children to receive the meningitis B vaccine.
- The service attended offices of companies with whom they had a contract to administer flu vaccines for employees so that they did not have to attend the service.
- The service delivered prescriptions to patients who were not able to attend the service.
- The facilities and premises were appropriate for the services delivered. For example, consultation rooms were all on the ground floor. The service was not accessible for patients who used a wheel chair as the building had steps to the front entrance. GPs visited patients who used a wheelchair at their homes.
- The provider had a range of information available to patients.
- The website for the service was very clear and easily understood. In addition, it contained valuable information regarding treatment and fees payable.

Timely access to the service

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

- The service was open from 8am until 6.30pm Monday to Friday and 9am until 12.30pm every Saturday. Home visits and consultation appointments were available during those times.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service told us that on most occasions they were able to see patients on the same day or within 48 hours of a request for a consultation. This was reflected in comments received via the CQC comment cards and the service's own patient feedback.
- Patients paid per home visit or per 20 minute or 30 minute consultation and the fees payable were discussed before a consultation was undertaken.
- GPs provided patients who were at the end of their life with personal contact telephone numbers.

Listening and learning from concerns and complaints

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

The complaint policy and procedures were in line with recognised guidance and contained advice if patients were not satisfied with the service's response.

The service had received one complaint in the last 12 months. Detailed records showed that this had been managed in an open, transparent and reflective way. The service had contacted the patient within a timely manner, responded appropriately and provided the patient with explanations.

The service had implemented a system which had an overview of all suggestions made by patients, staff and external partners, which demonstrated all subsequent action taken.

Are services well-led?

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

Our findings

We found that this service was not providing Well-led services in accordance with the relevant regulations. This was because we found shortfalls in the governance arrangements of overview systems which reduced potential risks to patients.

Leadership capacity and capability;

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

- Leaders had the experience, capability and integrity to deliver the service's strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff told us they felt well supported by management and that management were approachable and always took the time to listen to them.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was 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 provider planned its services to meet the needs of their patients.
- The provider monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They said they were proud to work at the service.
- Leaders and managers knew how to act on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- We saw the service had implemented positive changes to the care and treatment of patients following reviews of complaints and significant event analysis. Lessons learned had been shared with staff on each occasion.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. The service had a whistleblowing policy in place.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last 12 months. Staff were supported to meet the requirements of professional revalidation where necessary. Staff had been provided with in house mandatory training however, not all staff had received safeguarding training to the appropriate level.
- There was a strong emphasis on the safety and well-being of all staff. For example, the service had a lone workers policy and procedure which covered any potential risks when staff visited patients at their own homes.

Governance arrangements

There were roles and systems of accountability to support good governance and management. However, there were shortfalls in some recording of checks of emergency medicines and equipment, oversight of training, checking identity and actions following safety alerts.

- The service had a number of policies and procedures in place to govern activity and were available to all staff. All the policies and procedures that we saw had been reviewed and reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence (NICE).
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes for managing risks, issues and performance. However, there were shortfalls in having an overview system to recording what action had been undertaken following safety alerts.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

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

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations and prescribing. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any weaknesses.
- 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

- Patients were invited to complete surveys about the service they had received. Patient feedback was constantly monitored and action was taken if feedback indicated that the quality of the service could be improved.
- The service also gathered feedback from staff through staff meetings, appraisals and formal and informal discussions.
- The service documented all suggestions made by patients and external partners. There was an overview system for all suggestions made and actioned. For example, the service had purchased a different sort of needle used to take blood samples, in order to reduce potential bruising, at the suggestion of a patient.
- The service told us they were planning to introduce a patient participation group (PPG) to promote engagement with patients regarding service developments and improvements.

Continuous improvement and innovation

There were systems and processes for learning and innovation.

- The service had appointed another GP who was due to commence employment in September 2018, to meet the demands of the growing patient population.
- There was a focus on continuous learning and improvement at all levels within the practice.
- The service made use of internal reviews of incidents and complaints, and consistently sought ways to improve the service.
- Staff were encouraged to identify opportunities to improve the service delivered through team meetings, appraisals and open discussions.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 HSCA (RA) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular:</p> <ul style="list-style-type: none">• Administrative staff had undertaken safeguarding adults training or safeguarding children training appropriate to their role and responsibilities. <p>This was in breach of regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good Governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p>

Requirement notices

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- There was not a system for checking patients' identity or for checking the parental authority of adults accompanying children and young people under 18 years of age.
- Regular checks of emergency medicines and equipment had not been undertaken to confirm equipment was safe and ready to use.

This was in breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.