Laser and Light Ltd

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall.

Laser and Light Ltd was previously inspected during April and May 2021. At the inspection in 2021, the key questions of safe, effective and well-led were rated as inadequate, whilst the caring and responsive key questions were rated as good. Therefore, it received an overall rating of inadequate and the service was placed into special measures.

We carried out an announced comprehensive inspection at Laser and Light Ltd on 22 July 2022 to ensure improvements had been made after the previous inspection, and to review the special measures status of this service.

The key questions following the inspection in July 2022 are now rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

This service is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of a limited number of services it provides. Laser and Light Ltd provides treatment of acne to patients, as well as mole and skin tag removal (for cosmetic purposes), and injectable botulinum toxin for the treatment of migraines and hyperhidrosis. These are part of regulated activities and were therefore included within our inspection.

The majority of services delivered by Laser and Light Ltd such as laser therapies and other non-surgical cosmetic procedures (for example, dermal fillers) are not within the CQC's scope of registration. Therefore, we did not inspect or report on these services. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our key findings were:

- The service did not always provide care in a way that kept patients safe and protected them from avoidable harm.
- Service-users received effective care and treatment that met their needs.
- Staff dealt with service-users with kindness and respect and involved them in decisions about their care.
- The service was responsive to the needs of service-users.
- The way the service was led and managed promoted the delivery of high-quality, person-centre care.

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.

In addition, the provider **should:**

- Develop its audit programme to incorporate minor surgery procedures undertaken.

Overall summary

- Improve its mechanisms for service-user feedback to reflect key aspects of the care provided as part of regulated activities, and the outcomes achieved for the service-user.

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

Sean O Kelly
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 a CQC GP specialist adviser.

Background to Laser and Light Ltd

Laser and Light Ltd is located at 1 Church Gate Mews, Loughborough, Leicestershire, LE11 1TZ and is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

Laser and Light Ltd is a service which provides a range of cosmetic treatments which are mostly not covered by CQC registration. The CQC regulated activities only incorporate private treatment for patients in relation to skin conditions such as acne, mole or skin tag removal, and injectable proteins (Botulinum toxin) for the treatment of migraines or hyperhidrosis (excessive sweating). No services covered by CQC regulated activities are provided for any individual under 18 years of age.

There is considerably higher activity levels for the non-regulated activities undertaken by the service. For example, in the last 12 months during which the service was in operation, they estimated they had only seen approximately 20-30 patients who were treated as part of a CQC regulated activity.

The service is delivered from a small ground floor property consisting of two consulting/treatment rooms, a reception, toilet and utility area. The property is accessible to wheelchair users, although there is no fully accessible toilet facility. There is no parking due the location in a busy shopping precinct, but there is parking nearby in town centre car parks.

The service is led by a doctor (who is *also a* laser eye surgeon, specialised in ophthalmology and aesthetic medicine), supported by a nurse, two laser therapists and a beauty therapist. The therapists also provided reception cover. There are two administrators based off site in office accommodation close to the service.

There is a named Registered Manager as part of CQC requirements. The Registered Manager is a qualified nurse who provides some holiday cover for the service, but also meets monthly with the doctor to review any issues relating to the service including compliance with CQC regulations. The Registered Manager is not based on site but can be accessed by the team if required by telephone or email.

Consultations are by prior arrangement via telephone or online via email. The service is open from 9am to 5.30pm on Mondays, Tuesdays, Thursdays and Fridays and 9am to 3pm on Wednesdays and Saturdays.

The service for regulated activities had re-opened in June 2022 following several months of dormancy during the pandemic. This aspect of the service had been dormant from 8 July 2021 until 14 June 2022. This meant that the CQC were delayed in returning to review the special measures status of the service as this would normally take place within six months of the previous report's publication.

How we inspected this service

We inspected Laser and Light Ltd on 22 July 2022 but carried out some interviews remotely earlier in the same week. Before visiting we reviewed the information we hold about the service, and also asked the service to submit a range of supporting evidence electronically. This included information about policies and risk assessments, staff members and audits. Laser and Light Ltd also provided additional information on the site visit and via email following the inspection.

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.

Requires Improvement

Are services safe?

At our previous inspection in 2021 we rated the service as inadequate for providing safe services. At our inspection in July 2022, we found that the service had addressed most areas of concerns related to the provision of safe services. However, we found some issues which required further improvement, and have therefore now rated the service as requires improvement for the key question of safe.

Safety systems and processes

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

- The service had a safeguarding policy for adults and children. The policy clearly outlined the adult and child safeguarding leads within the service, and stated contact details to refer cases to the local authority if necessary.
- The service informed us that children under the age of 18 were not seen under the regulated elements provided by the service, and they only attended for treatments which were not part of the regulated activities.
- Staff had received safeguarding training. The doctor had completed adult safeguarding at level three, and child safeguarding at level two. Whilst we would normally expect clinicians to complete child safeguarding at level three, the level two training was deemed to be appropriate as the regulated services were not accessed by under 18 year olds. The Registered Manager who was the designated child safeguarding lead for the service had completed level three child safeguarding training.
- The provider's policy was to complete Disclosure and Barring Service (DBS) checks for all staff (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). We saw evidence that this had been completed.
- We reviewed a sample of staff files and saw that these were well-organised and included all appropriate pre-recruitment checks.
- There was a chaperone policy. However, there was no notice in the reception or clinical area to advise patients they could request a chaperone if they so wished. The service confirmed that they had rectified this following our inspection, and had placed a chaperone notice in the waiting area. This ensured that patients had clear access to this information in order to make an informed choice.

Infection Prevention and Control

Standards of cleanliness and hygiene were not always in line with best practice.

- We were provided with an infection control policy and saw this had been recently updated and contained key information relating to infection control procedures. However, it did not include details of the named infection prevention and control lead, training requirements, or include specific requirements for higher risk procedures, such as minor surgery (the removal of skin tags).
- We were provided with an infection control audit which had been completed on 29 April 2022. This was generic and did not provide assurance that all relevant aspects of infection control had been reviewed sufficiently.
- The provider had not considered all aspects of best practice in adherence to infection control standards. Many of these related to environmental issues and the provider told us that they were looking to address these in the future with a potential relocation. In the interim, the provider told us they would review what was feasible, for example, decluttering surfaces and cleaning the tops of cupboards and wall fixtures and incorporate these into the cleaning schedules. The provider has arranged a deep clean of the premises from an external cleaning agency following the pandemic before the service had re-opened for business, and informed us that following our inspection they had arranged for this to be repeated on a six-monthly basis.

Requires Improvement

Are services safe?

- During our onsite inspection, we observed cleaning schedules for the service relating to all areas of the premises. We saw that these were being completed daily. A few omissions were highlighted during the inspection which the provider told us they would incorporate into the schedules.
- The service had a policy regarding the safe handling of sharps, and we observed sharp bins were managed appropriately.
- Clinical waste was stored in a locked bin outside of the premises but this was not secured to the wall. The provider advised us that they would address this, and provided evidence that this had been completed following our inspection, and they had also completed an accompanying risk assessment. We saw that waste consignment notes were maintained on file as evidence of safe clinical waste disposal.

Health and Safety

There were systems to assess, monitor and manage health and safety

- The service had cleaning products for use within the building and saw Control of Substances Hazardous to Health (COSHH) information sheets and risk assessments were available for these.
- The provider had completed a risk assessment for legionella within the premises. There was no evidence to indicate the assessment had been undertaken by a competent person (that is, a person who is appropriately trained and skilled in the management of Legionella), however, the premises only included one sink and a toilet, both of which were used on a regular basis and so did not require regularly monitoring and safety checks to be documented .
- A fire risk assessment had been completed. There was no fire alarm but the size of the building meant that if an evacuation was required, this could be completed safely within seconds. Fire extinguishers were available and were subject to an annual service, and this had last been completed in March 2022. The fire procedure was displayed in the waiting area. Staff were aware of the fire assembly point.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Regular checks were done to ensure portable electrical appliance testing (PAT) was safe, this had last been completed in July 2022. No equipment used for regulated activities required calibration.
- We found all consumable equipment we viewed to be in date.
- The provider carried out environmental risk assessments, which took into account the profile of people using the service. The provider had completed additional environment risk assessments in relation to the coronavirus pandemic relating to cleaning and infection control standards in-between patients.

Risks to patients

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

- There was an effective induction system for staff tailored to their role. We saw evidence of completed induction paperwork.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. A medical emergencies and unwell patient policy was available.
- The service held appropriate medicines to manage a medical emergency if this situation should arise. We observed that these were in date and accessible to staff.
- There was a defibrillator and we observed this was in working order. The provider told us this was checked but no log was kept to record these checks. The provider told us they would implement this with immediate effect. A log template was provided following our inspection.

Requires Improvement

Are services safe?

- No oxygen was available on site. Following our discussion with the provider they told us that they would order oxygen and ensure the cylinder was stored in accordance with health and safety guidance and be subject to regular checks. Following our inspection, we were provided with evidence that a contract for oxygen supply had been signed, and this would be delivered on site at the beginning of August 2022.
- We observed that staff had received appropriate immunisations for their roles.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

- We reviewed a sample of records of service-users who they had received a treatment covered under a CQC regulated activity. The care records we observed were fully completed and included necessary information to deliver safe care and treatment, for example past medical history. Patient notes included signed consent forms and prescribing information where appropriate. Notes included safety-netting information.
- We saw evidence of the service sharing information with other agencies, for example, the patient's NHS GP was informed of any pathology results after the removal of a skin tag, with the patient's consent.
- The service retained all patient records and kept them securely within the premises.
- The service was signed up to the Information Commissioner's Office for the storage of photographs within patient records.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines, storage systems for medicines kept people safe.

- The systems and arrangements for managing medicines and emergency medicines minimised risks. We found medicines were stored securely with access restricted to authorised individuals, including those medicines which required refrigeration.
- The provider kept limited stocks of medicines on site. There were medicines specifically for the treatment for skin conditions in terms of reducing swelling and inflammation or to tackle infection. We saw that all medicines on site were in date and were subject to checks for expiry dates and stock levels. These medicines were prescribed for immediate use and were dispensed and labelled with the patient's name, drug directions, quantity, and any special directions. We were told about the process for labelling medicines which were dispensed, however we were not able to see any completed evidence of this. The provider informed us they would consider scanning the dispensing label and attach to the patient's notes as best practice. One medicine was noted to be in stock from a pharmacy which was already labelled by the pharmacist for the patient to collect directly from the service.
- We reviewed some records for patients who had received treatment as part of a CQC regulated activity. This provided details of medicines that were used, prescribed or dispensed and what dose was given. Where local anaesthesia was administered, batch numbers and expiry dates were recorded in the patient record.
- We were informed that the service would not prescribe medicines requiring additional and ongoing monitoring.
- No controlled drugs were prescribed (controlled drugs are medicines which have additional controls due to their risk of misuse and dependence), and no unlicensed medicines were prescribed by the service.
- The service had a refrigerator to store medicines and creams but it was not a medical grade one, although it had both internal and external temperature probes. The service did not administer vaccines, and the refrigerator was used only for botulinum toxin injections and a few skin creams.

Requires Improvement

Are services safe?

- The service monitored refrigerator temperatures and we saw records to support this. The temperature had dipped slightly below 2 (the minimum range) on a few occasions, but was seen to be back in range at the next check. A reason for the proposed drop had been recorded. The refrigerator was PAT tested but there was no evidence of any other servicing. It was observed there was a build-up of ice at the top of the fridge but we were told this was cleaned regularly.

Lessons learned and improvements made

At the time of our inspection, there were systems in place for when things went wrong however no incidents had taken place.

- There was a policy for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents, however there had been no incidents relating to regulated activities at the time of our inspection.
- The provider was aware of the requirements of the Duty of Candour but had not had any occasions to implement it in terms of their regulated activities. However, we did see evidence that they adhered to this as observed in an event for a non-regulated procedure.
- For four significant events listed in 2022 relating to non-regulated activities, we were able to see that a process was in place to report incidents, review them, and apply any learning that transpired.
- At our previous inspection in 2021, the service was not receiving safety alerts or drug safety updates. At our inspection in July 2022, we saw that the service was now receiving medicines and medical devices safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), but not from the Central Alerting System (CAS) for general safety alerts and advice. Following our inspection in July 2022, the service sent us evidence that they had also signed up to receive CAS alerts.
- The policy for safety alerts stated that reception staff checked new alerts received and make a decision if these were forwarded onto the lead clinician. However, the doctor assured us that they did have oversight of all new alerts to ensure that no relevant alerts were missed.
- Although it was extremely rare that an alert would be relevant to this particular service, there was no evidence maintained of how a relevant alert was acted upon to ensure safety. The provider informed us they would develop a system to provide evidence of their compliance in this area.

Good

Are services effective?

At our previous inspection in 2021 we rated the service as inadequate for providing effective services. At our inspection in July 2022, we found that the service had addressed the areas of concerns related to the provision of effective services. We have therefore now rated the service as good for the key question of effective.

Effective needs assessment, care and treatment

The provider could evidence they had systems to keep clinicians up to date with current evidence-based practice.

- The provider was able to demonstrate how appropriate staff kept up to date with evidence-based practice.
- We saw that the doctor attended national and international conferences. They had been involved in research and had had several articles published in The Aesthetic Journal. In addition, the doctor was a member of a number of professional associations, and also led training courses, including international training on botulinum toxin.
- The provider assessed patients' immediate and ongoing needs.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to treat follow-up patients. For example, patients were reviewed four to six weeks post skin tag removal.

Monitoring care and treatment

The service was involved in some quality improvement activity.

- The service collected data annually on the number of appointments provided and also included complaints and patient satisfaction data, however it was not clear how this information helped to improve care.
- Documentation audits were undertaken regularly to assess the quality of service user records. This included adherence to record keeping standards, the recording of consent, details of previous medical history, and security arrangements for storing the record. Any issues identified were shared with the team to ensure ongoing improvements.
- With regards to the elements of the service covered by regulated activities, there was no defined ongoing audit schedule. When this was raised with the doctor, they designed an audit form for immediate introduction to collate a log of all minor surgery and pathology to enable an audit process. This included detailing the procedure undertaken, a working diagnosis, the date the sample was sent to pathology, the date the pathology report was received, confirmation of the diagnosis, and any actions requiring follow up.

Effective staffing

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

- The doctor was registered with the General Medical Council (GMC) and nurse was registered with the Nursing and Midwifery Council (NMC).
- Services covered by our regulated activities were solely provided by the doctor. If the doctor was away from work, staff continued to provide non-regulated activities but had access to either the doctor, nurse or registered manager by telephone.
- The provider had an induction programme for all newly appointed staff. We saw completed examples of induction forms.
- There was evidence that staff training as required by the provider was up to date. Copies of training certificates were kept on staff files.

Good

Are services effective?

- Staff reported they were encouraged and given opportunities to develop during appraisals. Staff had annual appraisals and we saw that these were up to date. The appraisal was used as an opportunity to ensure that all mandatory training had been completed for that year. The doctor had received their last annual appraisal in December 2021 via their designated body (the British College of Aesthetic Medicines).
- A staff handbook was available which listed all procedures required to be undertaken by staff in easy to follow points for reference.

Coordinating patient care and information sharing

Staff worked well with other organisations to deliver effective care and treatment.

- We saw that the service communicated with other health providers (such as the patient's GP) where it was appropriate to do so.
- With regards to skin tag removals, if there was any uncertainty about a potential adverse underlying pathology, the service-user was referred back to their own NHS GP.
- Referrals including appropriate patient information.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Where service-users' 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 in line with legislation and guidance.

- Records that we reviewed showed consent being obtained for every procedure the patient had received. The provider's consent form contained evidence of the risks and benefits of the care and treatment being provided. We saw evidence in the service-user records that risk factors were identified and discussed with individuals.
- Where appropriate, the service told us they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

We rated the service as good for providing caring services:

- Patient feedback was positive about their care and treatment experience.
- Staff were able to give examples of ways they have supported people within the clinic with additional needs.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on service user experience. We saw an example of the form used which was basic and did not provide any feedback on the actual clinical care received or the outcome achieved.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service 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.

- Information about treatments offered was available on the service's website and some leaflets were available on site to help patients understand and be involved in decisions about their care. However, there was no specific information available to provide any pre-procedure or follow up advice post-procedure for the removal of skin tags. The doctor took immediate action to address this, and following our inspection we were provided with a service-user advice leaflet for minor operations, both before and after the procedure.
- We noted patients' comments and feedback were positive regarding the way staff interacted with them.
- Staff told us interpretation services were available for patients who did not have English as a first language. The doctor was also able to speak several languages. Relatives could also attend to assist with translation where this was appropriate.

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.

Good

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

- The service was supportive of patients' needs and patients were able to access the service.
- There was information on how to complain available but at the time of our inspection, no complaints had been received about any of the services covered by CQC registration.

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 service-users.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, patients who had visual impairments would be supported to use the service and given additional time during appointments to ensure they were comfortable and given all necessary information. Information could be printed for them in larger font sizes if necessary.

Timely access to the service

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

- Patients had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised such as patients who may have reacted to previous treatments and needed to be reviewed by the doctor.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available. At the time of our inspection, no complaints had been received for any services covered by regulated activities. We saw that there had been one complaint in the last 12 months for a non-regulated activity and this did provide us with assurance that a system was in place.
- The service had a complaints policy and procedure in place. Complaints were logged so that an analysis of trends could be undertaken. However, as complaints were so rare, this was not possible at the time of our inspection.
- The service signposted service-users to the CQC if they wanted to raise any concerns about the service, but were clear that the CQC did not have a remit to investigate individual complaints.

Good

Are services well-led?

At our previous inspection in 2021 we rated the service as inadequate for providing well-led services. At our inspection in July 2022, we found that the service had addressed these concerns related to the provision of well-led services. Therefore the service is now rated the service as good for the key question of well-led.

Leadership capacity and capability

- The lead clinician was knowledgeable about issues and priorities relating to the quality and future of services.
- The doctor and registered manager had proactively addressed the concerns that had been raised during our previous inspection .
- The registered manager was an experienced nurse. Although they did not work on site, they provided some holiday cover and attended the site at least monthly to meet with the doctor and the rest of the team.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service had a clear vision and strategy to promote good outcomes for patients.

- There was a vision and a set of values which staff all worked towards.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Staff told us they could raise concerns and were encouraged to do so. There was a whistleblowing policy available for staff, however this did not include reference to the CQC.
- There were processes for providing all staff with the development they needed. This included annual appraisals and career development conversations.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between team members.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- There was an internal assurance framework supported by training, workplace risk assessments, meetings, comprehensive policies and procedures, and analysis of incidents and feedback.
- Since our previous inspection, a significant amount of work had been done to update policies and procedures. We found a set of relevant, appropriate and up to date policies which covered all aspects of the service. These were easily accessible to the team. We saw that staff had signed to indicate they had read all the policies and procedures.
- The doctor and registered manager were responsible for oversight and assurance processes.

Good

Are services well-led?

Managing risks, issues and performance

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

- The process to identify, understand, monitor and address current and future risks to patient safety were mostly effective.
- Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- The provider had a business continuity plan in place, and staff could tell us how they would deal with major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There was evidence that quality and sustainability were reviewed by managers.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability and confidentiality of patient identifiable records.

Engagement with patients, the public, staff and external partners

- The service encouraged and heard views and concerns from patients.
- A staff meeting took place on a monthly basis. Staff were given opportunities to give feedback and staff reported they felt confident to do this.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- At the time of our inspection the service had not received any complaints or had any incidents in respect of the services covered by CQC registration, although we saw that there was a process in place to learn from adverse events and complaints.
- We saw some evidence of systems to improve and impact on quality of care and outcomes for patients, although those related to regulated activities were to be further developed.

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
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service did not have effective infection prevention and control oversight supported by appropriate audit and follow up actions. • The environment required reassessment to ensure better compliance with current infection control best practice (acknowledging the limitations imposed by the accommodation). This needs to be supported with updated cleaning schedules. • The infection prevention and control policy must include the named infection prevention and control lead, training requirements of staff, and specific requirements for higher risk procedures, such as minor surgery. • A medical grade refrigerator should be provided for any medicines requiring refrigeration. This should be subject to annual servicing and calibration checks. • The provider must be able to evidence how it has acted upon relevant safety alerts.