Hulbert Estates Limited

St Albans Medical Centre

Inspection report

11 London Road
St Albans
Hertfordshire
AL1 1LA
Tel: 01727 812925
Website: www.stalbansmedicalcentre.com

Date of inspection visit: 16/10/2018
Date of publication: 06/12/2018

Overall summary

We carried out an announced comprehensive inspection on 16 October 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 not 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

St Albans Medical Centre is a privately run medical centre which specialises in the diagnosis of visual impairments such as Cataracts and Glaucoma. The centre carries out some treatments such as the insertion of punctal plugs. (A punctal plug is a small medical device that is inserted into the tear duct of an eye to block the duct. This prevents the drainage of liquid from the eye. They are used to treat dry eyes). The centre does not carry out any other treatment on site and will refer people to hospitals in London for treatment, which is carried out by the centre's Consultant Ophthalmic Surgeon. St Albans Medical Centre is primarily used to carry out the diagnosis, pre-operative consultation and after care for people.

The Consultant Ophthalmologist Surgeon 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

We received 26 completed CQC comment cards. All the completed cards indicated that patients were treated with kindness and respect. Staff were described as caring and professional. In addition, comment cards described the environment as clean and tidy.

Our key findings were:

- The service did not have adequate systems to manage risk so that safety incidents were less likely to happen. The service was unable to demonstrate how they learned from incidents and complaints and improve their processes.
- The service did not have comprehensive systems in place to keep people safe and safeguarded from abuse.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure specified information is available regarding each person employed.

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

There were areas where the provider could make improvements and should:

- Review medicines stock control procedures to ensure medical consumables are available and within the expiry date recommended by the manufacturers.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

St Albans Medical Centre

Detailed findings

Background to this inspection

- St Albans Medical Centre is provided by Hulbert Estates Limited. The registered manager of the service is M Hulbert. 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.
- The address of the service is St Albans Medical Centre, The White House, 11 London Road, St Albans, Hertfordshire, AL1 1LA.
- The telephone number is 01727 812925 and the website address is www.stalbansmedicalcentre.com
- The service is registered with the CQC to provide the following regulated activities:
- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.
- St Albans Medical Centre opened in 2010 and is a privately run medical centre which specialises in the diagnosis of visual impairments such as Cataracts and Glaucoma. The centre carries out some treatments such as the insertion of puncture plugs. The centre does not carry out any other treatment on site and will refer people to hospitals in London for treatment, which is carried out by the centre's Consultant Ophthalmic Surgeon. St Albans Medical Centre is primarily used to carry out the diagnosis, pre-operative consultation and after care for people.
- The service provides care and treatment to approximately 10 patients a week. The service is open three days a week from 9am to 5pm.
- The service employs one medical secretary who works three days a week. All consultations are provided on the ground floor, step-free access is not available. The building consists of three floors and provides rental space to a number of services. The centre's reception area is managed by staff employed by a beauty and spa clinic which is also based in the premises. A sports massage service is provided from the premises along with services from two private GPs. One of the private GPs offers holistic care which includes women's health, mental health, sexual health screening, well-being health checks and same day referrals. The second private GP provides Homeopathic services. (Homeopathy is a complementary or alternative medicine (CAM). This means that homeopathy is different from treatments that are part of conventional Western medicine. Homeopathy is used for a wide range of health conditions). At the time of inspection, the medical centre advertised the services provided by two GPs. However, shortly after our inspection the service took the decision to remove the details of these services from their website.

Our inspection was carried out on 16 October 2018 and was led by a CQC lead inspector and included a GP specialist adviser.

Prior to the inspection we had asked for information from the provider regarding the service they provide.

During our visit we:

- Spoke with the Consultant Ophthalmic Surgeon and a business manager employed by the provider.
- Reviewed the personal care or treatment records of patients.
- Reviewed 26 CQC comment cards where patients and members of the public share their views and experiences of the service.
- Reviewed patient feedback from a patient survey undertaken by the centre and comments received online.

Detailed findings

- Reviewed documents and systems.
- Spoke with the two GPs providing services at the medical centre, shortly after our 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.

Are services safe?

Our findings

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

- The service had not considered the risks in not having emergency equipment or medicines available and did not have a documented risk assessment in place.
- Clinical equipment was not routinely checked to ensure it was working properly.
- The service was unable to demonstrate how some risks relating to fire safety, Legionella and COSHH were being monitored and managed.
- The service did not have a clear documented system for recording and acting on safety alerts and significant events.
- The service did not have an adequate system in place to ensure relevant medical consumables were available and within the expiry date recommended by the manufacturers.

Safety systems and processes

The service did not have systems in some areas to keep people safe and safeguarded from abuse.

- Staff received safety information from the service as part of their induction. The service had a safeguarding adults policy in place which clearly outlined who to go to for further guidance. The service lead had undertaken safeguarding adults training in 2017. However, the medical secretary had not undertaken any safeguarding training and the service lead had not completed safeguarding children training. The service did not have a safeguarding children policy in place. Shortly after our inspection, the service told us that staff were in the process of completing training relevant to their roles, including safeguarding training.
- The provider carried out some staff checks at the time of recruitment. However, during our inspection we found a non-clinical staff member's personnel file which did not include documentary evidence of appropriate recruitment checks. For example, employment history, references, qualifications or training.
- Disclosure and Barring Service (DBS) checks were undertaken. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff who acted as chaperones had received a DBS check. However, there was no evidence to demonstrate staff members who acted as chaperones, had been trained for the role.
- The provider had safety policies, however these policies had not been reviewed since they had been created in 2012. We found the premises to be visibly clean and tidy. However, the provider was unable to demonstrate how infection prevention and control was monitored. The service told us that an external cleaning contractor cleaned the medical centre twice weekly, however the service did not have any documented cleaning schedules in place to demonstrate this. The provider did not have a system in place to ensure clinical equipment was cleaned and the provider had not previously undertaken an infection prevention and control audit of the premises. Spillage kits were not available at the premises. Shortly after our inspection, the service told us that they were now in the process of reviewing their policies and improving their management of infection prevention and control systems and processes.
- The provider had not taken any steps to provide assurance on water safety through a Legionella risk assessment or regular water checks. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Shortly after our inspection, the service told us that staff were in the process of arranging this.
- The provider ensured electrical equipment was regularly tested according to manufacturer's instructions to ensure the equipment was safe to use. However, the provider was unable to demonstrate how clinical equipment was checked to ensure it was working properly. The service had a sphygmomanometer which contained mercury, this equipment had not been checked to ensure it was working properly. The service had not considered the risk of exposure to mercury in the event of a leak or damage and did not have a spillage kit in place for this instrument (a sphygmomanometer is used for measuring blood pressure). Shortly after our inspection, the service told us that they had replaced this equipment.
- There were systems for safely managing healthcare waste.

Risks to patients

Are services safe?

There were not systems in some areas to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and the staff employed by the medical centre were suitably trained in emergency evacuation procedures. However, the provider did not ensure staff received Basic Life Support training on a regular basis. The service stocked a range of eye drops used for diagnostic and treatment purposes. However, at the time of inspection, the service did not stock emergency medicines. Emergency equipment such as oxygen and a defibrillator were not available at the centre. Although the service did not provide surgery, the provider had not considered the risks in not having emergency equipment available and did not have a documented risk assessment in place. Shortly after our inspection, the service told us that they had ordered an anaphylaxis kit and sent us a risk assessment in relation to emergency equipment. During our inspection we found the first aid kit had passed its expiry date.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with DHSC guidance (Department of Health and Social Care).
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines minimised risks. Medicines were kept safely and were in date. However, during our inspection we found medical consumables, such as gloves, syringes and dressings had passed their expiry dates.
- The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this.

Track record on safety

The service did not have sufficient safety systems in place.

- The service had a health and safety risk assessment in place. However, the service did not have risk assessments in relation to fire safety, Legionella and COSHH (Control of Substances Hazardous to Health).
- The service had adequate fire safety equipment in place and all equipment had been serviced on a regular basis. However, the service did not have documented evidence in place to demonstrate regular fire alarm checks and fire drills were in place. The service did not have evidence of fire safety training for staff and the fire evacuation point was not clearly displayed at the centre. Shortly after our inspection, the service told us that staff were in the process of addressing all of the requirements relating to fire safety.
- Staff told us that they had acted on and learned from external safety events as well as patient and medicine safety alerts. However, at the time of inspection, the service was unable to demonstrate how they received and acted on safety alerts and did not maintain records of this. Shortly after our inspection, the service provided us with evidence to confirm that they now had a system in place to receive and act on safety alerts. The service identified two alerts which were relevant to the service and provided us with evidence to confirm that both of these alerts had been reviewed.

Lessons learned and improvements made

The service did not have adequate systems in place to demonstrate how they learned and made improvements when things went wrong.

Are services safe?

- The service did not have a clear documented system for recording and acting on significant events. Staff were unable to demonstrate how they identified, learned and improved following significant events. The service had not previously identified or recorded any significant events at the medical centre.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations because:

- When providing care and treatment to children and young people, staff did not carry out assessments on capacity to consent in line with relevant guidance.
- The service did not have an effective system in place to ensure all staff members completed essential training relevant to their roles.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance, relevant to their service.

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the Royal College of Ophthalmologists best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, the Consultant Ophthalmic Surgeon had completed an audit of patients who had received cataract surgery by the surgeon at a private hospital. This audit included an analysis of the patient's visual acuity post-surgery and the patients unaided vision. Feedback from patients had also been recorded.

Effective staffing

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

- All clinical staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. However, the provider did not have any evidence of qualifications for a non-clinical staff member. The clinical lead did not have a record of completing safeguarding children training.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider was unable to demonstrate that they understood the learning needs of staff. The provider did not have up to date records of skills and training for a non-clinical staff member.
- All staff had received an appraisal within the previous 12 months.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- We saw evidence of patient assessments documented in clinical records. This included care assessments, details of examinations carried out, symptoms and details of ongoing care agreed with the patient.
- There were clear arrangements for making referrals to other services. The service always recommended information exchange with each patient's NHS GP in keeping with the guidelines in Good Medical Practice highlighted by the GMC.
- The service ensured sharing of information with other providers such as NHS GP services and general hospital services where necessary and with the consent of each patient.
- Before providing treatment, the clinician at the service ensured 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), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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. Staff also provided patients with information and advice on healthy living.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' 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 did not always obtain consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making for adults. The service used consent forms for care and treatment for children and young people. However, when providing care and treatment for children and young people, staff did not carry out assessments on capacity to consent in line with relevant guidance. The identity of a child was not routinely checked prior to treatment. Additionally, the provider did not have a system in place to check that the consenting parent or guardian had legal parental responsibility.
- The provider offered full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments.

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.

- 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-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.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- We noted that conversations taking place in the consultation rooms could not be overheard.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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 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, the service undertook a patient survey over a one month period bi-annually. Feedback from patients had resulted in the service allocating more time for patient consultations. Consultations had been increased from 20 minutes to 30 minutes.
- The facilities and premises were appropriate for the services delivered. The service had applied to the local authority to install an entrance ramp in order to improve access. However, this had been denied due to the premises being a listed building. The provider was planning on installing a hand rail in order to aide patients attending the centre.

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.
- Patients commented that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service told us that they took complaints and concerns seriously. However, the complaint process required strengthening.

- Information about how to make a complaint or raise concerns was not available in the centre or on the website.
- The service had not recorded any patient complaints. The service had a complaints policy and procedure in place. However, this policy had not been reviewed since 2012 and required updating.
- The service did have systems in place to obtain patient feedback and took action in response to this information.

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 care in accordance with the relevant regulations because:

- The service did not have adequate systems in place to ensure recruitment checks such as employment history, references and qualifications were in place for all staff members.
- Not all policies and procedures were documented and policies were not up-to-date.
- The service did not have adequate systems in place to ensure infection prevention and control was monitored and managed.
- The provider did not have an adequate complaints process in place.
- The service did not routinely check the legal parental responsibility when providing care and treatment to children and young people.
- The service did not have a business continuity plan in place for major incidents such as power failure or building damage.

Leadership capacity and capability;

We found significant flaws in the leadership and governance of this service.

- Leaders were unable to demonstrate adequate knowledge about issues and priorities relating to the quality of the services provided.
- Leaders were visible and approachable and 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 deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a vision which was to provide a patient-centred and bespoke eye care service.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff felt respected, supported and valued.
- The service focused on the needs of patients.
- The service was unable to demonstrate openness, honesty and transparency when dealing with incidents and complaints. The provide had no records of complaints or incidents and did not have a documented process in place for the management of significant events.
- Staff we spoke with told us they were able to raise concerns and they had confidence that these would be addressed.
- There were some processes for providing staff with the development they needed. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- The service actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff members.

Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective.
- Leaders had not established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- During our inspection we found systemic weaknesses in governance arrangements and systems and processes. For example, the service did not have;
- Effective systems to ensure safety alerts were regularly reviewed and acted on. Documented processes or evidence of identifying, learning and improving from significant events. An up-to-date complaints policy or information about how to make a complaint available to patients.
- Evidence of essential training relevant to individual roles. Such as safeguarding children, chaperoning and fire safety. Documented evidence of appropriate recruitment checks.
- A clear system in place to ensure medical consumables were in-date and checks on clinical equipment to ensure they were working properly.

Are services well-led?

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

- Effective systems to assess capacity when providing care and treatment to children and young people. A process of checking the identity of children prior to treatment and a system to check that the consenting parent or guardian had legal responsibility.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There was not an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service did not stock emergency medicines or emergency equipment such as oxygen and a defibrillator, and had not considered the risks sufficiently in relation to this.
- The service did not have a business continuity plan in place for major incidents such as power failure or building damage. Shortly after our inspection, the service told us that staff were in the process of completing this.
- Staff were unable to demonstrate how Infection prevention and control was monitored.
- The provider had not considered the risks in relation to fire safety, Legionella and COSHH. There was no evidence of fire safety training, fire drills or testing of the fire alarms.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to monitor performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The public's, patient's, staff and external partner's views and concerns were encouraged, heard and acted on to shape services and culture. For example, the service undertook a patient survey and had received 35 responses between June and July 2018. The results showed that patients rated the service highly and described staff as friendly, helpful and professional.
- Staff were able to describe to us the systems in place to give feedback. Feedback forms were collected following consultations and the service responded to patient feedback.

Continuous improvement and innovation

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

- The service was unable to demonstrate how they focused on continuous learning and improvement.
- There was no evidence of internal and external reviews of incidents and complaints. There was no evidence of learning being shared or used to make improvements.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. **How the regulation was not being met:** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The provider had not considered the risks in not having emergency equipment available and did not have a documented risk assessment in place. The provider did not ensure staff received Basic Life Support training on a regular basis. The provider was unable to demonstrate how clinical equipment was checked to ensure it was working properly. The service did not have risk assessments in relation to fire safety, Legionella and COSHH and was unable to demonstrate how these areas of risk were being monitored and managed. The service did not have documented evidence in place to demonstrate regular fire alarm checks and fire drills were in place. The service did not have evidence of fire safety training. At the time of inspection, the service was unable to demonstrate how they received and acted on safety alerts and did not maintain records of this. The service did not have a clear documented system for recording and acting on significant events. Staff were unable to demonstrate how they identified, learned and improved from significant events. When providing care and treatment to children and young people, staff did not carry out assessments on

This section is primarily information for the provider

Requirement notices

capacity to consent in accordance with relevant guidance. The provider did not have systems and processes in place to ensure the identity of a child was routinely checked prior to treatment and the consenting parent or guardian had legal parental responsibility.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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. **How the regulation was not being met:** 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: Not all policies and procedures were documented and policies had not been reviewed and were not up-to-date. The provider did not have an effective system in place to ensure all staff members completed essential training relevant to their roles. The provider was unable to demonstrate how infection prevention and control was monitored. The provider did not have an adequate complaints process in place. Information about how to make a complaint or raise concerns was not available in the centre or on the website. The complaints policy and procedure was not up-to-date. The service did not have a business continuity plan in place for major incidents such as power failure or building damage.

This section is primarily information for the provider

Requirement notices

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Fit and proper persons employed. **How the regulation was not being met** The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: The provider did not have adequate systems in place to ensure recruitment checks such as employment history, references and qualifications were in place for all staff members. This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.