Solutions 4 Health- Hereford

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	Requires Improvement
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?	Requires Improvement

Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Solutions 4 Health- Hereford. We carried out an announced comprehensive inspection at Solutions 4 Health Hereford as part of our inspection programme.

Solutions 4 Health is a level three consultant lead sexual health service, which provides screening and diagnostic services for sexual health related conditions, it provides treatment for conditions and a variety of contraception including long acting preventative contraception or (LARC) and pre-exposure prophylaxis (PrEP). This is a medicine taken to prevent contracting HIV.

The Director of Public Health & Lifestyle Services 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.

29 people provided feedback about the service, this was obtained through Solutions 4 Health comment cards and online reviews which were completed by patients who accessed the service. The feedback was positive about the treatment and care they received and with many complimenting the caring nature of the staff and many stating that they were very likely to recommend Solutions 4 Health to others.

Our key findings were

We based our judgement of the quality of care at this service on a combination of:

• what we found when we inspected

• information from our ongoing monitoring of data about services and

• information from the provider, patients, the public and other organisations.

At this inspection we found:

Overall summary

- Leaders had established policies, procedures and activities to ensure safe running of the service; however these were not effective or operating as intended. This was evident across systems for monitoring the storage of vaccines, emergency medicines and consultation equipment including test strips and items used for examination.
- The provider did not have detailed fire plans in place to ensure the safe evacuation of the building in the case of an emergency, we also found that fire evacuation drills were not being carried out.
- Patients and staff were at risk of harm as systems were not in place or practised to ensure risk was effectively mitigated.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Explore systems to ensure all environmental risks were being reviewed and mitigated.

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

Name of signatory

Deputy Chief Inspector of Hospitals (area of responsibility)

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a second CQC inspector and a CQC specialist adviser.

Background to Solutions 4 Health- Hereford

Solutions 4 Health is a Consultant led Level three sexual health service offering clinics both to prevent and treat sexual health related conditions, as well as offering various forms of contraception including long acting preventative contraception.

The service is registered for Diagnostic and Screening Procedures, Family Planning and Treatment of Disease, Disorder or Injury.

The service was set up in 2019 and also works with the community to offer sexual health services and it's uptake treating both children and adults. Patients can access the service either in person or via virtual or telephone, they may then need to be seen face to face. Services are provided to approximately 5,200 patients a year.

The service is open 9am-5pm Monday & Wednesdays, 9am-7pm Tuesday & Thursdays and 9am-1pm on Fridays. Phone lines are manned until 5pm on a Tuesday and Thursday.

How we inspected this service

Before the inspection we reviewed information and intelligence held by CQC, we also spoke with the manager and requested and reviewed documentation sent by the service.

An on site comprehensive inspection was completed at Solutions 4 Health Hereford and whilst on site we interviewed staff, reviewed documentation and inspected the premises and equipment.

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?

We rated safe as Requires improvement because:

During our inspection, we found that monitoring systems in place for the monitoring of emergency medicines, storage of medication, and emergency equipment used for basic life support were ineffective. We observed that a specific emergency medicine associated with fitting coils and minor surgery was out of date as well as oxygen masks used during basic life support in case of a life threatening emergency. This meant that the practice were unable to demonstrate that arrangements to enable appropriate actions in the event of a medical emergency were safe and effective.

Legionella checks were not being completed as outlined in the providers policy leading to increased risk of infection from legionella to both patients and staff using on site water supply.

Although we saw evidence that the provider had environmental checks in place, there was no evidence that the provider had considered risks to patients with limited mobility or disabilities, most notably how to effectively evacuate the building in case of a fire. The provider explained that patients with limited mobility or a disability which may impair evacuation are identified and seen within one of the ground floor clinical rooms. Following our inspection, the provider submitted a morning checklist and explained that morning checks included determining the flow of patients and identifying patients who have been triaged and require ground floor clinic room access.

Risks associated with window blinds with looped cords had not been identified or mitigated. Following our inspection, the provider informed us the risk assessment had been updated and loop cord fasteners have been fitted to walls in every room.

Safety systems and processes

The service did have effective systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- Referrals were made appropriately in order to safeguard individuals from concerns surrounding their safety and wellbeing.
- The service had systems in place to ensure that children could access care under the Gillick competency test and Fraser guidelines; these are tests and guidelines used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. The Fraser guidelines apply specifically to advice and treatment about contraception and sexual health. The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

Requires Improvement

Are services safe?

- Records for recording fridge temperate checks were outside of recommended range and we saw that temperate checks were noted as an action in their legionella risk assessment; but this action had not been implemented. Equipment and facilities had been serviced and maintained according to manufacturers' instructions. Systems were in place for safely managing healthcare waste.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were not routinely effective.

- There were some systems in place to effectively manage infection prevention and control. However, gaps were noted in the evidence to support effective management of risk associated with legionella. Legionella is a term for a particular bacteria which can contaminate water systems in buildings.
- Although we saw some evidence to demonstrate that the service had formally assessed environmental risks and those associated with the premises, there was no evidence to assure us that the service had considered accessibility risks for patients with mobility issues, including wheelchair users and for patients with a disability. For instance, the service did not establish clear procedures for evacuating the building in the event of a fire. Following our inspection, the provider submitted a completed service and maintenance log which detailed fire alarm checks had been completed.
- We observed that there was no emergency pull cord in the ground floor patient toilet and at the time of our inspection, risk had not been formally assessed in the absence of this. In addition, the service did not consider risk associated with unsecured looped cords attached to blinds on some of the windows in the premises within their formal risk assessment. Following our inspection, the provider told us they had installed an alarm system in the disabled access bathroom to mitigate potential risk.
- Shortly after the inspection took place the service manager informed us that they had formally assessed the additional risks associated with the premises and had made plans to install an emergency pull cord in the ground floor patient toilet as well as secured looped cords for blinds.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood how to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- We observed that a specific emergency medicine associated with fitting coils and minor surgery was out of date. In addition, specific blood glucose monitoring equipment (test strips) were also out of date.
- Although we noted that the service had access to oxygen in the event of a medical emergency, we noted that some masks were out of 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.

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 Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

Requires Improvement

Are services safe?

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

We found that vaccines were being stored in vaccination fridges. However, temperature logs showed various occasions where vaccination fridge temperature were outside the recommended range. This indicated that vaccines were not routinely stored in line with manufacture's recommendations. There was no records demonstrating that these incidents had been formally reported or investigated in line with guidance from Public Health England (PHE).

- On the day of our inspection, we found that clinical staff had prescribed a specific medicine without signing the relevant Patient Group Direction (PGD). PGDs are a written instructions' for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Following our inspection, the provider explained that PGD's were now signed and documented in patients notes.

Track record on safety and incidents

The service had a good safety record.

- The service monitored and reviewed safety alerts. This allowed the service to respond to safety concerns and to propose safety improvements.

Lessons learned and improvements made

The practice operated a system for recording and acting on most significant events

There was a system for recording and acting on most significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- There were adequate systems for reviewing and investigating when most things went wrong. Where issues were identified by the service they learned and shared lessons and took action to improve safety in the service. For example, we saw evidence of a significant event pertaining to incorrect storage of test samples which lead to them being unusable. In response to this, an additional check was put in place aiming to reduce the likelihood of this occurring again. The provider complied with the requirements of Duty of Candour through openness by notifying those involved and discussing the issue, offering any support , truthful information and how to complaint if they wished.
- We saw that changes in guidance following safety alerts were acted upon and there was an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

We rated effective as Good because:

All staff were appropriately qualified and trained to ensure that Patients' immediate and ongoing needs were fully assessed, with the ability to obtain sufficient information to make or confirm a diagnosis. Where appropriate this included their clinical needs as well as mental and physical wellbeing.

Consent was sought where required and advice was given to patients to maintain self care, additional risk factors were identified with signposting to other services such as stop smoking.

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)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patient records were kept confidentially, this allowed service to review the effectiveness of their treatment and offer an alternative method.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service identified that wart treatment was not as effective as it could be and often required multiple treatments. The service began using a new method of treatment in response to these findings and although unable to verify if the new treatment was effective, we were told that there were less follow up appointments for the same condition.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However formal clinical supervision was not routinely being carried out.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- Staff were encouraged and given opportunities for development, we saw evidence of staff members who were provided access to training to carry out other roles.
- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities for development.
- There were processes for providing all staff with the time they needed to carry out additional training. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation

where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work. Whilst staff were given protected time for professional development and to reflect on their work we found areas where some clinical staff had not received formal support or clinical supervision.

Coordinating patient care and information sharing

Staff worked together, and worked well 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.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We were informed that patients were being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation with their GP if concerns over patients health was observed during consultation.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse.
- The provider coordinated with other services to deliver care and treatment for patients in vulnerable circumstances such as those referred by sexual assault referral centres.
- Where applicable and after obtaining consent, 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. Staff were encouraged to follow up with patients with ongoing monitoring to review effectiveness.
- The service monitored the process for seeking consent appropriately.

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.
- Risk factors were identified, highlighted to patients with signposting and advice given in relation to the risk, for example information was offered help patients with healthy lifestyle choices.
- 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 obtained 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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

We rated caring as Good because:

Staff told us that they were able to provide support services to people who may require additional support such as interpreters for non-English speaking patients. The service worked with both patients and services to enable patients with learning disabilities, complex social needs and family carers to access their services.

Staff understood and aimed to treat people with dignity and respect. Comment cards regarding the service showed high levels of satisfaction.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service had processes in place to seek feedback and quality of care patients received.
- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-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.

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- 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.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The provider explained where at risk patients were identified they were offered vaccines to prevent patients contracting HIV.

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 responsive as Good because:

Patient appointments were prioritised to ensure that those with the most urgent needs were seen within a timely manner. Alternative arrangements had been made to allow for people to access care without the need for face to face appointments where appropriate.

Patients were offered the chance to complain and information on how to make a complaint if desired.

Responding to and meeting people's needs

The service was mostly organised and delivered services to meet patients' needs.

- During the pandemic and times of lockdown when face to face appointments were not always available the provider developed systems and strategies to ensure that tests were still made available to patients, some being available via post or by short visits after telephone triage.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services.

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.
- The service offered online services to allow for home testing where applicable and phone triage which reduced time required during face to face consultations.

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.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them in the event that they were unsatisfied with the response to their complaint.
- The service had complaint policy and procedures in place. No complaints were on record at the time of inspection however, the service did have a formal procedure in place which staff were aware of in order to deal with complaints.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

Plans to mitigate risks relating to safe evacuation in the event of a fire and completion of environmental risk assessment and management plans had not been completed in their entirety.

Leaders had established policies, procedures and activities to ensure safe running of the service, however they were not assuring themselves processes were operating as intended. This was evident across systems for monitoring the storage of vaccines, emergency medicines and consultation equipment including test strips and items used for examination.

Despite having a governance structure in place lines of accountability between the provider and local leaders were not routinely clear, this meant that potential areas for development were not identified and barriers to effective leadership remained in place. This meant that leaders at provider level remained unaware of governance issues which impacted on the delivery of safe services.

Leadership capacity and capability;

Leaders did not effectively demonstrate how they used their capacity and skills to deliver high-quality, sustainable care.

- Leaders at the service were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. However, oversight of some governance arrangements were not managed effectively, and the provider did not demonstrate how oversight was being monitored.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values in place. The service had a strategy and supporting business plans to achieve priorities. Staff were very passionate about the service, however they told us that they felt very busy and often spent more time working than they were contracted for. Patient care did not appear to be compromised, however increased pressure was reported when staff were unavailable, often having to cover each others shifts
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality care.

- Staff at the service felt respected, supported and valued. They were proud to work for the service, but reported staff pressures which were amplified if there were unexpected absences. Whilst this was reported by staff, there were processes in place where staff in other roles would offer support such as clinical staff supporting with administration related roles.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Requires Improvement

Are services well-led?

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was an emphasis on the safety and well-being of all staff at local level.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

There were areas where lines of responsibility, roles and systems of accountability to support good governance and management were not clear.

- Oversight of systems for monitoring that Patient Group Direction (PGD's) were being signed by clinical staff was not operated effectively.
- Although we saw evidence of annual appraisals which included career development conversations, some clinical staff we spoke with were not receiving formal clinical supervision.
- Although staff were clear on their roles and accountabilities at local level, it was not clear how the provider worked with local leaders in order to respond to pressures on staff workload.
- Leaders had established policies, procedures and activities to ensure safety but were not assuring themselves that they were operating as intended. This was evident across systems for monitoring the storage of vaccines, emergency medicines and consultation equipment including test strips and items used for examination.
- The service used performance information which was reported and monitored and management and staff were informed during meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were areas where clarity around processes for managing risks, issues and performance were not entirely clear.

- The provider did not have detailed plans in place in case of a major incident requiring people to evacuate the building. We found that oversight to ensure management of fire drills and fire alarm checks where not effective on the day of inspection. Following our inspection, the provider submitted a completed service and maintenance log which showed that fire alarm checks had been completed.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts and complaints, however did not demonstrate effective oversight of incidents as we found incidents relating to vaccination fridge temperatures had not been recorded.
- Clinical audits had identified an areas for improvement, and staff had implemented changes as a response. However the service did not review changes to identify whether changes had a positive impact on care and outcomes for patients.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Requires Improvement

Are services well-led?

- Quality and operational information was collected, the information was then used to effect change with the aim to improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners. We saw evidence of positive feedback from patients with action taken to shape services and culture. The service had implemented changes based on feedback, this included access to leaflets in different languages and pre-exposure prophylaxis (PrEP) clinics were available at the service. PrEP is medicine people at risk for HIV take to prevent getting HIV from sex or injection drug use.
- Staff could describe systems in place to give feedback. Staff explained that they were confident in speaking with senior staff members if they had a concern or wished to provide feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. For example staff explained changes made to improve the effectiveness of wart treatment.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- Where issues were identified by the provider there was evidence of leaning learning and improvement.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- The service manager encouraged staff to take time out to review individual and team objectives, processes and performance.

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 Family planning services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular • Where risks were identified the provider did not introduce control measures to mitigate identified risk relating to fire safety and the management of legionella. • The provider did not do all that was reasonably practicable to ensure effective oversight of systems for identifying when emergency medicines and equipment stored at the practice were outside manufacturers expiry date. • Where safety was being compromised, the provider did not operate a system to respond appropriately and without delay. • The provider did not evidence that action had been taken when vaccination fridge temperatures fell outside of its manufacturers range for safe storage for medicines. There was additional evidence of poor governance in particular. • The provider did not do all that was reasonably practicable to ensure oversight of legal frameworks that allows some registered health professionals to supply and/or administer specified medicines were signed. • The provider did not do all that was reasonably practicable to ensure records relating to people employed included information to evidence the formal clinical supervision were being carried out.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.