Qualified Circumcision Clinic

Inspection report

2 Stoney Stanton Road
Coventry
West Midlands
CV1 4FS

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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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good **overall.**

The key questions are rated as:

Are services safe? – Good Are services effective? – Good Are services caring? – Good Are services responsive? – Good Are services well-led? – Good

We carried out an announced comprehensive inspection at Qualified Circumcision Clinic as part of our inspection programme, and to give a rating.

The service provides circumcision to children and adults for both therapeutic and non-therapeutic reasons and carries out post procedural reviews of patients who have undergone circumcision at the clinic.

Mr Altaf Mangera 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.

On the day of inspection, we spoke directly with members of one family in order to gather their views of the service. We also received seven comment cards from people who had used the service. All these comment cards were positive about the care and treatment received. Comments included the quality of pre and post-operative information provided. We were also able to view results of the provider's own survey. This survey showed high levels of satisfaction.

Our key findings were :

- The service was offered on a private, fee paying basis only and was accessible to people who chose to use it.
- Circumcision procedures were safely managed and there were effective levels of patient support and aftercare.
- The service had procedures in place regarding consent. We saw that 100% of records examined showed that they had obtained consent from both parents in the event that the circumcision was carried out on a child. We were told that changes had been made to the consent policy recently following the recent inspection. Staff we spoke with had been informed of the change and we saw evidence of the change in practice on the day of inspection, both in the policy documents and observing staff verifying identification on arrival.
- There were systems, processes and practices in place to safeguard patients from abuse. Staff had undertaken child safeguarding training to the level outlined in national guidance and we saw documentary evidence to confirm this.
- The service communicated with the GP service which patients were registered with via letters sent post-procedure. This correspondence notified the GP of the procedure, and contained information and advice on supporting the recovery process, including advice on prescribing antibiotics
- The service had developed materials for parents and or patients which explained the procedure and outlined clearly the recovery process.
- The service operated a 24-hour advice line which allowed service users to contact them with any concerns post-procedure.
- Some quality improvement activity was undertaken. However, this was limited to logging retrospective complications which were raised by service users, and via an in-house satisfaction survey which was sent to a proportion of those who had used the service.
- The provider corresponded with the building manager responsible for the site from which the service operated and gained assurance through this that necessary checks and controls for health, safety and welfare purposes had been carried out and monitored.
- There was a clear leadership structure. To give added oversight the service had established a governance board which examined key decisions and areas of work such as changes in practice, and complaints and incidents.

Overall summary

- Staff personnel files were kept by the provider and we saw evidence of the recruitment process including references and photographic identification. Training records were in place and all training had been undertaken appropriate to the staff members role.
- The service valued feedback from service users. Comments and feedback for the clinic showed high satisfaction rates.
- Communication between staff was effective and we saw that meetings and post- sessional debriefings were being held.

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

Our inspection team

Our inspection team was led by a CQC lead inspector supported by a GP specialist advisor**.**

Background to Qualified Circumcision Clinic

Mr Altaf Mangera operates as an independent circumcision provider and is registered at 93 Wilkinson Street, Sheffield, South Yorkshire, S10 2GJ. The provider operates as the Qualified Circumcision Clinic and delivers services from locations in Sheffield and Coventry. The service based in Coventry operates from accommodation within the City of Coventry Health Centre, 2 Stoney Stanton Road, Coventry, West Midlands CV1 4FS.

The service provides circumcision to children and adults for therapeutic and non-therapeutic reasons under local anaesthetic and carries out post procedural reviews and revisions of patients who have undergone circumcision at the clinic. The majority of circumcisions carried out by the clinic were on children under one year of age, although older children and adults also used the service. The service is registered with the Care Quality Commission for the provision of Surgical procedures and the Treatment of disease, disorder or injury.

The City of Coventry Health Centre where the Coventry service is hosted is a newly converted and modernised multi use health facility just outside Coventry city centre. It is easily accessible for those bringing children or young people to the clinic, or for those with mobility issues, for example it has level floor surfaces, automatic doors and parking is available along with good public transport links.

The Qualified Circumcision Clinic utilises two clinical rooms on the ground floor of the building for the delivery of services, one for surgical procedures and another for ancillary areas such as a waiting area and toilets.

The service is operated by a single named provider, and procedures are undertaken by the provider (male) who is a qualified and a registered urologist. Other staff working at the clinic includes a clinical support worker (female) and a receptionist (female).

The Coventry based service provides appointments monthly on Saturdays and occasional Sundays dependent on patient demand.

The service has a web site www.qcclinic.co.uk

How we inspected this service

During our inspection we:

- Looked at the systems in place relating to safety and governance of the service.
- Viewed a number of key policies and procedures.
- Explored clinical oversight and how decisions were made.
- Spoke with staff.
- Reviewed CQC comment cards where patients shared their views and experiences and spoke with parents of children who used the service.
- Reviewed in-house service user survey feedback.
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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.

Good

Are services safe?

We rated safe as Good because:

- Staff were trained to appropriate levels in safeguarding.
- The provider sought to confirm with parents or those with parental responsibility if a child was on a child protection register.
- The service had recently reviewed and updated systems in place, following an inspection at the Sheffield site the previous week, which gave assurance that adults accompanying a child had parental authority. This involved discussions with parents or those with parental authority at the time of initial booking regarding their formal legal relationship with the child. In addition, we saw that the service checked the identity of the child on the day of the procedure. They had put in place processes and checks to formally verify the identity of parents who physically brought a child in for circumcision on the day of the procedure, such as checks on formal documentation such as passports or other photographic identification. We saw evidence of this change on the day of inspection.
- The service corresponded with the building manager; the service was hosted on a regular basis and utilised this contact to gain assurance that health and safety had been managed effectively and that necessary checks had been made. This included fire safety and electrical safety and checks in respect to legionella.
- Staff received safety information from the service as part of their induction and as part of their on-going employment.
- 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 for clinical 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).
- There was an effective system to manage infection prevention and control. The service had an infection control and prevention policy which had a production date of 30/01/2020. We saw that staff immunity status checks had been undertaken and this was held in the staff personnel file.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Safety systems and processes

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

- The service had systems and processes in place to safeguard children and vulnerable adults from abuse. The service had not made any safeguarding referrals, but staff were aware of procedures to follow should this be required. The service had developed a safeguarding policy, and we saw that staff had received safeguarding training to levels appropriate to their role. The service had systems in place to assure that an adults accompanying a child had parental authority and identification was requested prior to the appointment as part of the booking process.
- 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.
- 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.
- There was an effective system to manage infection prevention and control.

The building was managed by community health partnership with a building manager. We saw evidence of infection control audits being carried out. The clinical rooms used by the provider were well equipped and visibly clean. Legionella risk assessment had been carried out and regular water testing was in place.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. There was a clinical waste contract in place and an accompanying policy.

Good

Are services safe?

- The buildings manager arranged for appropriate environmental risk assessments to be carried out and the provider checked these had been completed. These considered the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems 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 agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- 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. Records were updated and included information related to the type and amount of pain relief used, noted any issues or complications ad post-operative care.
- We saw that the provider carried out pre-procedural checks on the service user's health. If the patient was an infant, the mother's health was observed which if the child was suitable for the procedure. For example, if the mother was still breastfeeding they were asked if they were taking any blood thinning agents as this could have an impact on the child. These checks were carried out at the time of booking. On the day of the procedure these checks were repeated and used to identify any changes in the health status of the service user and further exclude any contraindications.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, following a procedure a letter was sent to the patients GP which outlined the procedure, and which gave advice on possible complications and how these should be approached. This included advice on antibiotic prescribing as well as the contact details of the service.
- Appropriate and timely referrals were made in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including pain relief and emergency medicines and equipment minimised risks.
- We saw that the service kept prescription stationery securely and monitored its use.
- The service told us that overall prescribing rates were low.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. In addition, they had access to risk assessments applicable to the host site. We saw evidence that there were necessary health and safety controls and monitoring processes were in place.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements, for example the service examined post-procedural notifications of complications reported by services users. At the time of inspection, the service had not experienced any health and safety issues at the location.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Good

Are services safe?

- The service had a system for recording and acting on significant events. When we spoke with staff they were able to explain their duty to raise concerns and report incidents and near misses. The provider supported them when they did so.
- There were systems for reviewing and investigating incidents when things went wrong. In the last 12 months the service had not identified or recorded any significant events. However, staff we spoke with fully explained how these would be dealt with, and how they would seek to use the experience to inform learning and implement actions to improve safety in the service.
- Any incident and complaints were to be overseen by the service's governance board. This had been established by the service and gave third-party oversight to issues such as proposed service changes, investigations and complaints.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for managing notifiable safety incidents.

The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. This could be via messages or face to face meetings following a clinic session

Good

Are services effective?

We rated effective as Good because:

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. The lead clinician was a practicing urologist and kept up to date with training and best practice. We saw evidence that all staff had attended regular update training sessions.
- Patients' immediate and ongoing needs were fully assessed. During the booking and patient assessment consultation service users and parents of infants and children who were to be circumcised received information regarding the procedure. This consultation also involved taking a detailed health history to determine the suitability of the individual to receive the procedure.
- Information was also given to the service user if appropriate their parent regarding post-procedural care during the recovery period, and this was supported by access to a 24-hour clinical contact point. The service had produced a detailed advice leaflet and further information was available on the service's website.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate and information was given to parents to assist with pain management for children.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements, but this was limited in terms of scope and depth for the purpose of auditing patient outcomes. Quality improvement activities included:
- An audit of the consent process had been completed for a three month period from the end of 2019 to 2020. This was based on a random selection of 36 records to review the completion and appropriateness of the consent obtained. This audit highlighted the change in the consent process since the previous inspection of the Sheffield site which highlighted identification had not been requested for both parents. At this inspection we found that the policy had been amended and identification was now obtained from both parents pre-procedure.
- The practice kept a log of complications that it was notified of by service users or parents of children who had been circumcised. Over the previous two years of records reviewed we saw that there were very low levels of reported complications reported. For example, in 2019 the service had recorded only one occurrence of post-procedural bleeding.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff, and during appraisals training needs were seen to have been discussed.
- The relevant professional who delivered the service was registered with the General Medical Council (GMC) and was up to date with revalidation
- The provider understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained.
- Training records were kept in personnel files.

Coordinating patient care and information sharing

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

- Patients and/or parents received coordinated and person-centred care.
- Whilst the opportunity for working with other services was limited, the service did so when this was necessary and appropriate. We were told that if a potential service user was assessed as not being suitable for a circumcision. They or their parents would be advised to contact their own GP for further support and advice.
- Following the procedure, the service sent a letter directly to the service user's GP which explained that a circumcision procedure had been carried out and gave their contact details should the GP wish to contact them for further information or advice. This letter also included advice to the GP regarding aftercare and prescribing practice.

Good

Are services effective?

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff explained that they would work with the local authority to support the needs of a child in care if required.

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. It had developed a consent policy which discussed the service's approach to consent, and covered subjects such as language barriers and the requirement for both parents consenting with respect to an infant or child. Following the last inspection, the policy had been reviewed to include mental capacity.
- With regard to infants and children, the service had developed procedures which gave assurance that consent had been given by both parents in line with national guidance. Where only one parent attended to give actual consent on the day of the procedure the service had systems in place to establish either parental agreement from both parents existed, or that only one parent held full parental authority. For example, via confirmed letter of authority or other certification. Verbal checks of consent were undertaken at booking, and actual consent was given in writing on the day of the procedure. As part of our inspection we reviewed ten records and found that in all cases both parents had signed to give their consent.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We received wholly positive feedback from patients and parents regarding the way staff treated people. For example, feedback from the Care Quality Commission comment cards we received and from a recent in-house survey demonstrated that all staff treated patients with care and consideration. Comments included the welcoming and professional staff and their caring and empathetic attitude.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. For example, the provider explained how they tailored the type of circumcision on offer to meet the cultural needs of specific groups.
- The service gave patients timely support and information. For example, the service website carried useful advice regarding the procedure and hard copies of information and frequently asked questions was available.
- We saw on the day of inspection that staff treated patients and parents present with kindness and understanding.

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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- The information leaflets and the website gave a clear understanding of both the procedure and the recovery period.
- Patients told us through comment cards, that they felt listened to and supported by staff, had good clear information pre-procedure and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Parents of infants and children who were circumcised had the choice of being present during the procedure. It was the standard operating practice for the service that two members of clinical staff carried out the procedure.
- Other family members were able to attend the procedure if this was requested. If this occurred, then their presence would be noted in the clinical record.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff understood the cultural significance of the procedure to service users and their families.
- 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?

We rated responsive as Good because:

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 service was offered on a private, fee-paying basis only, and as such was accessible to people who chose to use it and who were deemed suitable to receive the procedure. If it was decided that a potential service user was unsuitable for circumcision, then this was formally recorded and was discussed with either the service user themselves or the parents of the infant or child concerned.
- The service pricing structure was clearly outlined to service users.
- The facilities and premises were appropriate for the services delivered.
- The clinic had developed a range of information and support resources, both in hard copy and on the website, which were available to service users and/or parents.
- The service offered post-operative support from the provider who was contactable 24 hours a day.
- Service users were able to have their circumcision reviewed by the service if they had concerns or had experienced problems following the procedure.

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, the circumcision procedure and any necessary aftercare or assessment. The service operated on a monthly basis, or according to need from the Coventry location.
- Patient feedback comments included ease of booking and availability.

Listening and learning from concerns and complaints

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

- The service had complaints policy and procedure in place.
- The service reported that it had very low levels of concerns raised by service users and had not received any complaint over the previous 12 months.
- Should a complaint be received we were told that this would be investigated as a priority. This process would be overseen by the services own independent governance board which was composed of a legal professional and another independent person.
- It was noted that the service website contained information as to how to raise a concern, and there was a facility to send a direct message to the service via the website.

Good

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- The provider had comprehensive knowledge regarding issues and priorities relating to the quality and future of the service. The provider understood the needs for circumcision services in Coventry and the other areas and had developed the service to meet these needs.
- The service was delivered by a small team who had specialist knowledge and skills. The lead clinician was a consultant urologist with an interest in reconstructive urology (the branch of medicine that focuses on surgical and medical diseases of the male and female urinary-tract system and the male reproductive organs) and andrology (the medical specialty that deals with male health, particularly relating to the problems of the male reproductive system and urological problems). The provider told us that a primary driver for them was the delivery of safe and effective services to all persons who accessed the clinic.
- The provider was 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 credible 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 realistic strategy and supporting business plan to achieve priorities.
- The service had developed its vision, values and strategy. 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 sustainable care.

- Staff told us that they felt respected, supported and valued. They were proud and happy to work for the service.
- The service focused on the needs of patients.
- The provider told us that they acted on behaviours and performance inconsistent with the vision and values.
- Processes and procedures which operated within the service supported a culture of openness, honesty and transparency. For example, service users and/or parents who were concerned about or unhappy with the outcome of a circumcision were reassessed at the clinic and necessary actions undertaken to resolve the issue.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal. All staff received regular annual appraisals in the last year.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between the provider and staff.

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. The governance and management of the service was interactive and delivered co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- The provider had established policies, procedures and activities which ensured safety and assured themselves that they were operating as intended. For example, these included: safeguarding and complaints
- As a small organisation the provider had recognised the importance of third-party oversight. In response to this they had established a governance board composed of a legal professional and an employee of the provider who understood the operating practices of the service. Their role was to give oversight of key developments,

decisions and procedures. For example, they examined actions taken by the service in relation to recorded incidents and complaints to ensure that processes had been followed.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The service had acted immediately following the last inspection to rectify concerns raised regarding consent.
- The service had processes to manage current and future performance. For example, the service assessed service user satisfaction via an in-house survey of a proportion of users.
- Whilst the service kept a log of complications, this was limited and lacked the depth of a full clinical audit. For example, the identification of issues relied on notification from service users. There was no proactive contact with service user's post-procedure other than to a proportion of service users for the in-house survey. We discussed this with the provider at the time of inspection. We were told that they would look at this in more detail and implement more active service user contact to give an improved assessment of outcomes and quality.
- Following the procedure, the service sent the GP of the service user a letter which outlined the procedure and which gave advice on possible complications and how these should be approached. This included advice on antibiotic prescribing as well as the contact details of the service.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The provider carried out pre-procedural checks on the service user's health, and if an infant, the mother's health which established if the child was suitable for the procedure.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- We saw that staff meetings had been held when operational issues and developments were discussed. In addition, we were told that there was a post-sessional debriefing session held after each clinic had been held. This enabled staff to raise any immediate issues or concerns.
- The service used performance information which was reported and monitored and by which staff were able to be held to account
- The provider was aware of requirements for the submission of data or notifications to external organisations as required.
- There were arrangements in place for the safe handling and storage of data.
- The service corresponded with the building manager of the site where the service was hosted on a regular basis and utilised this contact to gain assurance that health and safety had been managed effectively and that necessary checks had been made.

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 service made use of feedback which it used to identify issues and improve services. Staff gathered views via verbal feedback, and via an in-house survey sent to a proportion of services user's post-procedure. Service users and/or parents were also able to leave feedback via the service's website.
- We received seven CQC comment cards. These were all very positive about the level of treatment and care provided.
- Staff could describe to us the systems in place to give feedback such as post-sessional debriefing meetings. Staff we spoke with on the day said that they felt they were able to raise any ideas and had confidence that these would be dealt with.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The service explained that it viewed identified issues as learning opportunities.

Good

Are services well-led?

The service had processes in place for the third-party review of incidents and complaints. We were told that any learning from these would be shared and 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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation