Well-One Clinic

Inspection report

Jacobs Well Yard
Swinemoor Lane
Beverley
HU17 0JX
Tel: 01482870490
www.welloneclinic.org.uk

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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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Overall summary

This service is rated as Inadequate overall.

Key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Well-One Clinic on the 26 May 2021, as part of our inspection programme. We visited their site at Jacob's Well Yard, Swinemoor Lane, Beverley, HU17 0JX.

The previous inspection and follow-up inspection in March and December 2018 were unrated. At the previous inspection in March 2018 we identified breaches of the regulations in respect of:

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 17 HSCA (RA) Regulations 2014 Good governance

At the follow up inspection in December 2018 we identified the breaches of the above Regulations had largely been addressed.

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.

Well-One Clinic is an Independent Health clinic. The clinic provides general practice, consultation and treatment without accommodation. The provider offers services across a range of areas but largely relating to Lyme disease treatment. Lyme disease, also known as Lyme borreliosis, is an infectious disease caused by the Borrelia bacterium which is spread by ticks. Well-One Clinic advertise on their website that they also provide a range of other services such as private GP services, private medical examinations and psychological therapies. We were told that the additional services currently being offered related to private medical examinations.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. This service is registered in respect of the following regulated activities; Transport services, triage and medical advice provided remotely, treatment of disease, disorder or injury, Diagnostic and Screening, Family Planning, Maternity and Midwifery Services, Services in slimming clinics and surgical procedures by, or under the supervision of, a medical practitioner. There are some exemptions from regulation by CQC which relate to types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Well-One Clinic a

Overall summary

service is provided called RIFE treatment. The machine delivers low electromagnetic waves, like radio waves. At Well-One Clinic the RIFE treatment that is provided is exempt by law from CQC regulation. Therefore, we were not able to inspect the RIFE treatment element of the service. It should be noted that RIFE forms part of the patient's combined treatment package.

The GP at Well-One Clinic 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.

Five people provided feedback about the service. All the feedback was positive in respect of the impact attendance at the clinic had had on their lives in terms of their health and well-being. Patients were known to travel from all parts of the UK to attend the clinic.

Our key findings were:

- Systems and processes did not always ensure that care was provided in a safe way and that risks to patients were mitigated.
- There was insufficient assurance in place to demonstrate that people received effective care in line with current guidance.
- The provider was not actively involved in quality improvement activity.
- Staff did not always have the skills, knowledge and experience to carry out their roles.
- Patients told us and we saw evidence that patients were treated in a caring way.
- There was evidence the provider endeavoured and was passionate about providing a responsive service to meet people's needs and preferences.
- Processes were not established to identify and monitor risks.

We found the service to be in breach of Regulation 12 Safe care and treatment, Regulation 17 Good governance and Regulation 18 Staffing of the Health and Social Care Act 2008

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

- Ensure that 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 persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

I am placing this service in special measures. We are taking action in line with our enforcement procedures. The provider has 28 days to appeal the enforcement decision. At the end of that time we will publish a supplementary report detailing the action we have taken.

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 and included a CQC Pharmacist Inspector. A CQC GP specialist advisor was involved in part of the inspection.

Background to Well-One Clinic

Well-One Clinic, Jacobs Well Yard, Swinemoor Lane, Beverley, HU17 0JX is an independent provider of medical services. The provider provides a fee-paying service consisting of consultations and treatment for a range of conditions; mainly Lyme disease. The service has a website where people can access information, www.welloneclinic.org.uk. Services are available to people (from toddler age upwards) on a pre-bookable appointment basis. The service is based in a single-story building and consists of a reception, waiting area, consultation room and two RIFE treatment rooms.

The clinic team consists of one GP (CQC registered manager), a practice manager and up to five volunteers who act in both an administrative and patient facing role. During the inspection we engaged (face-to-face and electronically) with the GP, practice manager, four volunteers and five patients. We looked at practice policies and procedures and other records about how the service is managed.

The clinic is open 9am to 5pm on a Monday and Tuesday, Wednesday 9am to 3pm, Thursday 9am to 3pm and Friday 10am to 12pm. Appointments are generally offered with the GP between 10am and 12pm on Mondays, Tuesdays and Thursdays although there is some flexibility with these times. Patients normally attend the clinic on a Wednesday for RIFE between 10am and 2.30pm staggered every 40 minutes. We were told that service times offered were now much less than this. Well-One Clinic also offers a RIFE service in a location in Dumfries. We were told patients who have attended Well-One Clinic in Beverley are only able to attend the clinic in Dumfries if it is more convenient for them. We were told activity and prescribing was managed and overseen by the provider.

How we inspected this service

Before visiting the clinic, we reviewed a range of information we hold about the service including information we requested that the provider send us. We informed the Clinical Commissioning Group (CCG) that we were inspecting the service; the CCG does not commission any services with Well-One Clinic and therefore has no information to share with us.

During our inspection we:

- Visited the clinic
- Spoke with the registered manager and the practice manager.
- Reviewed a wide range of documents at the practice.
- Observed patients arriving at the clinic.
- Received feedback from five patients.

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.

Inadequate

Are services safe?

We rated safe as Inadequate because:

Systems and processes did not always ensure that care was provided in a safe way and that risks to patients were mitigated.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The provider conducted some safety risk assessments and had some safety policies in place. However, the risk assessments completed did not always identify risks and the policies were not always followed. We found that no COVID-19 risk assessments were in place.
- The provider did not follow their own recruitment policy. Staff files were unstructured and disorganised and there was no systematic approach to recruitment. References had been obtained in some instances. Disclosure and Barring Service (DBS) checks were not always undertaken which was not in-line with the providers own policy. The GP had a DBS check; the practice manager had a criminal records bureau check from 2010. This had not been re-checked in line with the provider's policy which stated the clinic would re-check employee's DBS certificates every three years. The volunteers who were alone with patients did not have a DBS check. There were no risk assessments in place to demonstrate the reasons for not obtaining the DBS check.
- Staff knew how to identify, and report concerns and there were safeguarding policies in place. Staff had not received up-to-date safeguarding training appropriate to their role. The GP and practice manager had not completed safeguarding adults training since before 2015. The GP had last completed safeguarding children e-learning in August 2017 and could not demonstrate they had completed the required number of hours in the correct format in line with Intercollegiate guidance. The practice manager had not completed safeguarding children training. Volunteers had not completed any safeguarding training. The service did not have systems in place to assure them that an adult accompanying a child for treatment at the clinic had parental authority.
- A chaperone policy was in place - it stated a chaperone would be offered. Staff had not received training to be a chaperone or had a DBS check. The policy itself referred to 'nurses' which did not reflect the staff at Well-One Clinic as nurses were not employed. We were told that if a patient requested a chaperone when at the clinic and one was not available that the appointment would not go ahead.
- Staff had not received safety training appropriate to their role. Fire safety training had not been completed by staff and volunteers. The practice manager confirmed they had received training to operate the fire extinguishers.
- The system to manage infection prevention and control was inadequate. A policy was in place and not followed by the provider. There was no specific reference to COVID-19 in the policy. Staff had not completed training in infection, prevention and control (IPC). We were told and saw evidence to confirm that the provider felt that the use of personal protective equipment (PPE) in line with national guidance was not necessary for their service during the pandemic. Despite this staff were observed wearing masks and plastic aprons (often not appropriately). Coffee/tea/biscuits and chocolates were available to use in the waiting area next to an open bin which we were told staff put their PPE in. We were not assured this was a regular act as the GP confirmed they did not normally wear PPE. We observed some of the chairs in the waiting room being wiped down after use. We did not observe such activity in clinical rooms where the RIFE machine was located. We were told that annual infection control audits were not completed. Handwashing audits were completed. There was no hot water supply to the premises which meant good hand hygiene principles and guidance were not followed. We did not observe staff washing their hands.
- The premises were visibly dirty and cluttered. Children's fluffy toys and a vast array of literature was on display in the main entrance along with walking aids. Some seats were fabric and visibly dirty. In both treatment rooms the examination couches were dirty. The privacy curtains were old fold up ones with plastic shielding attached. No cleaning schedules were made available. There were empty cups and a personal water bottle on the couch in one RIFE

treatment room. The cupboards were generally empty; ant killer was in one unlocked cupboard in a clinical room. The GP's consultation room couch was dirty with a fabric chair and partially carpeted floor. The sink area was cluttered with books, equipment and clinical equipment along with a small sharps bin belonging to a named person dated 2009. A sharps bin is a container that can be filled with used medical needles and all categories of sharps waste, before being disposed of safely. The equipment was dirty.

- There was some evidence (needles and sharps bin) that the process of venipuncture (taking blood) from a patient was occurring in the GP room. We were told patients may be offered a blood test for Lyme disease (which they would self-fund) which would be sent to a testing facility outside of the UK; a test that Well-One Clinic felt was more reliable. When asked about blood taking the provider said this was a rare occurrence. The provider stated if they felt unable to take blood from a patient, they would ask one of the GPs from a nearby location to come and do it. They stated this had happened only once. We were unable to confirm this.
- The provider did not always ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We were told that a plan for portable appliance testing (PAT) testing was not in place but that Well-One Clinic could access PAT testing from the neighboring charity which they were closely linked to when they saw something needed doing. We noted the computer equipment and extension leads had been PAT tested the day prior to our visit. We do not know when they had last been tested prior to this as there was no record available. Although the RIFE machine is not in scope of our regulation we noted one of the extension leads in use (which could have been used for other electrical apparatus) which provided electricity to the computer linked to the RIFE machine had two signs on it saying, 'warning indicator not functional' and 'warning power supply not fully tested' that were still in use. We noted some equipment had been tested and others had not.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The practice manager and volunteers at the clinic did not always receive appropriate training, supervision and appraisal. The GP was appraised. We were told as the clinic was small that the GP had regular informal discussions with the volunteers and practice manager.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Whilst this is a service where the risk of needing to deal with a medical emergency is low, staff had not completed training in basic life support since "before 2016". We were told this was booked for April 2020 but cancelled due to the pandemic. Volunteers had not received such training. Records showed it to be unlikely that the GP and the practice manager would complete such training in the future.
- Equipment such as oxygen and a defibrillator to respond to a medical emergency was not available at the clinic. The provider had risk assessed these items as not being needed in this setting. The risk assessment was completed pre-COVID-19 and referred to ambulance response times in the area. The risk assessment had not been updated to reflect potential ambulance response times being longer during COVID-19.
- Regular fire safety checks were carried out in respect of the fire call point, extinguishers and emergency lighting. We were told the fire panel belonged to the attached church. We were told there was a lack of clarity as to who was responsible for the checks so the practice manager had continued to do the checks when they could access the panel. We were told fire drills were carried out when the fire panel was checked but this was not when patients/volunteers were at the clinic. There were no records in respect of this.
- We were unable to assess the immunisation status of staff as no records were available.
- The GP was registered with the General Medical Council (GMC). They had completed their revalidation in 2015 and were due for revalidation in 2022.
- The provider had current employer's liability insurance. The GPs medical indemnity insurance was up to date.

Information to deliver safe care and treatment

Inadequate

Are services safe?

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- Individual care records were maintained and updated and available to relevant staff in an accessible way. Whilst the provider encouraged patients to share past medical history and to provide details of any recent blood tests (liver function tests) they told us they continued with treatment if such blood results were not received. They said this was a rare occurrence as these were mostly made available.
- The service had some systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Patient records were kept up-to-date and available for staff to access. However, we were told that historical patients' notes were kept in a volunteer's home.

Safe and appropriate use of medicines

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

- The service had a medicines policy which had been revised in April 2020. The policy provided general guidance for the safe management of medicines but was not service specific. The service was a dispensing service and administrative staff labelled medicines according to signed prescriptions. Staff had received training for this role. However, no written standard operating procedure (SOP) was in place.
- We reviewed 15 records and saw that copies of prescriptions were stored for reference. Prescriptions were within the licensed dose ranges. Processes were in place for the checking of labelled medicines. Where medicines were prescribed for children weights were recorded in patient records.
- No medicines audits had been carried out to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- There were no protocols for verifying the identity of patients including children.
- The clinic held adrenaline (a medicine used to treat severe allergic reactions). This was kept in a tamper-evident container.

Track record on safety and incidents

- The service had completed risk assessments in relation to safety issues. These related to issues such as the environment, infection control and fire safety. However, some of these assessments did not always identify or address risks. For example, infection control.

Lessons learned and improvements made

- The provider was aware of the requirements of the Duty of Candour.
- The service had systems in place for knowing about notifiable safety incidents.
- There were systems for reviewing and investigating when things went wrong. We were unable to assess whether these systems were effective as we were told there had been no safety incidents in the past 12 months.

Requires Improvement

Are services effective?

We rated effective as Requires improvement because:

There was insufficient assurance in place to demonstrate that people received effective care in line with current guidance. The service was not actively involved in quality improvement activity. Staff did not always have the skills, knowledge and experience to carry out their roles. There was limited evidence of staff working with other organisations, to deliver effective care and treatment.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. However, we saw evidence that the clinician did not deliver care and treatment in line with current guidance relevant to their service.

- The provider was aware of and kept up to date with published research and current guidance. The treatment offered by Well-One Clinic followed a treatment plan of using RIFE and specific medicines. This plan related to a range of conditions but mainly Lyme disease. The treatment plan offered did not follow current NICE guidance for the treatment of Lyme disease. It was evident from the patients records that if a patient presented with a negative blood test for Lyme disease that Well-One Clinic continued to treat them for that condition based on their symptoms with a view that the testing system in the UK was not effective. We were told of other specific examples of conditions that were treated following the same treatment plan. For example, Rocky Mountain Spotted Fever, coronavirus, endometriosis and autism.
- We were told that following the patients' initial treatment that Well-One Clinic looked for a reaction known as '*Jarisch–Herxheimer'* which potentially could be life threatening. Records showed there was no evidence of monitoring of the patient or follow up contact to check on their health and well-being following treatment. If a patient did not contact or attend the clinic again there was no attempt at contact made to assess their current health.
- Patients' treatment needs were assessed, and treatment plans put in place. The assessment took account of allergies, lifestyle, existing medication, previous diagnoses and the presenting problem/s. The provider explained that many of the patients had a detailed understanding of their own condition and often contacted Well-One Clinic when their condition had not been improved using other avenues of treatment such as the National Health Service (NHS). We looked at 15 patient records all off which had a signed disclaimer which alerted the patient to the treatment they were to receive being experimental.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The clinic had not undertaken any form of clinical audit or quality improvement activity in the last 12 months, which meant they could not demonstrate the effectiveness of the treatments on offer. We identified this as an issue during our March and December 2018 inspections. There had been no independent audit or peer review of the GP's practice (excluding appraisal/revalidation) in the last 12 months.

Effective staffing

Staff did always have the skills, knowledge and experience to carry out their roles.

- The GP kept up to date with training in respect of their own continuing professional development (CPD). They did not have a personal development plan in place.

Requires Improvement

Are services effective?

- Not all staff were appropriately trained. There was no oversight of staff training with gaps in mandatory areas such as safeguarding, infection control, basic life support, mental capacity and deprivation of liberty standards (DOLs).
- We were told there was an induction programme in place. However, there was limited information to show this was implemented effectively for volunteers.
- Relevant professionals were registered with the General Medical Council (GMC) and was up to date with revalidation

Coordinating patient care and information sharing

There was limited evidence of staff working with other organisations, to deliver effective care and treatment.

- We were told the provider tried to ensure they had adequate knowledge of the patient's health and their medicines history before providing treatment by asking for this from the patient. If this was not forthcoming, then treatment may continue. No attempts were made to contact the patient's own GP directly. We saw no evidence of patients being signposted to alternative sources of treatment.
- Patients were offered the opportunity to share details of their consultation/treatment with their own GP. Patients were provided with a draft copy of the letter to share with their GP which they may or may not share. The provider kept a draft copy of the letter on the patient's personal record.

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. This included advice on areas such as lifestyle, diet and support networks.

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.

Good

Are services caring?

We rated caring as Good because:

Patients told us and we saw that patients were treated in a caring way.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service told us they previously sought feedback on the quality of clinical care patients received but had not carried out any recent surveys due to COVID-19. We were not provided with copies of these. A vast number of 'thank you' cards were on display.
- Feedback from patients was positive about the way staff treated 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 could be made available for patients who did not have English as a first language.
- Feedback from patients told us they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service mostly respected patients' privacy and dignity

- Staff recognised the importance of people's dignity and respect.
- Consultation rooms had doors that could be closed. However, we noted doors were not closed during treatment on the RIFE and conversations about the patients' health and well-being were easily overheard.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

There was evidence the provider endeavoured to provide a responsive service to meet people's needs and preferences.

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. There was clear evidence of the providers commitment to provide a service for patients that met their needs and preferences.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

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 and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately

Listening and learning from concerns and complaints

- The provider had a complaints policy in place. The service had not received any complaints.
- Information on how to make a complaint was available in the waiting area. No information was available on the Well-One Clinic website.

Inadequate

Are services well-led?

We rated well-led as Inadequate because:

Processes were not established to identify and monitor risks.

There was limited evidence to demonstrate that clear responsibilities, roles and systems of accountability were in place to support good governance and management. There was limited clarity around processes for managing risks, issues and performance.

Leadership capacity and capability;

- There was a clear leadership structure in place. Staff told us they felt supported by the provider. We saw evidence of cohesive working relationships between the clinician, practice manager and volunteers.
- The provider was visible and approachable.

Vision and strategy

The service had a clear vision but not a credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values.
- The provider was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges they faced in terms of the future of the clinic. The provider was clear they needed to step down from their role and had for many years been trying to find a replacement clinician to take over the service due to planned retirement but had not been successful in doing this. Despite this there was no evidence available to demonstrate that other options were being considered.
- There was no business plan or strategy in place.

Culture

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

- Staff felt supported and valued.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider did not have systems in place to ensure they provided all staff with the development they needed.
- There appeared to be positive relationships between staff and teams. However, we were informed of disputes with staff members when issues of concern had been raised.

Governance arrangements

There was limited evidence to demonstrate clear responsibilities, roles and systems of accountability were in place to support good governance and management.

- Staff were clear on their roles and accountabilities
- Structures, processes and systems to support good governance and management were not always effective. For example, the management of IPC.

Inadequate

Are services well-led?

- There was no evidence of any activity in the form of clinical audit or quality improvement activity which meant they could not demonstrate the effectiveness of the treatments on offer. This was previously identified as an issue during the comprehensive and follow- up inspection in 2018.
- Some policies, procedures and activities to ensure safety were in place but they did not provide assurance that they were operating as intended. Policies and procedures were not always regularly reviewed, followed and were not always pertinent to the service.
- There was no oversight of the immunisation status of staff.
- There was no oversight of staff training with gaps in mandatory areas such as safeguarding, infection control, basic life support, mental capacity and DOLs.
- Records were not always kept securely. We were told that a volunteer kept historical records of patient notes in their home.
- Records relating to staff were not kept in a managed and orderly way.
- No identification checks were carried out to confirm the adult that presented with a child at the clinic for treatment was who they said they were and had parental responsibility.

Managing risks, issues and performance

There was limited clarity around processes for managing risks, issues and performance.

- The processes to identify, understand, monitor and address current and future risks including risks to patient safety were not effective.
- Performance of clinical staff could only be demonstrated through annual appraisal. The last appraisal lacked the evidence to provide assurance in respect of clinical safety and quality improvement activity. No audits of consultations and prescribing were carried out.
- Clinical audit did not have a positive impact on quality of care and outcomes for patients, as this was not part of the routine of the service. There was no clear evidence of action to change services to improve quality.
- Monitoring of performance of non-clinical staff including volunteers could not be demonstrated.
- There was oversight of safety alerts, incidents, and complaints. There had been no incidents or complaints in the past 12 months.
- The provider had limited plans in place to manage major incidents. For example, they had an incident plan. However, staff had not received training in areas such as basic life support and fire safety and did not have access to emergency medical equipment to aid them in being able to respond effectively to a major incident,

Appropriate and accurate information

The service did not always have appropriate and accurate information.

- All patients had a consultation whereby medical history and assessment of need was obtained. The results of consultations were documented in patient records. Staff had access to patient information when required, including information from other healthcare professionals involved in the patients' care. When information from other healthcare professionals was not forthcoming in respect of the patient then the provider continued with the treatment plan. This meant that patients may receive treatment that could be detrimental to their health or well-being.

Engagement with patients, the public, staff and external partners

There was limited evidence to show the service involved patients, the public, staff and external partners to support high-quality sustainable services.

Inadequate

Are services well-led?

- The provider could not demonstrate they were responsive to the views of others and appeared to work in clinical isolation. Examples of disagreements with others in respect of areas such as the use of personal protective equipment (PPE) during the pandemic and the availability of equipment to use in an emergency were discounted.
- The provider could not demonstrate they worked in collaboration with other health professionals which may be of benefit to patients. We saw an example where such collaboration with other health professionals may have been beneficial to the patient concerned.
- No recent patient surveys had been carried out.

Continuous improvement and innovation

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

- There was limited evidence of focus on continuous learning and improvement for staff.
- We saw no evidence of clinical peer review or collaboration to enable continuous improvement.

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 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
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury Diagnostic and screening procedures Family planning services Maternity and midwifery services Services in slimming clinics Surgical procedures	S18 Notice of Decision to suspend registration of a regulated activity **Health and Social Care Act (Regulated Activities) Regulations 2014 Regulation 17(1) Good Governance** Systems and processes to ensure good governance in accordance with the fundamental standards of care were not always in place.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury Diagnostic and screening procedures Family planning services Maternity and midwifery services Services in slimming clinics Surgical procedures	S18 Notice of Decision to suspend registration of a regulated activity **Health and Social Care Act (Regulated Activities) Regulations 2014 Regulation 18(2) Staffing** Persons employed in the provision of the regulated activity did not always receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury Diagnostic and screening procedures Family planning services Maternity and midwifery services Services in slimming clinics	S18 Notice of Decision to suspend registration of a regulated activity **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12(1) Safe care and treatment** Care and treatment was not always provided in a safe way to patients.

This section is primarily information for the provider

Enforcement actions

Surgical procedures