ToHealth Limited

Inspection report

41 York Road
London
SE1 7NJ
Tel: 020 3268 4200
www.waterloohealthclinic.com

Date of inspection visit: 25 April 2019
Date of publication: 04/07/2019

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?	Good
Are services well-led?	Inadequate

Overall summary

This service is rated as inadequate overall. (Previous inspection April 2018, prior to ratings programme)

The 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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

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

- Ensure care and treatment is provided in a safe way to patients.
- 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:

- Review and amend the process for recording information on cleaning schedules.
- Review and improve providing appropriate adjustments for those with communication problems.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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

Our inspection team

Our inspection was led by a CQC inspector with a GP specialist advisor and a nurse specialist advisor.

Background to ToHealth Limited

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.

ToHealth Limited also known as Waterloo Health Clinic is an independent provider of medical services. The service provides a limited private GP service including travel immunisation. The majority of the service provided is occupational health procedures which are not regulated by the CQC; less than 10% of the business is GP work, more than 90% is occupational health and health screening. Therefore, at ToHealth Limited, we were only able to inspect the services which were subject to regulation. ToHealth Limited is located at 41 York Road London SE1 7NJ the premises are located on the ground floor. The property is leased by the provider, the provider occupies six consulting rooms a patient reception area and two toilets, an accessible toilet, and baby changing facilities is available in the building next door to the service where they lease the premises.

ToHealth Limited provides private GP services, travel vaccinations, immunisations and occupational health services to any fee-paying patient. The service is available to adults only.

Patients using the service book an appointment in advance. On attending patients are given a registration form to complete, they will then be seen by a registered nurse or a GP. All clinical staff are registered with professional bodies.

The service is operated by one part time GP, a part time nurse, two reception staff, and a manager. ToHealth was purchased by PAM Group in January 2019. ToHealth remains as a separate legal entity. It is in the process of transitioning over to the PAM Group, but at the time of inspection the registration with CQC had not been transferred to PAM Group.

The service has a registered manager, a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service is registered with the Care Quality Commission (CQC) to provide the regulated activities diagnostic and screening and treatment of disease, disorder or injury.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards all of which were positive about the standard of care received.

Services are available by appointment only, opening hours are:

Monday to Friday 9am to 5pm.

How we inspected this service

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Spoke with the lead GP, a nurse and reception staff.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at consent forms.
- Reviewed policies and procedures.
- Looked at risk assessments.
- Made observations.

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:

Safety systems and processes were not monitored effectively. Lessons were not learned, and action was not taken and shared to improve safety. For example, we were told no significant events had occurred, however it later emerged that a significant event had occurred. We saw no policy for handling pathology results. We saw no evidence of the service being monitored, not all clinical staff were receiving MHRA alerts. The safeguarding lead had not been not been present since October 2018 and there was no one covering this role in the interim. The infection control lead had not been present since October 2018 and there was no one covering this role in the interim.

(See full details of the action we asked the provider to take in the Requirement Notices at the end of this report).

Safety systems and processes

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

- The provider had conducted some safety risk assessments, for example a Legionnaires risk assessment; however, on the day of the inspection, this could not be found. It was submitted after the inspection.
- The service only saw adults.
- 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.
- Due to transition of the service moving over to PAM Group, and management being absent on the day of the inspection, we were unable to see if the provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. This information was not submitted after the inspection. We were informed that the new company PAM Group was now responsible for recruitment processes. At the inspection in April 2018, we did see that the service had carried out staff checks, including checks of professional registration where relevant. We did not see evidence that Disclosure and Barring Service (DBS) checks were undertaken for all staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Not all staff received up-to-date safeguarding and safety training appropriate to their role. We checked three files, (two clinical, one non-clinical) we did not see any evidence that one clinical and one non-clinical staff member had undertaken safeguarding and safety training After the inspection, in June the provider submitted evidence that the clinical staff member had completed Adults safeguard training levels 1 and 2, and that the non-clinical staff member had completed safeguarding children and adults' levels 1 and 2, both staff members had completed the training after the inspection in June. The service had a policy to safeguard children and vulnerable adults from abuse. One staff member spoken to was not aware of the safeguarding policy. The safeguarding lead had not been present since October 2018 and there is no one covering this role in the interim. When we provided feedback on this, we were told the registered manager was the safeguarding lead this had been the case since 2017 and there had been no changes.
- Staff who acted as chaperones were trained for the role.
- The system to manage infection prevention and control required development, the service had undertaken an audit in May 2018, however staff were unable to show us this on the day of the inspection, it was submitted to us after the inspection. Curtains in the travel room were last changed January 2018, curtains in the doctor's room appeared to be clean however they were not dated, and the date they were put up was unknown. When we provided feedback on this, we were told there had not been any incidence of known infectious disease patients that is why the curtains had not been changed, and the organisation would now look into the frequency of curtain changes and document appropriately. Weekly cleaning logs were signed but not dated. When we provided feedback on this, we were told, the cleaning logs should have been dated; this would be followed up with the cleaning company. We were also informed the new computer system under the management of PAM Group, held the new infection control policy and this would be briefed to staff during the migration in May 2019.
- There were effective protocols for verifying the identity of patients.
- The provider had ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The systems

for safely managing healthcare waste required development, for example there were only yellow top bins for non-medicines and medicines. The GP room had a non-clinical bin with a black bag. When we provided feedback on this, we were told the waste system was not as it should be due to the acquisition by PAM Group and the transfer of their services. There was confusion about which organisation this sat with, this was now being addressed by the new proposed registered manager.

Risks to patients

There were not clear systems to assess, monitor and manage risks to patient safety.

- The arrangements for planning and monitoring the number and mix of staff required assessing. Whilst, the service had a part time GP and a part time nurse, there were no managers present. The registered manager had been on sick leave since October 2018 and there were no interim arrangements. Staff mentioned the need for a manager to be present to provide direction, staff mentioned they were able to email or ring the new proposed registered manager. After the inspection the service manager informed us that although she was off sick she was still in place, and a managing director was also present until February 2019.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention, however we saw no evidence of sepsis training, the lead GP and staff had a policy never to turn away any patients, however this was not documented. After the inspection the provider told us the service was not previously aware of the need for sepsis training and this was not previously highlighted to them. Clinical staff were now being asked to complete a sepsis in primary care course.
- We saw no policy for handling pathology results, when we provided feedback on this, we were told pathology results were usually only generated as part of the corporate health screening and this was managed by a separate process that did not involve ToHealth limited. Pathology results were generated as part of occupational health work but not usually as part of the GP service. Whilst there was a process in place, this was not explicitly documented.
- There were emergency medicines available and staff knew where they were located. The service did not have all the standard emergency medicines found in a GP practice, however the service had conducted a risk assessment for not having these.
- There was oxygen with adult and children's masks. There was a first aid kit, and accident book.
- Patient records were stored securely on the service computer, which was backed up.
- Most of the medicines we checked were in date and stored securely, however we found five batches of out date glucose bottles, the service told us they would dispose of them and order new bottles.
- When there were changes to services or staff the service did not assess and monitor the impact on safety, for example the transition of the PAM Group company taking over and implementing their new processes and systems, registered manager being absent since October 2018.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- Staff did not know if spill kits were available, or where to find them if the service had any, when we provided feedback on this, we were told spill kits were available and staff have previously been trained on this. The new proposed registered manager would recap with staff.

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 kept the patients' GPs informed about their treatment if required. The service would ask patients to provide their vaccine history, if patients were unable to provide this they would treat patients as providing incomplete vaccination history.
- Patients provided personal details at the time of registration including their name, address and date of birth. Staff checked patient identity by the information supplied on the registration form, this information was verified by the service requesting photographic identity.

Inadequate

Are services safe?

- 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.
- We observed referral letters included all the necessary information; however, these were rarely done and generally patients would be referred back to their GP.

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 vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service did not have a good safety record.

- There were some comprehensive risk assessments for example a legionella risk assessment, a general risk assessment, however when we asked to see a premises/ security risk assessment, we saw no evidence of this, we were told this was probably undertaken by PAM Group.
- We saw no evidence that the service monitored and reviewed activity.

Lessons learned and improvements made

The service did not learn and did not make improvements when things went wrong.

- For example, we were told no significant events had occurred, however it later emerged that a significant event had occurred, staff were all aware of the event, however staff were not sure if it was documented, the event itself could not be found documented, the significant event policy could not be found. We were told the manager that was involved in the event at the time had left. The lead GP and nurse said that they would revisit and discuss the event and any learning from it. When we provided feedback on this, we were told significant event reporting was completed through the PAM Group system. Some staff had already completed a PAM significant event form and all staff were briefed on this at the PAM induction in February. The provider acknowledged there was a need for further training on the process.
- Not all clinical staff were receiving MHRA alerts, when we provided feedback on this, we were told the current registered manager who had been away since October 2018 received alerts, examined them in case any devices or drugs were highlighted and if so, disseminated to the team and under take the necessary action to withdraw the item.

Requires improvement

Are services effective?

We rated effective as Requires improvement because:

The service had not undertaken any audits, not all staff had received role specific training including safeguarding, and training on sepsis awareness. Some staff reported they had no official appraisal or feedback since starting.

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. The lead GP also showed us that they followed guidance from the Independent Doctors Federation.
- 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.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service had not completed any audits. The service provided a limited private GP service including travel immunisation. The majority of the service provided was occupational health procedures which are not regulated by the CQC; less than 10% of the business was GP work, more than 90% was occupational health and health screening. The service explained they had only seen 30 patients for the services CQC regulates in the last 12 months. We were told the Compliance and Governance mechanisms within PAM Group have audit and appraisal schedules. ToHealth staff had now been added to these schedules and would be briefed.

Effective staffing

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

- Not all staff received up-to-date safeguarding and safety training appropriate to their role. We checked three files, (two clinical, one non-clinical) we did not see any evidence that one clinical and one non-clinical staff members had undertaken safeguarding and safety training. We also did not see evidence of training regarding information governance and infection control.
- The provider had an induction programme for all newly appointed staff, we saw an email documenting induction training for all staff on the new PAM Group system.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) Nursing and Midwifery Council and were up to date with revalidation.
- The provider told us they understood the learning needs of staff and provided protected time and training to meet them, however a staff member informed us they had no protected time or support with professional development. When this was fed back to the provider, they informed us the staff member had the opportunity for protected time and support with professional development. In January 2019, they were given approximately one week of protected time to shadow health surveillance. Also, the staff diary is shorter than the working day to ensure at least 30 mins protected time at the start and end of the day.
- A staff member reported that they had had no official appraisal or feedback since starting, when this was fed back to the provider, they informed us the compliance and governance mechanisms within PAM Group have audit and appraisal schedules. ToHealth staff had now been added to these schedules and would be briefed.

Coordinating patient care and information sharing

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

- 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 saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

Requires improvement

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.
- Where patients' consent was provided, all necessary information needed to deliver their ongoing care was shared with other services and patients received copies of referral letters.
- We observed referral letters contained the necessary information.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Staff were consistent and proactive in helping patients to live healthier lives.

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.
- The service monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated caring as Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people, six patient Care Quality Commission comment cards we received were wholly positive about the service experienced.
- 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.
- Consultation room doors were closed during consultations; conversations taking place in the room could not be overheard.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were not available for patients who did not have English as a first language, however we were told that some staff members were able to speak other languages.
- 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.
- The service's website provided patients with information about the range of treatments available including costs.
- There was evidence in the treatment plans of patients' involvement in decisions about their care.

Privacy and Dignity

The service respected respect patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good

Responding to and meeting people's needs

The service organised delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, there were longer appointments available for patients who needed them; for example, patients with a learning disability.
- All patients attending the service referred themselves for treatment. There were processes in place to refer patients for onward treatment or to NHS GP services where required.
- Information about how to make a complaint was displayed in the reception area.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The service was open Monday to Friday between 9am and 5pm. Services were not provided outside of these times. The service did not offer out of hours care.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously.

- Information about how to make a complaint or raise concerns was available, this was displayed in the reception area.
- There had been no complaints in the previous year. There was a policy for managing complaints. The provider showed us how the complaint would be dealt with and the processes that were in place for learning from complaints.

Inadequate

Are services well-led?

We rated well-led as Inadequate because:

Governance arrangements required review as these were not consistently applied. Due to the recent transition from ToHealth to PAM Group risks and areas of concern were not always identified or effectively managed. This included not having management present to provide guidance and direction. Staff were working from two systems which caused confusion and meant that some policies could not be found. The was no process in place to undertake audits or other clinical quality improvement work.

Not all clinical staff were receiving safety alerts, not all staff had undertaken role specific training. Staff were unsure of the process for raising significant events. We saw evidence of regular meetings held at the service however we did not see actions from meetings being followed up.

Leadership capacity and capability;

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Leaders were not visible, knowledgeable about issues and priorities relating to the quality and future of services. The registered manager had been off sick since October 2018, and there was no interim arrangements for covering this role or the safeguarding and infection control duties the registered manager was responsible for. We were told that a new registered manager had been appointed, however at the time of the inspection they had not submitted an application to register with CQC.
- We were told that leaders were approachable and could be contacted via email or the phone.
- The provider did not have effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- Due to the absence of management and the transition stages of the company, there was an unclear vision.
- The service had not developed its vision, values and strategy jointly with staff and external partners.
- Staff were not aware of and didn't understand the vision, values and strategy and their role in achieving them.
- The service did not monitor progress against delivery of the strategy.

Culture

The service did not have a culture of high-quality sustainable care.

- Although staff felt respected and valued they did not always feel supported. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Staff told us they could raise concerns and were encouraged to do so, however staff reported they did not always feel listened to. For example, one staff member reported they raised a concern and was just told to continue doing what they were doing. The concern related to a safety process.
- We did not see evidence that all staff had received annual appraisals. Some staff reported they had no official appraisal or feedback since starting. When we raised this with the provider they informed us the compliance and governance mechanisms within PAM Group have audit and appraisal schedules. ToHealth staff had now been added to these schedules and would be briefed.
- The provider told us they understood the learning needs of staff and provided protected time and training to meet them, however a staff member informed us they had no protected time or support with professional development. When this was fed back to the provider, they informed us the staff member had the opportunity for protected time and support with professional development. In January 2019, they were given approximately one week of protected time to shadow health surveillance. Also the staff diary is shorter than the working day to ensure at least 30 mins protected time at the start and end of the day.
- There were positive relationships between staff and teams.

Inadequate

Are services well-led?

Governance arrangements

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

- Structures, processes and systems to support good governance and management were not clearly set out. Staff were working from two systems which caused confusion and meant that some policies could not be found.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Some staff were unclear on their roles and accountabilities.
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Managing risks, issues and performance

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

- There was an ineffective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The services processes to manage current and future performance required development, as some staff had no official appraisal or feedback since starting. When we raised this with the provider they informed us, the compliance and governance mechanisms within PAM Group have audit and appraisal schedules. ToHealth staff had now been added to these schedules and would be briefed.
- We were told the registered manager had oversight of safety alerts, incidents, and complaints, however not all clinical staff were receiving MHRA alerts. When we raised this with the provider, they informed us the registered manager receives and examines alerts in case any devices or medicines are highlighted and if so alerts are, disseminated to the team to take the necessary action to withdraw the item, however the registered manager had been sick since October 2018 and there were no interim arrangements.
- The service had not undertaken any clinical audits. We did not see evidence of action to change services to improve quality.
- On the day of the inspection the business continuity plan could not be found.
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Appropriate and accurate information

The service did not have appropriate and accurate information.

- Quality and operational information was not used to ensure and improve performance. Performance information was combined with the views of patients.
- We saw no evidence that quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- Information was not often used to monitor performance and the delivery of quality care. There were no plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
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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 encouraged and heard views and concerns from the public, patients, and external partners and acted on them to shape services and culture. The service did not always listen to staff, for example when staff raised concerns, they were not always listened to.
- Staff could describe to us the systems in place to give feedback, staff told us they could provide feedback at meetings, or they could email or ring managers. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was no evidence of systems and processes for learning, continuous improvement and innovation.

- There was no focus on continuous learning and improvement.
- The service had not made use of internal and external reviews of incidents and complaints. Learning was not shared and used to make improvements.

Inadequate

Are services well-led?

- Leaders and managers were not visible to encourage staff to take time out to review individual and team objectives, processes and performance.
- Staff were unsure of some systems and process, for example significant events, infection control, role specific training.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • The provider did not have effective systems to monitor infection and control. • Safety systems and processes were not monitored effectively. • Staff were not up to date with role specific training. • Staff were unsure of the process for rising significant events. • Five batches of out date glucose bottles were found. • Staff did not know if spill kits were available, or where to find them if the service had any. **This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** • Lack of oversight and monitoring of the service and safety systems and processes were not monitored effectively. • Unclear planning and review of staffing levels. • Staff could not find some policies/procedures. • The was no process in place to undertake audits or other clinical quality improvement work. • When staff raised concerns, they were not always listened to. • The business continuity plan could not be found. • The service has had no manager present since October 2018, no plan in place, or direct support for staff.

This section is primarily information for the provider

Requirement notices

- Some staff had no official appraisal or feedback since starting.

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