A New You (Brighton) Limited

Inspection report

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Brighton
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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	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services well-led?	**Inspected but not rated**

Overall summary

We previously carried out a comprehensive inspection at A New You (Brighton) Ltd on 5 July 2021. We identified breaches of regulation and took enforcement action against the provider in relation to Regulation 12(1) Safe care and treatment and Regulation 17(1) Good governance. We issued a Notice of Proposal under Section 18 of the Health and Social Care Act 2008 to suspend the provider's registration. The provider submitted written representations to us which were not upheld. We issued a Notice of Decision under Section 18 of the Health and Social Care Act 2008 to suspend the provider's registration as a provider, in respect of all regulated activities, for a period of three months. The notice to suspend the provider's registration was issued because we believed that a person would or may be exposed to a risk of harm if we did not take this action. The provider had the right to make an appeal to the first-tier tribunal. The period of suspension became effective on 18 November 2021. We also issued a requirement notice in relation to Regulation 18(1)(2) Staffing.

Following our inspection on 5 July 2021 the service was rated as inadequate overall and inadequate for providing safe, effective and well-led services. It was rated as requires improvement for providing caring services and good for providing responsive services. The service was placed into special measures.

We carried out this announced, focused inspection of A New You (Brighton) Ltd on 9 February 2022, prior to the expiry of the suspension period, to assess whether sufficient improvements had been made to lift the suspension of registration. This report only covers findings in relation to those requirements. The service was not rated as a consequence of this inspection. The previous ratings remain in place and the service remains in special measures.

Throughout the COVID-19 pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Speaking with staff in person.
- Requesting documentary evidence from the provider.
- A site visit.

We carried out an announced site visit to the service on 9 February 2022. Prior to our visit we requested documentary evidence electronically from the provider. We spoke with staff during our site visit on 9 February 2022.

A New You (Brighton) Ltd is an independent provider of consultations and treatment for dermatological conditions, including acne and rosacea, prescription skincare, and mole removal and screening. Botox (Botulinum toxin) injections are provided for the treatment of excessive sweating. The service also provides pre- and post-operative consultations for surgical cosmetic treatments and follow up care post-surgery. Surgery is carried out at other locations that are independent of this service.

This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A New You (Brighton) Ltd also provides a wide range of non-surgical aesthetic interventions. This included cosmetic Botox injections, dermal fillers and facial thread vein treatments, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Overall summary

A New You (Brighton) Ltd is registered with CQC to provide the following regulated activities: Treatment of disease, disorder or injury; Diagnostic and screening procedures. Prior to our inspection on 5 July 2021 we identified that the provider was carrying out the excision of moles and other skin lesions without being registered to provide the required regulated activity Surgical procedures. The provider immediately submitted an application to provide Surgical procedures as a regulated activity. However, the provider failed to respond to requests for meetings with CQC to process the application and the application process was therefore closed. The provider will be required to submit a further application if they intend to provide this regulated activity.

The service director 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.

Our key findings were:

- There were improved systems for the safe and appropriate use of medicines. Medicines requiring refrigeration were stored and monitored appropriately.
- Systems had been established for the service to receive and monitor patient safety alerts.
- Arrangements for chaperoning were effectively managed. Staff had received chaperone training and had been subject to Disclosure and Barring Scheme (DBS) checks.
- There were improved safeguarding systems and processes to keep people safe. However, staff had not received training in the safeguarding of children.
- There was a continuing lack of effective systems and processes to assess the risk of, and prevent, detect and control the spread of infection. This included processes to maintain and monitor staff vaccination.
- Arrangements to manage medical emergencies had not been adequately risk assessed.
- Risk monitoring processes were incomplete and ineffective and failed to ensure an accurate assessment of potential risks.
- Newly developed policies and procedures had been established but did not always contain accurate or relevant information.
- There were planned processes to promote improvements in clinical record keeping when services were resumed.
- There were planned processes for the monitoring and auditing of clinical practices and prescribing processes when services were resumed.
- Proposed arrangements for dermatology service provision had been revised to reflect best practice guidance.

We found that sufficient improvements had been made to lift the suspension of the provider's registration.

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

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

We took enforcement action and issued a warning notice against the provider in relation to Regulation 17(1)(2) Good governance.

Please see the specific details on action required at the end of this report.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team included a CQC lead inspector and a second CQC inspector.

Background to A New You (Brighton) Limited

A New You (Brighton) Ltd is an independent provider of consultations and treatment for dermatological conditions including acne and rosacea, prescription skincare and mole screening. Botox (Botulinum toxin) injections are provided for the treatment of excessive sweating. The service also provides pre- and post-operative consultations for surgical cosmetic treatments and follow up care post-surgery. Surgery is carried out at other locations that are independent of this service. The service offers consultations and treatments to people over the age of 18.

The Registered Provider is A New You (Brighton) Ltd.

A New You (Brighton) Ltd is located at 78 Trafalgar Street, Brighton, East Sussex, BN1 4EB.

The service is open from 10am to 6pm on Mondays, Wednesdays and Fridays, 10am to 8pm on Tuesdays and Thursdays and 10am to 5pm on Saturdays.

The service is run from self-contained ground floor premises which are leased by the provider. The service has a suite of consultation and treatment rooms, a waiting room and administration area. Patients are able to access toilet facilities on the ground floor. Access to the premises at street level is available to patients with limited mobility.

Inspected but not rated

Are services safe?

Safety systems and processes

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

- The service had improved systems to safeguard children and vulnerable adults from abuse. At our previous inspection on 5 July 2021, we found that staff were unclear as to who the safeguarding lead within the service was. There was a lack of guidance for staff on how to raise safeguarding concerns about a patient. At our inspection on 9 February 2022, we found that the safeguarding lead within the service had been clearly identified. There was improved guidance for staff as to how they would raise a safeguarding referral. Staff had access to contact information for local safeguarding teams. We reviewed the provider's newly developed safeguarding policy which provided comprehensive guidance to staff on both adult and child safeguarding processes. Appendix four of the policy set out the service's staff training requirements with regard to adult and child safeguarding training, which were in line with regulatory and best practice guidance. However, our review of staff training records confirmed that staff within the service, including the lead member of staff for adult and child safeguarding, had not undertaken training in the safeguarding of children. This was in contradiction to the provider's own policy. Following receipt of our draft inspection report, the provider sent us information to demonstrate they had provided training for relevant staff in the safeguarding of children.
- At our previous inspection we found that the provider had failed to ensure that the required checks of staff had been carried out at the point of recruitment. Staff told us there were no personnel files available for two staff members and no records available relating to the consultant surgeons who provided services on a sessional basis.
- At our inspection on 9 February 2022, we found the provider had made attempts to address gaps in the monitoring of staff but in some instances this had proved difficult. For example, in obtaining references retrospectively. We found however, there were improved systems for monitoring staff checks and a personnel file and checklist were in place for all staff, with explanatory notes when items, such as references, had not been obtained. We noted that checks had not been undertaken to monitor ongoing professional registration for one nurse employed by the service. The provider obtained confirmation of ongoing registration for that staff member during our inspection visit. There were no records held for consultant surgeons who had previously provided consultations within the service. The registered manager told us that practising privileges for those consultants had been suspended following our previous inspection. They assured us that all required recruitment checks would be undertaken prior to any reinstatement of those consultants' practising privileges.
- At our previous inspection we found that Disclosure and Barring Service (DBS) checks had not been undertaken for any staff members. (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). At our inspection on 9 February 2022, we found that all staff employed by the service had been subject to a DBS check.
- At our previous inspection staff told us that patients were routinely offered a chaperone. However, we found there was a lack of a documented chaperone policy and no signage on display which prompted patients to request a chaperone. Staff had not undergone chaperone training. At our inspection on 9 February 2022, we found there was a chaperone policy and appropriate signage in place. Staff who undertook the role had completed appropriate training.
- At our previous inspection we found there was a lack of systems to effectively manage and monitor infection prevention and control within the service. We found the provider's infection, prevention and control policy did not provide sufficient detail or guidance for staff. Staff were unclear as to who was the lead for infection control within the service and this was not stated within the policy. Staff had not received training in infection prevention and control. At this inspection we found the provider had implemented a newly developed policy which provided clear and comprehensive guidance for staff on infection prevention and control processes. The lead staff member for infection prevention and control had been clearly identified and staff had received appropriate training.
- At the time of our previous inspection the provider had not undertaken an audit of their infection prevention and control processes. At this inspection we reviewed the provider's 'control of infection risk assessment' which was sent to us prior to our site visit but was not dated. Some areas requiring remedial action had not been identified by the risk

assessment process. For example, at our inspection on 9 February 2022, we found that two sharps bins located in clinical rooms were dated June and July 2021 and had been in use since that time. One other sharps bin was not signed and dated, despite being in use and almost full. The provider's risk assessment had not identified that those sharps bins had not been used in line with current best practice guidance which indicates that sharps containers should be disposed of after a three-month period of use. We spoke to the lead member of staff for infection prevention and control within the service who told us they had not participated in completion of the risk assessment. None of the staff we spoke with were aware of the risks, such as the spread of infection, associated with sharps bins being in use for such a prolonged period of time.

- At our inspection on 5 July 2021, we found the refrigerator used to store medicines was unclean. We found multiple items which had expired, stored in cupboards within treatment rooms. At our inspection on 9 February 2022, we found that the refrigerator used to store medicines had been replaced and was clean, and there were improved processes for stock control and monitoring.
- At our previous inspection we found the provider was unable to demonstrate that they held appropriate records relating to staff immunisations. We found that the Hepatitis B status had been recorded for one staff member. There were no other vaccination records available for the remaining staff members. The provider confirmed they were unaware of Public Health England guidance (PHE) which outlines the recommended programme of vaccination for frontline healthcare staff (varicella, tetanus, polio, diphtheria and MMR (measles, mumps, rubella). At this inspection we found that the provider had recorded the Hepatitis B status of clinical staff but continued to fail to give consideration to PHE guidance in seeking assurances that staff had received the required vaccinations. Following receipt of our draft inspection report, the provider sent us information to demonstrate they had begun to introduce revised processes to ensure that monitoring of staff immunisations was in line with best practice guidance.

Risks to patients

There were some systems in place to assess, monitor and manage risks to patient safety.

- We reviewed arrangements within the service to respond to medical emergencies. We found there were appropriate supplies of emergency medicines available to staff in the event of a medical emergency, for example anaphylaxis (a severe, potentially life-threatening allergic reaction). At our previous inspection we found that the service did not have oxygen or a defibrillator on site and no documented risk assessment in place to assess the level of risk to patients in the event of a medical emergency or the need for emergency equipment. At this inspection we found that the provider had installed an oxygen supply within the service in order to support the management of a medical emergency.
- The provider had developed a medical emergency and unwell patient policy since our previous inspection which provided improved guidance for staff. However, the policy stated that non-clinical staff did not require basic life support training. Our review of training records confirmed that non-clinical staff had not received basic life support training. Despite this, staff told us that it was likely that only two members of staff would be present within the service at one time. This meant that on the occasions when one of those staff members was non-clinical, there would be insufficient staff trained in basic life support to ensure the safety of a patient in the event of a medical emergency. We found that the provider had not assessed the risks to patients associated with this failure to ensure sufficient numbers of trained staff in the event of a medical emergency. Following receipt of our draft inspection report, the provider sent us information to demonstrate they had provided training in basic life support for non-clinical staff working within the service.

Information to deliver safe care and treatment

Staff had some information they needed to deliver safe care and treatment to patients.

Inspected but not rated

Are services safe?

- A combination of hand-written and electronic records were held by the service. Clinical records were stored on a secure, password-protected, electronic system. Staff told us that hand-written records were stored securely in locked cupboards until they were scanned onto the electronic system. At our previous inspection we found there was an inconsistent approach to clinical record keeping, with varying forms and documents missing from individual records. Staff told us there had been technical errors which occurred when some records were completed electronically, on a hand-held device, and then failed to upload onto the provider's clinical records system. Staff told us this resulted in the record being permanently lost from the system. At this inspection staff told us that problems associated with the uploading and saving of some electronic documents had been resolved. Staff told us they had begun to carry out spot checks to ensure the entirety of clinical records held but had not documented those checks. Following receipt of our draft inspection report, the provider sent us information to demonstrate they had introduced a checklist to record the monitoring of client records.
- At our inspection on 5 July 2021, we reviewed clinical records relating to six patients who had received treatment within the service. The records we saw did not always contain information we would expect to see, for example the patient's date of birth. We found that clinical records were not always clear, comprehensive and legible. The records did not always evidence that risks to the patients had been discussed or documented. There was a lack of evidence of treatment plans for some patients. We found a lack of recording of batch numbers of medicines used and a lack of recording of suture material and type, within some records.
- At our inspection on 9 February 2022, staff confirmed that no consultations which fell within scope of their CQC registration, had been undertaken during the period of suspension of the provider's registration. Clinical records had not therefore been generated during that time. We found that the provider had begun to develop processes to ensure improvements in clinical record keeping when such consultations were resumed. The provider had set out their approach within newly developed clinical governance and quality assurance policies. The provider had identified a doctor who would act as a clinical governance lead in monitoring and auditing clinical practices and clinical record keeping within the service.
- Patients attended the clinic for assessment and treatment of skin lesions such as moles, lipomas and cysts. At our previous inspection we found that clinical staff providing dermatology screening services had not received specialist dermatology training and were not following best practice guidance such as that provided by the British Association of Dermatologists (BAD). For example, screening of moles and other lesions did not include the use of a dermatoscope and we found no instances where removed lesions had been sent for histology. (A dermatoscope is a hand-held visual aid device used to examine and diagnose skin lesions and diseases). The provider told us they did not send specimens for histological examination in line with BAD guidance but were unable to provide research-based evidence to support this decision.
- At our inspection on 9 February 2022, we confirmed that dermatology services had not been provided during the period of suspension of the provider's registration. However, the provider had reviewed their approach to the provision of dermatology services and was able to demonstrate their planned improvements. The provider was in the process of recruiting a consultant dermatologist, as well as a doctor trained in minor surgical procedures. Their proposed process was that a patient seeking assessment of a lesion, would see a nurse within the service to determine the reason for the visit, record a medical history and take images of lesion. The consultant dermatologist would provide remote assessment of those images, remote consultation and diagnosis. The doctor trained in minor surgical procedures would then provide excision of the lesion where required. Samples to be were to be sent for histology where the consultant determined this was necessary. The provider had identified a specified dermatoscope which they intended to purchase and be trained in its use, prior to services being resumed.

Safe and appropriate use of medicines

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

Inspected but not rated

Are services safe?

- At our previous inspection we found there was a lack of systems and arrangements for managing the safe handling of medicines and prescribing practices in a way which minimised risks to patients.
- At our inspection visit on 5 July 2021, we saw that medicines requiring refrigeration were stored within a lockable refrigerator. Within the refrigerator we found multiple items which had expired. The refrigerator had a freezer compartment, which meant it was unsuitable for the purpose of storing medicines. The nature of the refrigerator did not allow for accurate monitoring of temperatures to ensure the safe storage of medicines. At this inspection we found that the medicines fridge had been replaced with a suitable alternative. Temperature monitoring had been carried out twice daily and temperatures recorded were all within the recommended range. All medicines stock stored within the fridge was in date.
- On 5 July 2021 we found that prescribing processes did not support the easy tracking of patient prescriptions. The security of access arrangements for online prescription ordering processes was unclear and the provider did not demonstrate that individual prescribers log-in details were kept safe. At this inspection we found there were improved security arrangements for authorised staff to access online ordering and prescribing sites.
- At our inspection on 5 July 2021, we found there was no audit or clinical oversight of prescribing practices within the service. Our review of clinical records confirmed that patients prescribed weight loss treatments such as Saxenda, were not managed in line with prescribing and monitoring requirements guidance, as set out by the manufacturer.
- Staff who were prescribers confirmed there were no arrangements in place for clinical supervision of their prescribing practices. At this inspection staff confirmed that no prescribing had been undertaken during the period of suspension of the provider's registration. We found that the provider had begun to develop processes to be implemented when prescribing was resumed. Newly developed clinical governance and quality assurance policies set out the provider's planned approach to monitoring and auditing clinical practices. The provider had identified a doctor who would act as a clinical governance lead in monitoring and auditing prescribing practices within the service.

Lessons learned and improvements made

The service had systems to ensure they learned when things went wrong.

- At our previous inspection we reviewed the provider's significant event policy and significant event log. We found there was a lack of guidance available to staff within the policy on how to report an incident. Staff we spoke with were unable to give examples of when they had raised concerns or reported an incident or a near miss. At this inspection we found the provider had developed an incident management and reporting policy which provided improved guidance for staff. This included an incident reporting template for staff to use. We noted that one incident had been reported since our previous inspection. The incident had been discussed and the learning shared amongst the team.
- At our previous inspection we found that the service had registered to receive patient safety alerts via the Central Alerting System immediately prior to our inspection. We saw no evidence that patient and medicine safety alerts had previously been responded to, acted upon or learned from. At this inspection we found that the service continued to be registered to receive medicines and safety alerts and was able to demonstrate their review and response to such alerts.

Inspected but not rated

Are services well-led?

Governance arrangements

There was a lack of clear responsibilities, roles and systems of accountability to support good governance and management.

- The provider had made some improvements to their structures, processes and systems to support good governance and management since our previous inspection. For example, there were improved process for chaperoning, medicines management and storage, and for monitoring safety alerts. However, some processes and systems required further development as they were not clearly set out, understood or established. Some processes were planned but their implementation was restricted by the suspension of the provider's registration. For example, dermatology service arrangements and auditing of prescribing and clinical consultation processes.
- Staff understood their individual roles and responsibilities. The provider had identified individual members of staff to assume lead roles in key areas, such as safeguarding and infection prevention and control, since our previous inspection.
- At our previous inspection we found the provider had not established appropriate policies, procedures and systems to ensure services were delivered safely. Policies were not dated and did not always contain sufficient or up to date information to provide adequate guidance to staff, in order to ensure the safety of staff and patients. Some policies failed to provide essential information to staff and did not reflect current good practice guidance.
- At our inspection on 9 February 2022, we reviewed a range of organisational policies available to provide guidance to staff within the service. We found that whilst those policies had been recently developed and approved, they did not always contain accurate or relevant information. We found some adopted policies had not been personalised to ensure their relevance to the service. For example, we found extensive references to the management of controlled drugs within the provider's medicines management and prescribing policy, despite no controlled drugs being held or prescribed by the service. The infection control policy provided guidance on home visits, vaccine storage, cervical screening and speculum use, which formed no part of services provided. The provider's staff induction policy provided an induction checklist for domiciliary staff which included aspects of food preparation and end of life care, despite no homecare services being provided. Following receipt of our draft inspection report, the provider sent us information to demonstrate they had made revisions to those policies, to ensure more accurate and relevant guidance for staff.
- We found that some organisational policies did not reflect best practice guidance. For example, the provider's medical emergency and unwell patient policy stated that non-clinical staff did not require basic life support training. Despite this, staff told us that it was likely that only two members of staff would be present within the service at one time. This meant that on the occasions when one of those staff members was non-clinical, there would be insufficient staff trained in basic life support to ensure the safety of a patient in the event of a medical emergency. We found that the provider had not assessed the risks to patients associated with this. The provider's infection control policy stated that staff health screening would include monitoring of Hepatitis B status. However, the policy made no reference to immunisation monitoring relating to varicella, tetanus, polio, diphtheria and MMR (measles, mumps, rubella), for staff employed within the service, in line with current Public Health England (PHE) guidance. The registered manager could not provide any further assurances that staff had received the required vaccinations. We found that the provider had not assessed the risks to staff and patients associated with a failure to hold those immunisation records.
- We found that the provider had not always implemented processes as set out within their own policies. For example, the safeguarding policy provided comprehensive guidance to staff on both adult and child safeguarding processes. Appendix four of the policy set out staff training requirements with regard to adult and child safeguarding training, which were in line with regulatory and best practice guidance. However, our review of staff training records on 9 February 2022, confirmed that staff within the service, including the lead member of staff for adult and child safeguarding, had not undertaken training in the safeguarding of children. This was in contradiction to the provider's own policy.

Inspected but not rated

Are services well-led?

- At our previous inspection we found there was no audit or clinical oversight of prescribing practices and no supervision for staff who were prescribers. There were no auditing or clinical supervision arrangements in place for staff providing dermatology services. There were no audits of clinical records to monitor compliance against the provider's expected standards of record keeping and to ensure completeness.
- At this inspection we found that the provider had developed a clinical governance policy which set out their intentions to develop an annual clinical audit and service evaluation plan. The provider had identified, and was in the process of recruiting, a doctor who would act as a clinical governance lead in monitoring and auditing clinical and prescribing practices within the service. These planned processes had not yet been implemented due to restrictions on activities imposed by the suspension of the provider's registration.
- At our previous inspection we reviewed clinical records relating to six patients who had received treatment within the service. We saw that the service used a template to record information about the patient. This included their previous medical history, medicines being taken and known allergies. We found this was not consistently completed for each patient and was not always legible. Consent processes were inconsistently applied, and consent records were missing for five out of the six patient records we reviewed. The consent form template for minor procedures was inadequate and did not clearly document the consent process and discussions between the practitioner and patient.
- At this inspection we found the provider had developed a more comprehensive consent form which clearly documented the consent process and discussions between the patient and practitioner. The provider's clinical governance policy set out their intentions to monitor the quality and completeness of clinical record keeping as part of their clinical auditing processes going forward.

Managing risks, issues and performance

There was a lack of clear and effective processes for managing risks, issues and performance.

- At our previous inspection we found there was a lack of effective governance processes to ensure leaders were able to identify, understand, monitor and address current and future risks, including risks to patient safety.
- Since our previous inspection the provider had established appropriate processes to receive and monitor medicines and safety alerts and was able to demonstrate their review and response to such alerts.
- At our previous inspection we found there was a lack of monitoring and review of activities to support the provider in identifying potential risks within the service.
- At this inspection we reviewed processes introduced for the monitoring and mitigation of areas of risk within the service. We reviewed the provider's medicines risk assessment which was sent to us prior to our site visit but was not dated. We found scoring of risks against compliance statements within the document were unclear and incomplete. Multiple statements had not been assessed or scored when they were applicable to the service. For example, statements which included: 'Are all administrations of medicines recorded appropriately?' and 'Are allergies checked before a medicine is administered to a service user?' had not been assessed. Statements which were not applicable to the service had not been recorded as such. There were no actions or conclusions recorded. This rendered the process incomplete and ineffective. We reviewed the provider's clinical room risk assessment and environmental risk assessment. These were sent to us prior to our site visit but were not dated. We found scoring of risks against compliance statements within the document were unclear and incomplete. Statements which were not applicable to the service had not been recorded as such. Where a risk score indicated that further action may be required there was no action noted nor review of the findings recorded. However, we noted that where remedial actions were required, these had been addressed but not recorded. For example, trailing electrical leads had been secured and hand washing posters had been installed above hand wash sinks. Following receipt of our draft inspection report, the provider sent us information to demonstrate they had recorded actions taken in response to risk assessment findings.
- At our previous inspection we found there was a lack of effective systems to manage and monitor infection prevention and control within the service. The provider had not undertaken an audit of their infection prevention and control processes.

Inspected but not rated

Are services well-led?

- At this inspection we reviewed the provider's 'control of infection risk assessment'. We found scoring of risks against compliance statements within the document were unclear and incomplete. Where a risk score indicated that further action may be required there was no action noted nor any review of the findings recorded. This rendered the process incomplete and ineffective. Some areas requiring remedial action had not been identified by the risk assessment process. We spoke to the lead member of staff for infection prevention and control within the service who told us they had not participated in completion of the risk assessment.
- At our previous inspection we found there was a lack of guidance available to staff on how to report an incident within the service. There was no evidence that incidents had been discussed and the learning shared amongst the team.
- At this inspection we found the provider had developed an incident management and reporting policy which provided improved guidance for staff. This included an incident reporting template for staff to use. We noted that one incident had been reported since our previous inspection. The incident had been discussed and the learning shared amongst the team.

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.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider was unable to demonstrate that systems and processes were in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. The provider was unable to demonstrate that systems and processes were implemented effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. In particular: • There was a continuing lack of effective systems and processes to assess the risk of, and prevent, detect and control the spread of infection. This included processes to maintain and monitor staff vaccination. • Arrangements to manage medical emergencies had not been adequately risk assessed. • Risk monitoring processes were incomplete and ineffective and failed to ensure an accurate assessment of potential risks. • Service policies had not been adequately reviewed to ensure they provided accurate and relevant guidance to staff. This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Warning Notice issued.