First Health Medical and Skin Care Centre

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	**Requires Improvement**
Are services effective?	**Requires Improvement**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Requires Improvement**

Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at First Health Medical and Skin Care Centre as part of our inspection programme and to provide a rating for the service. The service was last inspected on 23 May 2018, and was found to be meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 but there were some areas where we identified the provider could make improvements.

The service provides general practice services, including travel vaccination and family planning. It also provides medical treatment for a number of skin conditions and minor surgery (e.g. to remove moles, warts and cysts).

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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. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. First Health Medical and Skin Care Centre also offers a range of aesthetic services not regulated by CQC including Botox and laser hair removal.

The lead GP 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.

We spoke to one patient during the inspection and looked at feedback collected by the service.

Our key findings were:

- The service did not have clear systems to keep people safe and safeguarded from abuse.
- Systems to assess, monitor and manage risks to patient safety were not consistently effective.
- Medicines and equipment to deal with medical emergencies were not monitored effectively to ensure that they were available and effective when required.
- There were gaps in records used to demonstrate that staff had the skills and knowledge to carry out their roles.
- The service was not actively involved in clinical quality improvement activity.
- Systems to support good governance and management were not clearly set out or effective.

Overall summary

- There was limited evidence of learning, continuous improvement and innovation.
- From the records we reviewed, staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- 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.
- Patients said they were treated with care, compassion, dignity and respect.
- The service took account of patients' needs and preferences, and had made adjustments to allow access.
- There was a clear leadership structure and staff felt supported by management.

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.

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

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

- Update the complaints leaflet available for patients to ensure the information provided is correct.

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**.** The team included a specialist adviser.

Background to First Health Medical and Skin Care Centre

First Health Medical and Skin Care Centre is run by Dr Fouzia Rizvi. It is based at 43 Stonecot Hill, Sutton, Surrey, SM3 9HH.

First Health Medical and Skin Care Centre offers general practice services, including travel vaccination and family planning, for children and adults. Minor surgical procedures are carried out, for example to remove moles and warts.

Most appointments with First Health Medical and Skin Care Centre are for aesthetic procedures, for example using lasers or injected filler, which are not regulated by CQC.

The service is open Monday – Saturday 10am - 1pm and 5pm - 8 pm, for booked appointments only. There are two GPs, and receptionist who also provides some aesthetic treatments not regulated by CQC. There is another aesthetic technician who does not deliver treatments regulated by CQC.

How we inspected this service

During the inspection, we received feedback from people who used the service, interviewed staff, made observations and reviewed documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

- The service did not have clear systems to keep people safe and safeguarded from abuse.
- Systems to assess, monitor and manage risks to patient safety were not consistently effective. There was a system to manage infection prevention and control, but this was not consistently effective in identifying and managing risk. Clinical equipment had not been calibrated to ensure that it was accurate, and the provider could not demonstrate how it otherwise achieved this according to manufacturer's guidelines.
- Medicines and equipment to deal with medical emergencies were not monitored effectively to ensure that they were available and effective when required.
- There were no examples of the service learning and making improvements when things went wrong.

Safety systems and processes

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

- Staff we spoke to had an understanding of safeguarding, and said that they had been told about the service policy as part of induction.
- We asked for the training records for two members of staff and found that they had completed training in how to safeguard children and vulnerable adults from abuse at the level recommended by guidance, but only after the inspection was announced.
- Staff told us that when an adult requested an appointment for a child they always asked for registration details for both the child and the accompanying adult and checked (verbally) that the adult had parental responsibility.
- The provider carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control, but this was not consistently effective in identifying and managing risk. An infection control audit dated 20 September 2021 did not consider staff immunity to all of the diseases recommended by guidance and stated that all staff were up to date with infection prevention and control training. We checked the records for two members of staff and found that they completed training in infection prevention and control after the inspection was announced. The audit notes the availability of kits for both blood spillages and urine/vomit spillages. On the day we visited, staff could not find the blood spillage kit. We observed the premises to be clean. And there were systems for safely managing healthcare waste.
- The provider conducted safety risk assessments, but not consistently of an appropriate level of detail for the nature of the premises and services provided. Assessments of the risks of fire and Legionella had been carried out in June 2022, using templates provided for the use of residential landlords. The provider explained that this was because there was a flat above the clinic. The template considered risks common in domestic settings, such as from dying laundry, but did not consider risks present in the service setting, such as oxygen and aesthetic equipment. We discussed this with the provider and were told that fuller external assessments were carried out previously. We asked for evidence of the dates of these previous assessments and were sent evidence of assessments completed by service staff. We did not have the opportunity to review these.
- The provider had ensured that portable electrical appliances were safe.
- Clinical equipment had not been calibrated to ensure that it was accurate. The provider told us that it was not possible to arrange calibration because of the small number of items within the service and that equipment was replaced instead. We noted that equipment had last been replaced shortly before the inspection. A no-contact thermometer (to replace a previous in-ear thermometer). We asked the provider how this had been had been assessed, given guidance that they can be less accurate. The provider told us that it was adopted partly as a response to the Covid pandemic and that staff had checked it against an in-ear version.

Requires Improvement

Are services safe?

- We asked when equipment had last been replaced, and how the provider had determined that this was the correct interval. The provider told us that this was in 2020. We asked for evidence that this was in line with the manufacturer's guidelines. We were sent proof of purchase of two pieces of equipment, one replaced in June 2021 and one in August 2020, but no evidence of replacement of the pulse oximeter and no information from the clinical equipment manufacturers as to the maximum period between calibration.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for staff, but this did not ensure that staff completed all of the training required for their role.
- Staff understood their responsibilities to manage emergencies.
- From the records checked there were appropriate indemnity arrangements in place for the medical staff. We were sent an invoice for employers liability insurance cover to September 2021, but not evidence of a current policy.
- There were some medicines and equipment to deal with medical emergencies, but these were not monitored effectively to ensure that they were available and effective when required. The oxygen cylinder had expired in March 2019. None of the masks and oxygen tubing stored with the oxygen were in date (having expired in November 2018, June 2020 and December 2020). The provider had an ongoing contract to lease and service the oxygen, and told us that they believed it was therefore the responsibility of the supply company to ensure that the oxygen was in date. The provider had a system to check that the oxygen remained at least half full. After the inspection visit the provider told us that there were extra nasal prongs that could have been used for the oxygen.
- There was a defibrillator in the service and there was a system to check that it was functioning. However, there were no children's defibrillator pads and the adult pads had expired in August 2018. The provider told us that there were no children's pads because the service did not consider it necessary as few children were treated. The provider told us that there were no adult pads because of supply issues caused by the Covid pandemic and sent us evidence that they were aware of the issue and trying to source replacements in 2021. Shortly after the inspection visit we were sent evidence that replacement adult pads had arrived. The defibrillator battery had also expired in August 2018. The provider told us that they had been told by the defibrillator manufacturer that it did not yet require replacement, but that this had been by phone so no evidence could be supplied.
- Before the inspection visit we reviewed the log of medicines held for use in emergencies. The list did not include all of the medicines normally recommended by national guidance, as there was no medicines listed for nausea or vomiting, no atropine (to treat bradycardia that can be caused by minor surgery), no benzylpenicillin (for suspected bacterial meningitis), no dexamethasone (for croup in children) and no medicine for epileptic fits. During the visit, we checked the box we were told contained the service's emergency medicines. This matched the log. A syringe stored for use with the emergency medicines had expired in June 2021. We asked a doctor at the service if he knew why there was, for example, no atropine, and he said that he thought there were some other emergency medicines, but when we asked he was unable to find them. It was unclear from talking to staff during the inspection visit, whether the service offered medical services for children.
- We asked the provider for the risk assessment used to decide what emergency medicines to hold. The provider told us that they did not stock dexamethasone as they did not provide GP services to children under 12 months of age and offered only minor surgery (for example to remove warts, from age 2). The provider told us that the other emergency medicines had arrived shortly before the inspection visit and had been put, by mistake, in a cupboard. The provider told us that these medicines had been ordered to replace others that had expired. The provider could not explain why they were not noted on the monitoring log sent to us before the inspection. We were sent a file that appeared to be an earlier log sheet on which all of the medicines were listed. It was not clear (from the dates) how the two logs related to each other.

Requires Improvement

Are services safe?

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The arrangements for managing emergency medicines and equipment did not effectively minimise risks.
- Prescriptions were printed onto specially designed forms, after being recorded on the patient record system. These forms, and the GP stamp, were stored securely.
- Fridges used to store medicines, including vaccines, were checked.
- From the records we reviewed, staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was no process in place to review medicines prescribed or of records made by staff.
- The service checked the identity of patients by requesting verbal confirmation of their name and personal information (no evidence of identity was requested).

Track record on safety and incidents

The service had an inconsistent safety record.

- There were risk assessments in relation to safety issues, but these were not consistently effective in identifying risk.
- There was limited monitoring of the service to understand risks or lead to safety improvements.

Lessons learned and improvements made

There were no examples of the service learning and making improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. However, we noted at least two examples when the significant event process could have been, but was not, used to check for any learning.
- The provider was aware of the requirements of the Duty of Candour.

Requires Improvement

Are services effective?

We rated effective as Requires improvement because:

- There were gaps in records used to demonstrate that staff had the skills and knowledge to carry out their roles.
- The service was not actively involved in clinical quality improvement activity. There were gaps in records used to monitor clinical care and records were inconsistently completed. There was no evidence of issues apparent in the monitoring records being followed up, as significant events or through other formal quality improvement activity.
- The framework to deliver effective care and treatment was not well-documented, and the provider was not monitoring prescribing.

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)

- From the records we reviewed, patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- From the records we reviewed, clinicians had enough information to make or confirm a diagnosis, and we saw no evidence of discrimination when making care and treatment decisions.
- From the records we reviewed, staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was not actively involved in clinical quality improvement activity.

- The service collected information about clinical care and treatment, but did not (at the time of the inspection) use this to make improvements to the quality of clinical care and outcomes for patients.
- We asked the provider for minor surgery outcome evidence and any other evidence of quality improvement activity. We were sent a clinical audit of minor surgery. This was incomplete as it was only a record of infection rates and did not compare these figures to previous years or look at whether there was scope for improvement. We were also sent a document described as minor surgery outcome evidence, which had a table to record (for each patient): whether written consent was taken, the date biopsy samples were sent off and received by the lab, a provisional diagnosis of the lesion removed, the diagnosis confirmed by histology and whether there was any discrepancy between the provisional diagnosis made by the GP and the histology result. The table was incomplete. There were three patients for whom there was no provisional diagnosis, or histology result, and two had no record of biopsy being sent/received (with no note of whether this was because the patient refused biopsy). The Provisional Diagnosis column was completed inconsistently, with in some cases just the site of the lesion (e.g. 'right cheek') noted. There were only two entries in the column related to whether there was any discrepancy in diagnosis. We noted others that could have been discrepancies, but because of the gaps in records and the poor quality of entry of provisional diagnosis it was not possible to assess in how many instances the histology was different from the service's diagnosis. The provider confirmed that they had not reviewed the instances noted using the significant event process, to see if there was any learning, but described actions taken when the histology resulted indicated that the patient needed follow-up.

Effective staffing

At the time of the inspection visit, there were gaps in records used to demonstrate that staff had the skills and knowledge to carry out their roles.

- Staff were appropriately qualified. Medical professionals were registered with the General Medical Council (GMC).

Requires Improvement

Are services effective?

- The provider had an induction programme for all newly appointed staff, but this did not detail the learning provided, required and the timeframes to achieve it.
- The provider had not ensured that up to date records of skills, qualifications and training were maintained. The provider explained that this had been because the service had been closed during the pandemic and some staff had been on long-term sick leave. We found no evidence of skills and training being reviewed and updated as part of a planned re-opening or return to work, as all of the records we reviewed showed training had been completed after the inspection was announced.

Coordinating patient care and information sharing

From the evidence seen, staff worked together and with other organisations, to deliver effective care and treatment, although the frameworks for this were not well-documented.

- The provider told us that they had risk assessed treatments and identified medicines that they would not prescribe, for example, medicines liable to abuse or misuse, and those for the treatment of long term conditions that required monitoring to be prescribed safely. The service prescribing policy gave general guidelines as to good practice, but was not customised to the service. There were no details in the prescribing policy of treatments that would not be prescribed, or of any additional safeguards the provider had identified as necessary (e.g. any specific medicines for which patients needed to give consent for communication with their registered GP). We heard from staff that medicines for long-term conditions would be prescribed in some conditions, but it was unclear how this would be assessed as in line with service policy or monitored. It was unclear, from service policy and talking to staff what general practice was offered to children.
- The service had a biopsy policy, which described the nature and purpose of taking biopsies, but did not define the service policy as to when biopsy was required. Staff told us that all patients were encouraged to agree to biopsy, but if patients refused (due to the additional cost) clinical judgement would be used to decide if it was necessary. Staff told us that treatment had, on occasion, been refused when the patient would not agree to biopsy, and the patient directed back to their registered GP.
- Staff referred to, and communicated effectively with, other services when appropriate.
- 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.
- We heard examples of patients being referred to other services when necessary.

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 during the consent process and where appropriate highlighted to their normal care provider for additional support, for example after minor surgery. Guidance as to what to expect after minor surgery was only given to patients verbally – there was not a standard advice leaflet.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.

Requires Improvement

Are services effective?

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service did not monitor the process for seeking consent appropriately. Based on the outcome document provided there were three cases where no written consent was obtained for minor surgery, and there was no analysis of this.

Good

Are services caring?

We rated caring as Good because:

- Staff treated patients with kindness, respect and compassion.
- Staff helped patients to be involved in decisions about care and treatment.
- The service respected patients' privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Patients feedback was 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.

Privacy and Dignity

The service respected 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 because:

- We saw that the service took account of patients' needs and preferences, and had made adjustments to allow access.
- However, information about how to complain was incorrect.

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 and improved services in response to those needs. For example, the hours of the service had recently been adjusted and expanded in response to feedback.
- 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 was ramp to allow wheelchair access into the premises.

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.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded, but did not provide patients accurate information about the process and support available.

- Information about how to make a complaint was available, but this contained details of the NHS system for support and escalation, which would not be available to patients of the service.
- The service had complaint policy and procedures. Staff told us that there had been no complaints.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

- Leaders were knowledgeable about the clinical care offered, but had not identified and addressed some challenges related to running the service of this scale and nature.
- The service had a culture of high-quality sustainable care, but not all of the systems in place to achieve this were effective. The system to provide staff with the development they needed was not effective.
- Some systems to support good governance and management were not clearly set out or effective.
- Processes for managing risks, issues and performance were not consistently clear and effective.
- There was limited evidence of learning, continuous improvement and innovation.

Leadership capacity and capability

There were some areas where Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about the clinical care offered, but had not identified and addressed some challenges related to running the service of this scale and nature.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service had a vision and strategy to deliver high quality care and promote good outcomes for patients, but it was not always clearly defined or supported by sufficient plans.

- There was a clear vision and set of values. The service had a realistic strategy and business plans to deliver aesthetic services. The scope of the general practice care was less well defined. Some of the actions put in place had not delivered the intended outcomes.
- The service developed its vision, values and strategy jointly with staff. Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The service had a culture of high-quality sustainable care, but not all of the systems in place to achieve this were effective.

- The system to provide staff with the development they needed was not effective. The provider told us that there was an expectation that staff would complete most standard training annually, but there was no system to allow oversight of when training was last completed/next required. There was no system to ensure that staff returning to work after long-term leave or after service closure completed any overdue training within a reasonable time period. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team.
- The provider placed a strong emphasis on the safety and well-being of all staff, but weaknesses in overall risk management meant this had not been assured.
- Staff had received equality and diversity training, but, from the records seen, only after the inspection was announced.
- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The provider was aware of the duty of candour.

Requires Improvement

Are services well-led?

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were positive relationships between staff and teams.

Governance arrangements

Systems to support good governance and management were not clearly set out or effective.

- There was not an effective system to manage records for good management and governance. Recruitment records were not stored in a way that allowed efficient access to particular records, and there was no system to allow oversight of training records.
- Staff were clear on their roles and accountabilities, but it was unclear in some cases how the provider had determined that staff had the required skills and knowledge to manage particular responsibilities, for example when staff carried out risk assessments.
- Some policies were not fit-for-purpose as they described general guidelines rather than setting out the way that leaders intended the service to operate.
- Some of the information used to monitor the delivery of quality care was inaccurate, and therefore not useful, for example risk assessments that did not identify risks that we noted. The provider had not identified these weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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.

Managing risks, issues and performance

Processes for managing risks, issues and performance were not consistently clear and effective.

- Some processes to identify, understand, monitor and address current and future risks including risks to patient safety were not effective. We identified some risks that had not been picked up by the service processes.
- There was no effective audit that demonstrated evidence of action to change services to improve quality or monitoring to assess if the service was operating as intended.

Appropriate and accurate information

The service used information, but this was not always complete enough to allow leaders to be assured of the quality and safety of care.

- There was very limited quality and operational information collected or reviewed.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support services.

- The service encouraged and heard views and concerns from the patients and staff and acted on them to shape services and culture, for example in the hours open and the particular services offered.
- Staff could describe to us the systems in place to give feedback and we saw how these were used.

Continuous improvement and innovation

- There was limited evidence of learning, continuous improvement and innovation.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Family planning services Treatment of disease, disorder or injury Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular, there were ineffective arrangements to: • ensure that the premises were safe for use • ensure that clinical equipment was accurate • ensure medicines and equipment for emergencies were available and effective when required • assess and mitigate the risk of infection • ensure staff had the skills and knowledge required to deliver safe care.

Regulated activity	Regulation
Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • risks associated with premises, clinical equipment, medicines and equipment for emergencies. The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular: • policies that specified how the service was intended to operate • recruitment records • evidence of staff training

This section is primarily information for the provider

Requirement notices

- evidence of employers liability insurance.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- There was no effective audit that demonstrated evidence of action to change services to improve quality or monitoring to assess if the service was operating as intended.
- There were no examples of the service learning and making improvements when things went wrong.