MZ CL

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

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at MZ CL on 24 November 2022 as part of our inspection programme.

The service offered skin care treatments.

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 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. MZ CL provides a range of non-surgical cosmetic interventions, for example, botox and fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The senior doctor 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.

For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. We spoke to two patients during this inspection and received positive feedback.

Our key findings were:

- Recruitment checks were not always carried out in accordance with regulations including Disclosure and Barring Service (DBS) checks.
- There were clear systems and processes to safeguard patients from abuse. All staff had received training appropriate to their role.
- There was evidence of quality improvement activity.
- Consultations were comprehensive and undertaken in a professional manner.
- Consent procedures were in place and these were in line with legal requirements.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection.
- Staff members were knowledgeable and had the experience and skills required to carry out their roles.
- Clinical records were detailed and held securely.

Overall summary

- Patients were asked for feedback following each appointment. This feedback was logged, analysed and shared with staff.
- The service had systems to manage and learn from complaints.
- Patients were able to access care and treatment in a timely manner.

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

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Carry out formal regular prescribing audits.
- Provide relevant training so staff could act as a chaperone if required.
- Review the complaints policy and include information regarding how to escalate the complaint if the patient was not satisfied with the response to their complaint.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser.

Background to MZ CL

MZ CL is an independent clinic in central London.

Services are provided from: 110-112 Kings Road, London SW3 4TX. We visited this location as part of the inspection on 24 November 2022.

The service provides skin care related treatments.

The service was open to adults only.

Online services can be accessed from the practice website: www.drmaryamzamani.com.

The clinic is open from 8.30am to 5.30pm Monday to Friday.

The MZ CL clinical team consists of two doctors (an oculoplastic surgeon and a dermatologist) and a nurse. The clinical team is supported by a clinic operations manager, an aesthetician and a front of house reception staff.

The service is registered with the CQC to provide the regulated activity of treatment of disease, disorder or injury, diagnostics and screening procedures and surgical procedures.

How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. We spoke with a range of clinical and non-clinical staff. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback collected by the service.

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:

- Recruitment checks were not always carried out in accordance with regulations including Disclosure and Barring Service (DBS) checks.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse. However, some improvements were required.

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. Policies were regularly reviewed and were accessible.
- The service offered healthcare services to adults only. The service had systems to safeguard vulnerable adults from abuse.
- 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.
- We noted that appropriate recruitment checks had not always been undertaken prior to employment. For example, the two staff files we reviewed showed that references (satisfactory evidence of conduct in previous employment) for one staff had not been undertaken prior to employment. Appropriate health checks (satisfactory information about any physical or mental health conditions) had not been undertaken prior to employment for both staffs. One contract was not available.
- Disclosure and Barring Service (DBS) check was not always undertaken appropriate to the role 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). For example, we noted that the practice nurse had received an 'enhanced' DBS check (requested by the previous employer), which was received in July 2020 and they started employment in April 2022. We noted that the service had not carried out a Disclosure and Barring Service (DBS) check when the nurse was employed in April 2022. The service had not carried out any risk assessment to mitigate the risks.
- Staff vaccination was maintained in line with current UKHSA guidance.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. However, we noted there was no staff trained to act as a chaperone if required.
- There was an effective system to manage infection prevention and control. Quarterly infection control audits were carried out. There were systems for safely managing healthcare waste.
- The service carried out a legionella risk assessment on 3 August 2022 and regular water temperature checks had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- On registering with the service, a patient's identity was verbally verified. Patients were able to register with the service by verbally providing a date of birth and address. At each consultation, patients confirmed their identity face to face. They were able to pay by debit or credit card and cash.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. However, some improvements were required.

Requires Improvement

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There was suitable equipment to deal with medical emergencies which were stored appropriately and checked regularly. However, we noted paediatric pads for the defibrillator and paediatric masks for oxygen were not available. (A defibrillator is a device that gives a high energy electric shock to the heart of someone who is in cardiac arrest). Four days after the inspection, the service informed us that they had ordered paediatric pads for the defibrillator and paediatric masks for oxygen.
- The systems and arrangements for managing emergency medicines minimised risks. However, some emergency medicines were not in stock except four of the medicines used to treat asthma, epileptic fit, croup in children and suspected myocardial infarctions (a heart attack). Four days after the inspection, the service informed us that they had reviewed and ordered missing emergency medicines.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

- Patient records were stored securely using an electronic record system. 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.
- 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.
- 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 had reliable systems for appropriate and safe handling of medicines. However, some improvement was required.

- The service offered mostly skin related treatments including thread lift procedures, treatment for hyperhidrosis (a common condition in which a person sweats excessively), bruxism (grinding of the teeth) and minor skin excision (the removal of a skin lesion). In addition, the service was offering a range of aesthetic services and beauty products which were out of the scope of this inspection.
- The service informed us they rarely prescribed any medicines including antibiotics or creams for skin conditions. They did not treat acute or long term conditions. The service carried out quarterly reviews. However, they had not carried out a formal prescribing audit to review this.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.

Track record on safety and incidents

The service had a good safety record.

Requires Improvement

Are services safe?

- The premises was well maintained and the facilities were excellent. There were comprehensive risk assessments in relation to safety issues.
- The service had an up to date fire risk assessment (29 July 2022) in place and they were carrying out regular fire safety checks.
- We noted that the safety of electrical portable equipment was assessed (19 July 2022) at the premises to ensure they were safe to use.
- The fire extinguishers were serviced annually.
- The fire drills were carried out.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made 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. There had been no significant events.
- There were adequate systems for reviewing and investigating when things went wrong.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE), the British Oculoplastic Surgery Society (BOPSS) and the British Association of Dermatologists (BAD) best practice guidelines.

- The service offered skin related treatments.
- The service ensured that all patients must be seen face to face.
- The service used a comprehensive assessment process including full life history accounts and necessary examinations such as diagnostic images or laboratory analysis of skin samples to ensure greater accuracy in the diagnosis process. The assessments were tailored according to information on each patient and included their clinical needs and their mental and physical well-being.
- The outcomes of each assessment were clearly recorded and presented with explanations to make their meaning clear.
- Pathology results were uploaded to the clinical system on daily basis and assigned to the requesting consultant for review.
- Clinicians had enough information to make or confirm a diagnosis.
- We reviewed examples of medical records which demonstrated that patients' needs were fully assessed and they received care and treatment supported by clear clinical pathways and protocols.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- There was evidence of quality improvement activity. For example, an independent compliance officer carried out a comprehensive healthcare record audit to ensure effective record keeping monitoring.
- The service used information about care and treatment to make improvements. For example, the service carried out a complications audit for injectables and surgery to ensure effective monitoring and assessment of the quality of the service. The clinical audit had a positive impact on the quality of care and outcomes for patients. For example, changes were implemented to improve patients' education regarding expected symptoms after the treatments.
- The service carried out a waiting times audit to ensure care and treatment was delivered in a timely manner. The service introduced breaks between appointments as a result of this audit.
- The doctors rarely prescribed any medicines. However, some medicines were kept in stock which was dispensed if required and quarterly audits were completed to monitor their use.
- Clinical governance meetings were held regularly and meeting minutes were maintained.
- Pre-appointment and post-appointment questionnaires were completed by the patients to measure the effectiveness of the treatment offered.
- We found the service was following up on histology results and had an effective monitoring system in place to ensure that all abnormal results were managed in a timely manner and saved in the patient's records.

Effective staffing

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

Good

Are services effective?

- All staff were appropriately qualified. The service had an induction programme for all newly appointed staff.
- The service was run by a senior doctor, who was the director and an oculoplastic surgeon (Oculoplastic surgery is a specialised area of ophthalmology focused on the health of the eyelids, orbit, tear ducts and other structures around the eye). In addition, the service employed a consultant, specialising in dermatology, with practicing privileges (the granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services).
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The senior doctor was registered with the Independent Doctors Federation (IDF) the independent medical practitioner organisation in Great Britain. (IDF is recognised as the nationwide voice of independent doctors in all matters relating to private medicine, their education and revalidation).
- The doctors had a current responsible officer. (All doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practice). The doctors were following the required appraisal and revalidation processes.
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff had received training relevant to their role, with the exception of child safeguarding training.
- All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. If a patient needed further examination they were directed to an appropriate agency; signposted to their own GP or to their nearest A&E department.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medical history.
- When a patient contacted the service, they were asked if the details of their consultation could be shared with their NHS GP. If the patient did not agree to the service of sharing information with their GP, then in case of an emergency the provider discussed this again with the patient to seek their consent. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

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 patients advice so they could self-care. Self-care information, including skin care information, was available both in the clinic waiting areas and on the website.
- 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.

Good

Are services effective?

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 because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. We spoke with two patients over the telephone during this inspection.
- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- We reviewed patient feedback available online (social media) which was positive.
- 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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- The service gave patients clear information to help them make informed choices including information on the clinic's website. The information included details of the scope of services offered and information on fees.
- Patients told us 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.
- We saw that procedures were personalised and patient specific which indicated patients were involved in decisions about care and treatment.
- The service had comprehensive patient information available explaining the procedures and what to expect.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

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:

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 service introduced breaks between appointments as a result of patients' feedback.
- The facilities and premises were appropriate for the services delivered. The services were offered on the first floor. The premises was partially accessible for patients with mobility issues. Patients were informed about this when making the appointment and were signposted to other services if required which were fully accessible.
- The service website was well designed, clear and simple to use featuring regularly updated information. The website included arrangements for dealing with complaints, information regarding access to the service, terms and conditions, consultation and treatment fees.
- The service offered consultations to anyone who requested and paid the appropriate fee and did not discriminate against anyone.
- They provided services to patients with an ethos of providing individualised care and treatment, considering and respecting the wishes of its patients.

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.
- Appointments were available between 8.30am to 5.30pm Monday to Friday.
- Referrals and transfers to other services were undertaken in a timely way.
- This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if more appropriate to contact their own GP or NHS 111.
- The patient feedback we received confirmed they had the flexibility and choice to arrange appointments in line with other commitments.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care. However, some improvements were required.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service had a complaint policy and procedures in place. However, it did not include information regarding how to escalate the complaint if they were unhappy with the clinic's response to their complaints.

Good

Are services responsive to people's needs?

- The service had received 12 complaints in the last year. However, they were not related to the regulated activities offered by the service. Complaints were logged and analysed. The service learned lessons from individual concerns, complaints and analysis of trends. It acted as a result to improve the quality of care. For example, the service investigated the complaint, provided an apology and reminded staff that verbal information related to the charges should not be provided over the telephone to avoid any confusion.

Good

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. 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.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management.

Good

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance. However, some improvements were required.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of recruitment checks required improvement.
- The service had processes to manage current and future performance. The performance of clinical staff could be demonstrated through an audit of their consultations, prescribing and referral decisions.
- Leaders had oversight of safety alerts, incidents, and complaints.
- The clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The service had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified 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.
- The service was registered with the Information Commissioner's Office (ICO).

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, staff and external partners and acted on them to shape services and culture. For example, the service made changes to the website and made it easier to find the price list on the website.
- All patients were sent feedback questionnaires through an automatic computer system after their appointment. The clinic website also had a feedback function. All responses and comments were logged, analysed and discussed at clinical meetings. This was highly positive about the quality of service patients received.
- Staff could describe to us the systems in place to give feedback. 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.

Good

Are services well-led?

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, the service informed us they were using the latest modern medical equipment and technology to carry out skin care treatments.
- The senior doctor was regularly attending relevant events to keep up to date to explore new technologies.

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
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular, we found: • Recruitment checks were not always carried out in accordance with regulations including Disclosure and Barring Service (DBS) checks. This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.