

The Buckingham 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?

Good



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. (Previous inspection October 2022 – Inadequate)

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? – Requires improvement

We carried out an announced comprehensive inspection at The Buckingham Centre to follow up on breaches of regulations arising out of last inspection. The key questions we inspected were; are services safe; are services effective; are services caring, are services responsive and are services well-led?

CQC inspected the service on 18 October 2022 and asked the service to make improvements regarding safety, staffing and good governance:

- We issued a Warning Notice to The Buckingham Centre for failing to comply with Regulation 12, 12(1), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this comprehensive inspection in March 2023, we found the service had made most but not all improvements related to this breach of regulation.
- We issued a Warning Notice to The Buckingham Centre for failing to comply with Regulation 18, 18(1), Staffing, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this comprehensive inspection in March 2023, we found the service was compliant with this regulation.
- We issued a Requirement Notice to The Buckingham Centre for failing to comply with Regulation 17, Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this comprehensive inspection in March 2023, we found the service had made some improvement.

This location 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 general 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.

The Buckingham Centre is registered with CQC to provide the following regulated activities:

- Treatment of disease, disorder and injury
- Diagnostic and screening procedures

The director of Collingwood Health Ltd is the registered manager. A registered manager is a person who is registered with CQC 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.

Overall summary

Our key findings were:

- Staff had completed appropriate training in line with the service's own policy.
- The service had verified staff qualifications and ensured where appropriate, staff had a current registration with a professional body.
- An induction process was in place for new staff.
- There was a system to check emergency equipment was in working order.
- There was a system and process to check emergency medicines were in date.

The areas where the service **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.
- Display the most recent CQC rating.

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

- Implement an effective system for monitoring and recording the fridge temperature in line with own policy to ensure that medicines are being stored in line with the manufacturer's guidance.
- Review the accessibility and availability of service information for service users with language and communication needs.
- Implement an effective system to ensure patient care records are completed accurately.
- Embed the process to regularly complete an infection prevention and control audit in line with own policy.
- Implement an effective system to ensure staff complete regular training in travel health.

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 who was joined by a second CQC inspector and a nurse specialist adviser.

Background to The Buckingham Centre

The Buckingham Centre is the registered location of the provider Collingwood Health Ltd and is located in Slough, Berkshire. 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 general 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.

At The Buckingham Centre, services are provided to service users under arrangements made by their employer with whom the service holds a corporate contract. These types of arrangements are exempt by law from CQC regulation. Therefore, at The Buckingham Centre, we were only able to inspect the services which are not arranged for service users by their employers. The Buckingham Centre is registered with CQC to deliver travel and flu vaccinations to members of the public. The service is also a Yellow Fever vaccination centre. These services incur a charge to the service user and costs vary depending upon the type of vaccination requested.

The Buckingham Centre registered with CQC on 4 January 2018 and is registered to treat adults aged 18 and over for the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder and injury

Regulated activities are provided from:

- The Buckingham Centre, 30 Bradford Road, Slough, Berkshire SL1 4PG

The Buckingham Centre's website is:

- www.collingwoodhealth.com

Travel vaccines offered by The Buckingham Centre are available on demand to the public when staff are not carrying out duties that fall under the non-regulated occupational health side of the business. A small team of clinical and administrative staff support the service to deliver the regulated activities. Consultations are booked by the receptionist to be held with the nurse who also administers the vaccines.

How we inspected this service

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 service and in line with all data protection and information governance requirements.

We carried out this inspection on 22 March 2023. Before carrying out an onsite inspection, we looked at a range of information that we hold about the service. Before and during our visit, we interviewed staff, reviewed documents, and made observations relating to the service and the location it was delivered from.

Due to the current pandemic, we were unable to obtain comments from service users via our normal process where we ask the service to place comment cards in the service location.

During our inspection we:

- Spoke with the registered manager
- Spoke with staff
- Reviewed service documents and policies
- Completed an onsite visit

To get to the heart of service users' experiences of care and treatment, we always ask the following 5 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.

Are services safe?

We rated safe as Requires improvement because:

During the inspection in October 2022, we rated the safe key question as Inadequate because we identified significant concerns regarding staff training, infection prevention and control (IPC), safety alerts, emergency medicines and equipment and a lack of Patient Group Directions (PDGs)

These issues were discussed with the registered manager at that time, and they decided to immediately cease any further travel vaccinations clinics. The service re-started the travel vaccination clinics in January 2023.

At this comprehensive inspection in March 2023, we rated safe as Requires improvement because we found:

- Patient Group Directions (PDGs) had been implemented but had not been completed appropriately to authorise staff to administer vaccines.

Safety systems and processes

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

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. 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. The service had systems to safeguard children and vulnerable adults from abuse.
- All staff received up-to-date safeguarding and safety training appropriate to their role in line with national guidance. The service had systems to safeguard children and vulnerable adults from abuse. Staff knew how to identify and report safeguarding concerns and who to go to for further guidance.
- The service carried out pre-employment checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required on an annual basis in line with their own policy. (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.

Risks to service users

There were systems to assess, monitor and manage risks to service user safety however, the system to manage infection prevention and control was not effective.

- The service had appropriate safety policies which were regularly reviewed and communicated to staff.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage service users with severe infections, for example sepsis.
- There was a system to manage infection prevention and control, but it was not fully effective. An infection prevention and control (IPC) policy was in place and stated staff were to participate in regular audits. During the previous

Are services safe?

inspection in October 2022, we found an IPC audit had not taken place in line with the service's own policy. At this comprehensive inspection in March 2023, although we did not identify any IPC concerns, we identified again that an IPC audit had still not taken place. Following the inspection, the service sent us evidence of an IPC audit had now taken place.

- The clinical room was cleaned once a week by an external cleaning company and clinical staff told us it was their responsibility to clean clinical equipment. Staff were allocated time at the beginning of the day to re-stock and clean clinical equipment.
- There were systems for safely and securely managing healthcare waste. During this inspection, we saw sharps bins were managed appropriately and clinical waste was stored securely.
- The service carried out appropriate environmental risk assessments for the premises. For example, a fire risk assessment was carried out in December 2022 and identified issues that needed to be addressed and the actions required had taken place or were in progress.
- There were appropriate indemnity arrangements in place.
- There was an effective system to check and monitor the storage of emergency medicines to be used in a medical emergency.
- There was an effective system to check and monitor the storage of emergency equipment to deal with medical emergencies.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept service users safe but were not always an accurate reflection of the consultation that took place. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Consultations were recorded on paper and then scanned and uploaded onto an electronic system. The service had seen 10 service users since the last inspection. We looked at 5 of these care records and found issues with 4 of them. Vaccination, medical (including allergies) and medicines histories were recorded on the care records however, a clinician had not signed and dated 2 of these records so it was unclear who had carried out the consultation and when. The other 2 records had been signed by a clinician who had not carried out the consultation – staff told us the clinician had observed the consultation as part of their induction and had completed the paperwork but did not administer any vaccines. There was no audit process in place to identify issues with service user records at the travel clinic. We discussed the specific issues we identified with staff during the inspection, and they told us they would add a note to the electronic records to correctly reflect the consultation that took place for each of these 4 service users. Following the inspection, the provider told us in future, a non-clinical member of staff will check the paper records before they are scanned and uploaded to the electronic system to ensure they are fully completed.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks.
- During the last inspection in October 2022, we found temperatures for the vaccine fridge were being checked regularly but it was not in line with the provider's own policy which stated it should be done daily. Staff told us fridge temperatures were occasionally observed to be out of the required range for refrigerated medicines (2-8 degrees Celsius), but this had not been recorded nor actions taken. During this inspection in March 2023, we found gaps in the daily recording of fridge temperatures. We looked at records dating back to the beginning of January 2023 and found 9

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days where there was no entry on the fridge monitoring log. The data we did view on the log indicated the fridge temperatures were within the safe range on the days it was checked. The service was unaware of the gaps in this monitoring. Following the inspection, the provider told us they were going to change their vaccine storage policy to reflect no running clinics every day. Fridge temperatures will be recorded by the admin team on the days they are in the office and the travel nurse on the days they hold a clinic.

- 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.
- Staff prescribed, administered or supplied medicines to service users and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patient Group Directions (PGD) were in place but had not been authorised appropriately. (A PGD contains written instructions for the supply or administration of medicines to groups of service users who may not be individually identified before presentation for treatment). These had not been signed off appropriately to authorise staff to administer vaccines in line with national guidance. The nurse who had been giving vaccines had not signed the PGD to agree to work under it. A new member of the nursing team had signed the PGD more than 2 months after the chief medical officer and a pharmacist (representatives from authorising bodies) had approved the PGD. This means there was no evidence the chief medical officer or the pharmacist had authorised the new member of the nursing team to work under the PGD.

Track record on safety and incidents

The service had systems in place to report safety concerns or incidents.

- There was a system in place for recording and acting on incidents, but none had been recorded for this service. Staff were aware of how to record incidents.
- There was a process in place to log and share patient safety alerts with staff.

Lessons learned and improvements made

The service learned had a system in place for learning and making improvements when things went wrong.

- There was a system for recording and acting on significant events, but none had been recorded for this service. Staff told us they understood their duty to raise concerns and report incidents and near misses.
- The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty.

Are services effective?

We rated effective as Good because:

During our previous inspection in October 2022, we rated the effective key question as Requires improvement because staff training was not in line with the service's own policy and the outcomes of care and treatment were not being monitored.

At this comprehensive inspection in March 2023, we rated the effective key question as Good for because staff were appropriately trained and the service had started to collate feedback from service users.

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence based practice in line with current legislation, standards and guidance (relevant to their service).

- Service users' immediate needs were fully assessed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinical staff told us they kept up to date with the latest guidance on vaccines by attending training and had access to The Green Book (a resource managed by the UK Health Security Agency containing the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK) and the National Travel Health Network and Centre (NaTHNaC).
- Staff delivering vaccines had completed the appropriate training in line with the service's own policy. During this inspection in March 2023, we identified the service's training policy stated clinical staff are required to complete training in travel health, but we did not see evidence of this. Following this inspection, we were sent evidence appropriate staff had completed or were booked on training in travel health.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service told us it remains dramatically affected by the COVID-19 pandemic and they were continuing to rebuild the business.
- The service was very small at the time of the inspection. It had administered a small number of vaccines since the last inspection but had not yet completed any audits on the quality of their care or outcomes for service users and did not have plans for future audits to take place.

Effective staffing

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

- All staff were appropriately qualified. Relevant professionals were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- An induction programme was in place for all newly appointed staff which concentrated on the part of the service that is not in the scope of CQC. We discussed this with clinical staff and following the inspection, they told us they would implement a competency framework to assure themselves new clinical staff were competent in their role at the travel clinic and in future, it would be completed annually for all clinical staff.
- The service had an online system to monitor staff training. Staff were alerted one month before training expired to prompt them to update their training.

Are services effective?

- Clinical staff told us they had access to clinical supervision.

Coordinating service user care and information sharing

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

- Staff referred to other services when appropriate. For example, service users were advised to pass the details of the vaccinations they had received to their GP and were offered the relevant information to pass on.
- Before providing treatment, clinical staff at the service ensured they had adequate knowledge of the service user's health and their medicines history. Staff told us they would ask returning service users if they had any new health issues diagnosed since their last visit, but this was not always recorded.
- The service had risk assessed the treatments they offered.

Supporting service users to live healthier lives

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

- Where appropriate, staff told us they gave service users travel advice and information on how they could self-care. However, this was not always recorded on the service user's care record. Following this inspection in March 2023, the service told us they are reviewing their template for care records and the current process for recording the consultation.
- Risk factors were identified and highlighted to service users. For example, service users were told what to do if they suffered adverse side effects to a vaccine, although this was not always documented on the service user's record. We discussed this with staff and they told us they would start documenting this in the future.

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 service users to make decisions and had completed Mental Capacity Act training.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated service users with kindness, respect and compassion.

- The service had recently started to seek feedback on customer satisfaction.
- The limited feedback from service users was positive about the way staff treated people.
- Staff understood service users' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all service users.
- The service gave service users timely support and information however, this was not always recorded on the service users record.

Involvement in decisions about care and treatment

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

- Staff told us they asked service users where they were travelling to so they could inform and support them to decide what vaccines they required.
- Interpretation services were available for service users who did not have English as a first language. Service users were told about multi-lingual staff who might be able to support them.
- Service users were given an information leaflet to support them to make an informed choice. However, staff told us this is currently not available in other languages or in an easy-read format.

Privacy and Dignity

The service respected service users' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if service users wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Service users were offered a chaperone to be present during their appointment.

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 service users' needs. It took account of service user needs and preferences.

- The service understood the needs of most of their service users.
- The facilities and premises were appropriate for the services delivered.
- The service gave service users an information leaflet relating to care and treatment. This was not available in any alternative format. Following the inspection the provider told us at the time of booking, service users will be asked if they have any mobility, language or support needs. The service also told us they plan to relaunch a new website and may consider purchasing translation software.

Timely access to the service

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

- Service users were able to access appointments in a timely manner.
- Appointments times were discussed with service users when they contacted the service.

Listening and learning from concerns and complaints

The service had processes in place to listen and learn from concerns and complaints.

- The service had not received any complaints at the time of the inspection.
- Information about how to make a complaint or raise concerns was available and staff knew what to do if a service user told them they wanted to make a complaint.

Are services well-led?

We rated well-led as Requires improvement because:

During the inspection in October 2022, we rated the well-led key question as Inadequate because the delivery of high-quality care was not assured by the leadership, governance or culture. There were significant failures relating to systems and processes for performance management, auditing and safety.

At this comprehensive inspection in March 2023, we rated the well-led key question as Requires improvement because:

- Systems to support good governance were in place but not always effective.
- The service was not carrying out any monitoring activities regarding quality improvement.
- The service was not displaying their CQC rating.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the future of services but did not always recognise or identify issues relating to the quality of the service. For example, the training matrix the registered manager provided for us as part of the Provider Information Return (information requested by CQC prior to the onsite inspection) indicated gaps in staff training. During the onsite visit, we saw evidence that training had taken place and there was a process to monitor staff training. This meant the registered manager did not have a current overview of the staff training or assurances systems and process were always effective.
- Leaders were approachable although not always present at the service. The chief nurse managed clinical staff and led in key areas of the service. They were not based at the service but visited every few weeks. The registered manager was not always present at the service, but staff told us they were always contactable and available for support.
- Clinical staff had access to a clinical director and clinical supervision however, staff told us their work at the travel clinic was not considered in their appraisal.
- There was not sufficient clinical leadership to provide oversight of systems and processes and provide clinical quality assurance.

Vision and strategy

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

- There was a clear vision and set of values. The service wanted to grow following the detrimental impact the COVID-19 pandemic had on the travel industry.
- 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.
- There were positive relationships between staff and leaders.

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 processes for providing all staff with the development they need. Staff had received an annual appraisal over the last year. Clinical staff told us their work at the travel clinic was not included in their most recent appraisal, but they will highlight this and ask this is included in their next appraisal.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff, both clinical and non-clinical, were considered valued members of the team.
- Staff were given protected time for professional development and, where appropriate, evaluation of their clinical work.
- Bi-monthly team meetings for clinical staff had been implemented and the first one had recently taken place.
- Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management but they were not always effective.

- Structures, processes and systems to support good governance and management were clearly set out but not always understood or effective. For example, there was no system in place to review service user records to ensure they were complete and accurate. Patient Group Directions were in place but did not provide the appropriate authorisation for staff to administer vaccines.
- 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 not always operating as intended. For example, there was no procedure in place to identify the gaps in fridge temperature records we found during the inspection.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of service user identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear processes for managing risks, issues and performance but these were not always effective.

- There were processes to identify, understand, monitor and address current and future risks including risks to service user safety but they were not always effective. For example, an infection prevention and control audit had not taken place in line with the service's own policy.
- There were processes in place to review incidents and complaints however, at the time of inspection, the provider had not reported any incidents or significant events, nor had it received any complaints.
- The chief nurse told us an audit of clinical staff performance at the travel clinic had not taken place. This meant there was no process for the service to identify issues with performance such as the incomplete service user records we saw during the inspection.. Following the inspection, the service told us they are in the process of developing an electronic record management system which will provide data on how records have been completed. The service also told us they have introduced
- Clinical audits had not taken place to review quality of care and outcomes for service users. However, the service had seen a limited number of service users since they re-started their travel clinic in January 2023.
- Leaders had oversight of safety alerts.
- The service had plans in place and had trained staff for major incidents.

Appropriate and accurate information

Are services well-led?

The service did not have appropriate and accurate information

- Quality and operational information was not effectively used to ensure and improve performance. Quality improvement activity such as audits on clinical care had not taken place.
- 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 service user identifiable data, records and data management systems.
- The service was not displaying their CQC rating where they deliver their services or on their website where they describe their service. Ratings help people to find out about the quality of the service. During this inspection, the service placed the rating on a noticeboard in the reception area and told us they would remove any reference to their travel clinic from their website until they can add the rating information. Following the inspection, the service told us they plan to create a new website specifically for the travel clinic and will add the rating to that website.

Engagement with service users, the public, staff and external partners

The service engaged with service users, the public, staff and external partners.

- The service had recently started to ask service users to complete a feedback form at the end of their consultation. At the time of the inspection, the service had received 2 completed forms.
- Staff told us information is shared with them mainly by email and that they feel the service listens to them if they have an issue to raise or an idea.

Continuous improvement and innovation

The systems and processes for learning, continuous improvement and innovation was not always effective

- The service had made some improvements to the service since the last inspection, however there remains areas for improvements. Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. Staff told us following the last inspection, the team had met to review the inspection report and felt they have worked together to improve the service.

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have appropriate systems and processes in place to assess the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. In particular:</p> <ul style="list-style-type: none">• Patient Group Directions had not been completed appropriately to authorise staff to administer vaccinations. <p>This was a breach of Regulation 12(1) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively. In particular:</p> <ul style="list-style-type: none">• There was no process in place to review fridge temperature records.• There was no process to review service user records to ensure they were accurate, complete and contemporaneous.• The provider did not carry out clinical audits to identify issues and improve performance.

This section is primarily information for the provider

Requirement notices

This was a breach of Regulation 17(2) Good governance, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments

How the regulation was not being met:

Service providers are required to display the most recent rating on every website maintained by or on the provider's behalf. CQC inspected this service and then published a rating on 9 January 2023, but the provider had failed to display the rating as required.

This was a breach of Regulation 20A(2)(3)&(7) Requirement as to display of performance assessments, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.