Ingoldsby Limited

Health Counts

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 19 July 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Health Counts is a medical skin laser and aesthetic clinic. They offer laser hair, thread vein and tattoo removal, dermal fillers, acne treatments and Botulinum Toxin (Botox) treatments for cosmetic purposes and for migraine pain, Bell's Palsy (temporary facial paralysis) and Hyperhidrosis (excessive sweating).

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment of clients suffering with migraines or Bell's Palsy with the use of Botulinum Toxin and for the treatment of Hyperhidrosis. The treatment of clients with Botulinum Toxin was undertaken solely by a registered nurse prescriber, which included the prescribing of medicines. At Health Counts the aesthetic cosmetic treatments, including the use of laser treatments, that are also provided, are exempt by law from CQC regulation and were therefore not inspected.

The service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury.

Summary of findings

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

As part of our inspection we asked for CQC comment cards to be completed by clients prior to our inspection visit. We received 26 comment cards from clients who provided feedback about all aspects of the service. They were all very positive about the standard of care received. Comments included that the service provided brilliant aftercare and that the staff were professional, kind and caring. One card had mixed comments and included an issue with a payment plan.

Our key findings were:

- There was an effective system in place for reporting and recording significant events and these were monitored to completion. There was a process for sharing the learning within the service, when appropriate.
- Information about the service and how to complain was available and easy to understand. There was an effective system for responding to and learning from complaints.
- The service had systems in place for the receiving of and acting on, safety alerts regarding the monitoring of medicines or devices.
- Systems were in place to ensure that all client information was stored and kept confidential. We saw all paper client records were securely held within a locked cupboard.
- The service carried out fire drills and fire equipment checks were up to date; however, they did not have a current fire risk assessment available to us on the day of inspection or formal fire awareness training. Following the inspection, we were provided with a fire risk assessment.
- Staff acted as chaperones, however the service did not have a policy or procedure for this role and had not offered training to staff undertaking this role. Staff members who acted as chaperones were not checked under the Disclosure and Barring Service (DBS) and a risk assessment had not been completed to determine why DBS checks were not 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). Following the inspection, the Provider took some action in relation to this finding and applied for all relevant DBS checks.
- The service did not carry out appropriate recruitment checks on newly appointed staff, including, references, eligibility to work within the UK, DBS checks where relevant, and photographic identification. Following the inspection, the Provider took some action in relation to this finding and implemented a recruitment policy, an annual staff declaration form, updated staff files and applied for the relevant DBS checks.
- The service did not have a clear policy or procedure for the safeguarding of children. The service provided safeguarding training for staff in November 2017, however new staff had started after this date and had not completed any safeguarding training. There was no record of safeguarding training for the nurse prescriber. Checks were not carried out on adults accompanying children to confirm identity prior to providing consent to treatment. Following our inspection, the nurse prescriber undertook safeguarding training.
- The service had not conducted the appropriate risk assessments for the necessity of an automatic external defibrillator (AED) and oxygen available for use in medical emergencies and emergency medicines were limited to a measured dose of adrenaline to treat an anaphylactic reaction and Hyalase (helps break down dermal fillers where necessary). Staff had not undertaken basic life support training. We were informed the Provider took some action in relation to this finding following our inspection. We saw evidence that the provider had requested first aid at work training for a number of staff within the service for a future date.
- The service did not document any clinical audits or non-clinical audits to monitor quality as part of an improvement programme, there were no audits in relation to the efficacy of treatments, for example; prescribing audits or infection prevention and control audits.
- The Legionella risk assessment required review to include how and when water temperatures were checked and recorded, and what the level of risk was for the water cooled equipment. We were informed the

Summary of findings

Provider took some action in relation to this finding following our inspection. The provider amended the risk assessment to include the relevant information and implemented monthly testing.

- The service completed a temperature check list weekly for one fridge out of two in use for the storage of medicines. A separate freezer held stocks of Botulinum Toxin (Botox), and there were no documented checks. The appliances were domestic and not specific for medicines storage, did not have locks on and were in a room accessible by the public and therefore were not secure. We were informed the Provider took some action in relation to this finding following our inspection. Daily temperature checks were implemented for all fridges and the freezer, with actions to take if the temperatures fell outside of range and the appliances were moved into a secure room.
- The service did not have an awareness or adequate training for infection prevention and control (IPC) and had not completed any audits. We were informed the Provider took some action in relation to this finding following our inspection. We saw evidence that the nurse prescriber undertook infection prevention and control training and the provider had requested additional advice from an appropriate source regarding training for staff on IPC.

We identified regulations that were not being met and the provider must**:**

- Ensure care and treatment is provided in a safe way to clients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Improve checks on adults accompanying children to confirm identity prior to providing consent to treatment.
- Embed the new process for medicines kept in cold storage within the service.
- Embed the new recruitment processes and procedures within the service.
- Ensure all members of staff have received fire awareness training.

The impact of our concerns is minor for clients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- There was an effective system in place for reporting and recording significant events and these were monitored to completion.
- The service had systems in place for the receiving of, and acting on, safety alerts.
- The staffing levels were appropriate for the service provided.
- The service did not have an awareness or adequate training for infection prevention and control and had not completed any audits. We were informed the Provider took some action in relation to this finding following our inspection. We saw evidence that the nurse presciber had since completed IPC training and the provider had requested additional advice from an appropriate source regarding training for staff.
- Risk management processes were not in place, or were not effective in relation to infection prevention and control, Legionella and fire safety. Some action was taken by the provider in relation to this finding following our inspection. The service carried out fire drills and the fire equipment checks were up to date however they did not have a current fire risk assessment available to us on the day of the inspection or formal fire awareness training. A fire risk assessment and an amended Legionella risk assessment were provided to us following our inspection.
- Appropriate arrangements were not in place for the safeguarding of children. Following our inspection, the Provider implemented a recruitment policy, sought photographic identification for staff and applied for the appropriate DBS checks.
- Suitable safety arrangements were not in place for staff who acted as chaperones.
- The service did not have appropriate arrangements in place to respond to emergency situations. We were informed the Provider took some action in relation to this finding following our inspection. We saw evidence that the provider had requested first aid at work training for a number of staff within the service and had completed a risk assessment for the necessity of emergency medical medicines and equipment.
- Although the service had some recruitment processes in place, these were not effective. The service did not carry out appropriate recruitment checks on newly appointed staff, including DBS checks where relevant, references, eligibility to work within the UK and photographic identification. We were informed that the provider took some action following the inspection and implemented a recruitment policy, an annual staff declaration form, updated staff files and applied for the relevant DBS checks.
- There was not an effective system in place for the checking and rotation of consumable items and ensuring that medicines were kept at the appropriate temperature. We were informed the Provider took some action in relation to this finding following our inspection. Daily temperature checks were implemented for all fridges and the freezer, with actions to take if the temperatures fell outside of range and the appliances were moved into a secure room.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- Clients' needs were assessed prior to a service being delivered. Before treatment was undertaken clients were informed of the main elements of the treatment proposed and any further treatment or follow up that would be needed.

Summary of findings

- We saw no evidence of discrimination when making treatment decisions.
- The service did not document any clinical or non-clinical audits or quality monitoring as part of an improvement programme, there were no audits in relation to the efficacy of treatments.
- There was evidence of appraisals, qualifications and induction processes in staff files however some recruitment processes were not completed. The Provider took some action in relation to this finding following our inspection. A recruitment policy was implemented, an annual staff declaration form, staff files were updated and DBS applications were made for relevant staff members.
- Consent to treatment was obtained prior to treatment being given however checks were not carried out on adults accompanying children to confirm identity prior to providing consent to treatment for the child; for example, for acne treatments.

Are services caring?

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

- The majority of the Care Quality Commission comment cards we received were positive about the service received.
- We saw that staff treated clients with dignity and respect and maintained client and information confidentiality.
- Clients were involved in decisions about their treatment.
- Information for clients about the services available to them was easy to understand and accessible. A schedule of fees was provided before any costs were incurred.

Are services responsive to people's needs?

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

- The service offered consultations and treatments to clients who requested and paid the appropriate fee, and did not discriminate against any client group. The fees were available on request over the telephone, via the website and within the premises.
- Information about the service and how to complain was available and easy to understand and was made available to clients via the telephone and at the premises.
- The provider was open to feedback from clients and acted upon this.
- Opening hours of the service were available on the website.
- The service was accessible to people who had limited mobility or used a wheelchair.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- There was a leadership structure and staff felt supported by management and understood their responsibilities.
- There was not an overarching governance framework which supported the delivery of good quality care. There were limited arrangements to monitor and improve quality and identify risk.
- Effective policies and procedures were not routinely in place.
- Systems were in place to ensure that client information was stored and kept confidential. We saw all paper client records were securely held within a locked cupboard.
- The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty.
- Staff told us they felt supported and could raise any issues.

Summary of findings

- Staff had received inductions and attended monthly staff meetings and training opportunities.
- The service proactively sought feedback from staff and clients, which it acted on.

Health Counts

Detailed findings

Background to this inspection

Health Counts are located at 14 Arcade Street, Ipswich, Suffolk, IP1 1EJ, which is the only location where they provide regulated activity. Health Counts is a medical skin laser and aesthetic clinic. They offer laser hair, thread vein and tattoo removal, dermal fillers and Botulinum Toxin (Botox) treatments for migraine pain, Bell's Palsy and excessive sweating. The service provides a private service to children and adults. Additionally, the service carries out treatments via referral from the clients own GP or clinical NHS consultant. They provide a number of aesthetic cosmetic treatments, which we did not inspect as they are out of the scope of CQC regulation.

Health Counts opened in 1988 and reports to be the longest established laser and aesthetic clinic in East Anglia. The service has three directors, a medical director, a managing director and a financial director. There is a clinic manager, assistant manager, nurse prescriber and three Laser therapists. The service consists of a main waiting room, a toilet which is suitable for disabled access, a reception, two laser rooms, a consulting room and an aesthetic waiting room. Appointments are offered on a mainly pre-bookable basis. There is no on-site car parking but there is a pay and display car park close by.

Hours of opening are: Monday closed, Tuesday 10am to 8pm, Wednesday & Thursday 12pm to 8pm, Friday and Saturday 10am to 4pm.

Health Counts was inspected on 19 July 2018. The inspection was led by a Care Quality Commission (CQC) inspector, a second inspector and a GP specialist advisor.

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our visit we:

- Spoke with a range of staff from the service including the clinic manager, the finance director and two laser therapists.
- Reviewed a sample of treatment records.
- Reviewed comment cards where clients had shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.

To get to the heart of clients' 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.

Are services safe?

Our findings

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

We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Safety systems and processes

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

- The service did not have a safeguarding lead. Staff had received training on vulnerable adult and child safeguarding to level two however new staff who started since the last training in November 2017 had not received any safeguarding training. New staff members were not knowledgeable about indicators of abuse or how to refer any concerns. There was no record of safeguarding training for the nurse prescriber and checks were not carried out on adults accompanying children to confirm identity prior to providing consent to treatment; for example, for acne treatment. Policies and procedures for safeguarding were not in place. Following our inspection, the nurse prescriber undertook safeguarding training.
- The service did not have all relevant safety policies accessible to staff; for example, recruitment, chaperone, infection prevention and control, safeguarding and Legionella, however there was a whistleblowing policy and a prescribing policy. The service had not carried out an appropriate risk assessment to mitigate the need for these policies.
- Risk management processes were not in place. We saw that portable appliance testing (PAT) had been undertaken, regular fire safety drills and fire equipment checks were carried out however there was no formal fire safety training or a fire risk assessment. A Legionella risk assessment had also been undertaken however it did not include how and when temperatures were checked and recorded and what the level of risk was for the water cooled laser equipment. Following our inspection, we were provided with a fire risk assessment and an amended Legionella risk assessment which included monthly temperature checks.
- The service did not have an infection prevention and control policy, procedure or risk assessment in place to reduce the risk and spread of infection and did not carry out regular audits. We saw evidence of a weekly cleaning schedule and staff described cleaning they would undertake between clients. Staff had not received training in infection prevention and control and lacked awareness of the risks. We were informed the Provider took some action in relation to this finding following our inspection. We saw evidence that the provider had requested additional advice from an appropriate source regarding training for staff on IPC and the nurse prescriber had completed a course.
- We noted the service did not have bio hazard spill kits which are used for safe, effective cleaning and safe disposal following a spillage of bodily fluids.
- Staff acted as chaperones however the service did not have a policy or procedure for the role, had not offered training, staff members were not checked under the Disclosure and Barring Service (DBS) and the service had not completed a risk assessment. Following the inspection, the Provider took some action in relation to this finding and applied for the appropriate DBS checks.
- The service did not carry out appropriate recruitment checks on newly appointed staff, including DBS checks where necessary, references, eligibility to work within the UK and photographic identification. Following our inspection, the Provider implemented a recruitment policy, sought photographic identification for staff, implemented an annual staff declaration and applied for the appropriate DBS checks.
- We saw personal protective equipment (PPE) such as gloves, aprons, wall mounted soap and hand sanitiser were available throughout the premises which helped reduce the risk of cross infection.
- Control of Substances Hazardous to health (COSHH) data sheets for the cleaning materials were stored on site (COSHH legislation requires employers to control substances that are hazardous to health and to ensure their safe use).
- We saw that there was a clinical waste contract for the collection of all clinical waste. We saw sharps bins were appropriately stored and were collected in a timely manner for disposal by the clinical waste company. A sharps bin is a specially designed rigid box used to safely dispose of contaminated sharps for example used needles and lancets.

Risks to clients

Are services safe?

- There were enough staff to meet the demands for the service. We were told that appointments were only booked in line with the staffing levels in place to ensure all client needs could be safely met.
- The service did not have the appropriate risk assessment in place to support decisions regarding their response to emergencies. The service did not have oxygen or a defibrillator however there was a first aid kit available. Emergency medicines were limited to a measured dose of adrenaline to treat an anaphylactic reaction and Hyalase (helps break down dermal fillers where necessary) and clinical staff had not received basic life support training. We were informed the Provider took some action in relation to this finding following our inspection. We saw evidence that the provider had requested first aid at work training for a number of staff within the service.
- There were processes in place to document if the client agreed to their GP being informed of their treatments.

Information to deliver safe care and treatment

- Health assessments were comprehensive and clients had a consultation prior to a procedure being performed. During the consultation clients were given information to look at and read and an opportunity to ask questions about the procedure to ensure they fully understood the procedure and any associated risks.
- We saw paper records were stored securely in a locked cupboard.

Safe and appropriate use of medicines

- There was not a system in place for ensuring that medicines were kept at the appropriate temperature. The service completed a temperature check list weekly for one fridge out of two in use for medicine storage. A separate freezer held stock of Botulinum Toxin (Botox) and there were no documented checks. The appliances were domestic and not specific for medicine storage, did not have locks on and were in a room accessible by the public therefore were not secure. We were informed the Provider took some action in relation to this finding following our inspection. Daily temperature checks were implemented for all fridges and the freezer, with actions to take if the temperatures fell outside of range and the appliances were moved into a secure room.
- The service did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- The service stored minimal medicines on the premises. Medicines that were stored were in date.
- All prescriptions were issued on a private basis and were on company headed paper. We were told that for some clients, occasionally a private prescription for antibiotics or allergy medication was written.

Track record on safety

- We were told that one significant event had occurred in the last 12 months which was described as a near miss with a piece of equipment which could have caused injury if moved inappropriately. This incident was recorded appropriately and learning had taken place. In addition, we found that the registered manager and clinic manager could clearly describe lessons learnt from a specific complaint/incident and how lessons had been communicated to staff.
- Risk assessments had not been carried out regarding the premises. For example, fire safety, security and infection prevention and control and the Legionella risk assessment did not include how and when temperatures were checked and recorded and what the level of risk was for the water cooled equipment. We were provided with a fire risk assessment and an amended Legionella risk assessment which included monthly checks following our inspection.
- The service had arrangements to ensure that equipment was safe and in good working order.

Lessons learned and improvements made

The provider learned and made improvements when things went wrong.

- There was an effective system in place for reporting and recording significant events. The learning from significant events were shared as appropriate. The service held a record of significant events which included details of investigations and actions taken as a result. The service carried out an analysis of the significant events.
- They kept written records of verbal interactions as well as written correspondence.
- The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents, the service gave affected people reasonable support, information and a verbal and written apology.

Are services safe?

- The service had a system in place for knowing about notifiable safety incidents. The service received safety alerts regarding the monitoring of medicines or devices. For example, MHRA alerts (The Medicines and Healthcare Products Regulatory Agency).

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Effective needs assessment, care and treatment

- The service offered consultations to all prospective clients and did not discriminate against any client group. We were told that the service was selective who they offered a service to based on certain criteria in the best interest of the client. For example, clients had to be assessed as medically suitable, have realistic expectations and be physically and psychologically suitable. A full explanation was given if the service deemed they were unable to perform the procedure or if they thought the procedure was unsuitable for the client.
- Clients had a consultation prior to a procedure being performed. This ensured the client had adequate time to reflect on the procedure and ask any questions to ensure they fully understood the procedure.
- Clients were given a full explanation of the procedure and were fully involved in the decision making process.

Monitoring care and treatment

- The service did not have effective systems and processes in place to drive quality improvement. We were not provided with any evidence of any clinical or non-clinical audits or quality monitoring as part of an improvement programme, there were no audits in relation to the efficacy of treatments.
- The provider would contact other appropriate services and the manufacturers of equipment for guidance and advice to discuss issues and share learning if outcomes were not as expected or if something went wrong.

Effective staffing

- There were staff inductions and appraisal arrangements in place, however staff had not received basic life support, chaperoning or infection prevention and control training. Safeguarding training had not been completed by the newer members of staff.
- The staff who were responsible for completing the assessments and treatments within the service had the appropriate qualifications to undertake the role and could demonstrate how they stayed up to date.
- The service provided staff with ongoing support. This included one-to-one meetings, monthly staff meetings and appraisals.
- The service had an induction programme for all newly appointed staff. It covered such topics as fire safety, health and safety, equipment use, incident recording and confidentiality.

Coordinating client care and information sharing

- During this inspection, we saw the various consent forms for treatments which included the option of informing the clients own GP if required or requested.
- We were told if the service could not meet the care that a client needed, the client would be advised to seek assistance from their own GP or a specialist; for example, a dermatologist. The issue would be discussed with the client and documented on their record with the reason for the referral.
- The service clearly displayed which conditions they treated and the treatments they offered. The associated fees for each treatment were available upon request from the premises and on their website.

Supporting clients to live healthier lives

- During the consultation the service ensured that the client understood what aftercare would be needed to prevent complications post treatment.
- The service offered patch tests to ensure suitability of the intended treatment.

Consent to care and treatment.

- We spoke with staff about clients consent to care and treatment and found this was sought. Before treatment was undertaken clients were informed of the main elements of the treatment proposed and any further treatment or follow up that would be needed. It included discussion around benefits, risks and any possible complications before any procedures were undertaken.
- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and

Are services effective?

(for example, treatment is effective)

guidance however checks were not carried out on adults accompanying children to confirm identity prior to providing consent to treatment; for example, for acne treatment.

Are services caring?

Our findings

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

Kindness, respect and compassion

- We observed that members of staff were respectful, courteous and helpful to clients and treated them with dignity and respect.
- All the client feedback we obtained was positive about the service they had experienced. Staff were described as kind, caring and professional.
- We received 26 Care Quality Commission comments cards which highlighted that clients were treated with kindness, compassion and respect.

Involvement in decisions about care and treatment

- Comprehensive information was given about the patch tests and treatments available and the clients were involved in decisions relating to this. Written information was provided to describe the different treatment options available. Information about the services available were on the website and information booklets were available in the reception and waiting room.
- The service told us that any treatment, including fees, was fully explained prior to the procedure and that clients then made informed decisions about their care.
- Clients told us that a full and clear explanation was given if the service felt their choice of treatment was not appropriate for them.
- Client feedback in relation to listening, explaining treatment, involvement in decisions and being given enough time was positive. We were told that there was no problem with aftercare because due to the explanations given they were fully prepared as to what to expect.

Privacy and Dignity

Staff at the service respected and promoted clients' privacy and dignity.

- Staff recognised the importance of dignity and respect. Clients were seen in a private room to ensure privacy and dignity during consultations and treatments. We observed that consultation room doors were closed during the consultation and conversations could not be overheard.
- The service complied with the Data Protection Act 1998.
- Staff complied with information governance and gave information to clients only.
- The Care Quality Commission comment cards we received were all positive about the service received. Clients said they felt the service offered an excellent, professional service and staff were friendly, helpful, informative, caring and respected their privacy and dignity. One card had positive comments but had an issue with a payment plan.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The provider organised and delivered services to meet clients' needs. The provider understood the needs of its population and tailored services in response to those needs.

- Information was available on the website, informing prospective clients of the services provided. Clients were seen at a pre-procedure assessment consultation and options were discussed with them to achieve the most appropriate treatment for them.
- Clients could book appointments in person, by telephone and online. Requests for same day appointments were rare, although the receptionist advised that these would be accommodated if the staff were available.
- The service facilities were appropriate for the treatments delivered.
- The reception, waiting room, consulting room, treatment rooms and toilet were all accessible to people who used a wheelchair.
- The provider offered consultations and treatments to clients who requested and paid the appropriate fee, and did not discriminate against any client group. The fees were available on request over the telephone, via the website or within the premises.
- The service carried out treatments via referral from the clients own GP or clinical NHS consultant.

Timely access to the service

- Consultations and treatments were provided Tuesday 10am to 8pm, Wednesday & Thursday 12pm to 8pm, Friday and Saturday 10am to 4pm.
- Clients booked appointments through contacting the reception at the service.
- Feedback we received from clients was that 'appointments ran on time and were extremely organised.'
- Clients could access treatment within an acceptable timescale for their needs.

Listening and learning from concerns and complaints

- Information about the service and how to complain was available and easy to understand. This was available upon request from reception and on the client notice board in the reception area.
- The provider had an effective complaints procedure. The service had received three complaints in the previous 12 months. Two complaints did not require changes to be made however one complaint prompted the creation of a form regarding client expectations which was completed by the client and the nurse practitioner prior to the procedure. There was a process in place for the service to learn lessons from individual concerns and complaints and share these with the staff, as appropriate. This demonstrated that they followed their complaints procedure effectively.
- They kept written records of verbal interactions as well as written correspondence.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Leadership capacity and capability

- There was a clear leadership structure and staff employed understood their roles and responsibilities.
- Staff told us they felt well supported and there was an open culture.
- Staff told us that that the provider was supportive and approachable.

Vision and strategy

- The service told us they had a clear vision and ethos to provide safe, effective, confidential and empathic medical treatments for disease, disorder and post-injury/illness conditions.

Culture

- The service had an open and transparent culture and we saw that staff had good relationships with each other.
- The leadership was clear about the client consultation and treatment process and the standard of care expected.
- There was a clear management structure, with the directors holding responsibility for the service.
- Team meetings were held monthly.
- Staff were aware of their responsibility to comply with the requirements of the Duty of Candour. (This means that people who used the service were told when they were affected by something which had gone wrong, were given an apology and informed of any actions taken to prevent any recurrence).
- There were processes for providing staff with the training and development they needed, which included appraisals, however these processes were not always effective. For example, safeguarding training for newly employed staff had not been completed.

Governance arrangements

- There was a clear organisational structure and staff were aware of their own roles, accountabilities and responsibilities.
- Policies and procedures were not routinely in place with the exception of a prescribing policy and a whistleblowing policy (which protects staff should they need to raise concerns without fear of victimisation, subsequent discrimination, disadvantage or dismissal). We saw there were not effective arrangements in place for identifying, recording and managing risks; which included risk assessments and audits. The service did not have an effective safeguarding, recruitment, chaperone or infection prevention and control policy or procedure in place or the associated risk assessment to mitigate the need for a policy where applicable.

Managing risks, issues and performance

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

- We saw there were not effective operational arrangements in place for identifying, recording and managing risks. For example, DBS risk assessments for staff who have contact with children or vulnerable adults or for staff who chaperone. There were not effective processes to identify, understand, monitor and address current and future risks within the service. For example, infection prevention and control audits and an appropriate Legionella risk assessment. Following the inspection, the Provider took some action in relation to this finding and amended the Legionella risk assessment and implemented monthly testing.

Appropriate and accurate information

- Staff had signed a confidentiality agreement within their contract of employment.
- Staff followed information governance and security procedures. For example, the appointment book was closed when a client booked in at reception.
- Systems were in place to ensure that all client information was stored and kept confidential. We saw all paper client records were securely held within a locked cupboard.

Engagement with clients, the public, staff and external partners

- Staff were encouraged to provide feedback.
- The service contacted clients post procedure to obtain client feedback. In addition, the service requested a Satisfaction Form to be completed after every 3rd or 6th treatment depending on treatment type.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- Client feedback was published on the service's website and the service actively used social media as a platform to engage with clients.

Continuous improvement and innovation

- We saw that monthly team meetings were held and we were told any issues or concerns could be raised and discussed at these meetings.
- The service would contact other appropriate services and the manufacturers of equipment for guidance and advice to discuss issues and share learning if outcomes were not as expected or if something went wrong.

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
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:** • The service did not have an awareness of, or adequate training for, infection prevention and control (IPC) and had not completed any audits. There were no documented risk assessments. • The service did not have a Legionella policy or procedure. The Legionella risk assessment required review to include how and when water temperatures were checked and recorded, and what the level of risk was for the water cooled equipment.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:** • The service did not document any clinical audits or non-clinical audits to monitor quality as part of an improvement programme, there were no audits in relation to the efficacy of treatments, for example; there were no prescribing audits.

This section is primarily information for the provider

Requirement notices

There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

- The service did not have a clear policy or procedure for the safeguarding of children. The service provided safeguarding training for staff in November 2017, however new staff had started after this date and had not completed any safeguarding training. There was no record of safeguarding training for the nurse prescriber.

- The service did not have appropriate risk assessments in place to assess the necessity of an automatic external defibrillator (AED) and oxygen for use in medical emergencies and emergency medicines were limited. Staff had not undertaken basic life support training.

There was additional evidence of poor governance. In particular:

- Staff acted as chaperones, however the service did not have a policy or procedure for this role and had not offered training to staff undertaking the role.