

Medizen Limited

# Medizen Limited

## Inspection report

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### Ratings

## Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

### Overall summary

We carried out an announced comprehensive inspection on 1 February 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 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

# Summary of findings

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.

Medizen Limited is a clinic that provides non-surgical aesthetic treatments that are minimally invasive to help people with general complexion problems, excessive sweating or hair problems and migraines.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of treatment of migraines and excessive sweating. At Medizen Limited the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore we were only able to inspect the treatment for migraines and excessive sweating but not the aesthetic cosmetic services.

One of the directors of Medizen Limited 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.

24 people provided feedback about the service. All feedback was positive. People commented they felt welcomed and respected, and they felt staff were friendly and caring. Eight of these people commented they had been attending the clinic for over five years and were happy with the outcome. This feedback was provided by all people attending the clinic, not only those attending for treatment for migraines or excessive sweating.

## Our key findings were:

- Not all policies or processes were available such as chaperoning, safeguarding, or checking patient identification.
- Policies that were available were not well embedded such as risk management or had not all been reviewed and updated regularly.

- Not all staff had received relevant training for example safeguarding adults and children or chaperone training.
- The clinic did not routinely share information with the patients GP.
- The staff did not routinely check with patients if they had any difficulties with accessing the service for example mobility difficulties or if they required an interpreter.
- There was effective management of infection prevention and control.
- Staff had received appropriate training and told us what they would do in the event of an emergency.
- Patient records were stored securely.
- There was appropriate management of medicines.
- The clinic was open with staff about performance, complaints and incidents.
- The clinic collected feedback from patients in various ways.
- All feedback we received from patients was positive about the clinic.
- Patients received appropriate pre-treatment and aftercare advice.
- Staff told us they felt respected, supported and valued. They were proud to work in the clinic.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure patients are protected from abuse and improper treatment.

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:

- Review their process for identifying if people have any communication or mobility difficulties.
- Review their process for sharing information with patients' GPs where appropriate.

# 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).

The impact of our concerns is minor for patients 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 found the clinic did not have all necessary policies and processes to provide safe care.
- Staff had not received necessary training and showed a lack of awareness around safeguarding issues and the need for a chaperone.
- The clinic did not check patient identification to confirm age and identity.
- The clinic did have appropriate management of medicines and infection prevention and control.

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### Are services effective?

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

- Patients' needs were fully assessed.
- They received appropriate pre-treatment and after care advice.
- The clinic collected and reviewed feedback from patients to monitor how they responded to treatment.

We found areas where improvements should be made relating to the effective provision of treatment.

- The clinic did not have a robust system for sharing information with patients' GPs.

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### Are services caring?

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

- All patient feedback we received was positive about the service.
- Patients felt welcomed, respected and involved in decisions about their care.
- Staff were sensitive to patients' needs and offered support when needed.

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### Are services responsive to people's needs?

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

- The clinic saw complaints and patient feedback as an opportunity to improve services.
- Staff were aware of the complaints policy and would inform the clinic manager about a complaint when appropriate.
- The clinic had received no complaints about **Botulinum toxin** (Botox) treatments for migraines or excessive sweating.

We found areas where improvements should be made relating to the responsive provision of treatment. This was because staff did not routinely check if patients had any mobility or communication difficulties prior to their consultation. The clinic did not advertise there was not a lift in the building or that interpreters were available.

# Summary of findings

## **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).

The impact of our concerns is minor for patients 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.

- Leaders had appropriate clinical knowledge, however lacked skills to identify and address all risks to delivering safe care.
- The clinic did not have necessary policies or procedures for keeping patients and staff safe.
- The clinic had not carried out some risk assessments such as for health and safety and Legionella..
- The clinic had not regularly reviewed and updated existing policies and protocols.
- Staff did however, report to feel supported by management and felt respected and valued.

# Medizen Limited

## Detailed findings

### Background to this inspection

The registered provider of the clinic is Medizen Limited. Medizen Limited is situated on the first and second floor of Astor House on Lichfield Road, Four Oaks, Sutton Coldfield B74 2UG.

Medizen Limited is a clinic that provides non-surgical aesthetic treatments that are minimally invasive to help people with general complexion problems, excessive sweating or hair problems and migraines. The clinic has five treatment rooms including the medical practitioners consulting room, there is also a separate area on the second floor used for initial assessments and discussions.

The clinic employs 15 staff including a clinic manager, deputy clinic manager, receptionists and aestheticians. A medical practitioner and nurse work at the clinic under practising privileges. Practising privileges is a well-established process within the independent hospital healthcare sector where a medical practitioner is granted permission to work in a private hospital or clinic in independent private practice.

The clinic is open 9am to 6pm on Monday, 9am to 7pm on Tuesday, Wednesday and Thursday and 9am to 4pm on Friday. The clinic is also open one in three Saturdays.

The medical practitioner works at the clinic on a Wednesday and Friday and is the only staff member providing treatment with **Botulinum toxin** (Botox) for migraines and excessive sweating. The nurse works on a Tuesday and Thursday. The nurse provides aesthetic cosmetic treatments only. The clinic provides a 24 hour answering service.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the

purposes of treatment of migraines and excessive sweating. At Medizen Limited the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore we were only able to inspect the treatment for migraines and excessive sweating but not the aesthetic cosmetic services.

During January 2017 to January 2018 the clinic had treated six patients for migraines and five patients for excessive sweating. Patients attended the clinic at varying intervals depending on how well they responded to treatment.

The inspection team carried out an announced inspection at Medizen Limited on 1 February 2018.

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

Before visiting, we reviewed a range of information we held about the clinic. We also reviewed any information that the provider returned to us, the providers' website and any links to social media.

During our visit we:

- Spoke with a range of staff including a medical practitioner, the clinic manager, two aestheticians, reception staff and spoke with two patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of patient records.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the clinic used to deliver care and treatment plans.

# Detailed findings

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.

# Are services safe?

## Our findings

### Safety systems and processes

The clinic had some systems to keep patients safe and safeguarded from abuse.

- The clinic had conducted some safety risk assessments and had some safety policies.
- Staff received safety information for the clinic as part of their induction and refresher training. Policies were accessible to all staff however, were not all regularly reviewed.
- The clinic did not have a clear system to safeguard children and vulnerable adults from abuse. The medical practitioner had completed Level 3 childrens safeguarding training and informed us they would work with other agencies to support patients and protect them from neglect and abuse.
- However, other staff had not received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with were not all able to identify concerns or identify who the lead for safeguarding was. Some staff told us they would report concerns to the clinic manager, who would in turn inform the medical practitioner.
- Following the inspection, the clinic sent us evidence to show they now had a safeguarding policy in place and that two members of staff had completed training in vulnerable adults.
- The clinic carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff who acted as chaperones had received a DBS check. However, had not received any training for the role and some staff showed a lack of understanding in the need for a chaperone. Although the medical practitioner did not carry out any intimate examinations, the clinic did not routinely inform patients that chaperones were available if they required one. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.

- Following the inspection, the clinic sent us evidence to show they had updated their website to make patients aware they could have a chaperone and they had implemented a chaperone policy.
- There was an effective system to manage infection prevention and control. However, the policy was out of date and staff were not aware there were spill kits available to help clean up bodily fluids.
- The clinic had not carried out a risk assessment for Legionella or for health and safety. Legionella is a term for particular bacteria which can contaminate water systems in buildings.
- The clinic ensured that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The medical practitioner and nurse had maintained their professional registration.

### Risks to patients

The clinic did not have effective systems to assess, monitor and manage all risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- The clinic had appropriate medical indemnity for all staff.
- The clinic stocked appropriate emergency medicines and equipment, all staff were trained in their use.
- The clinic only treated adults over 18 years, however it did not check identification to confirm a patient's age or identity. This meant they could not assure themselves they were only treating people over the age of 18, or they were treating the person they were claiming to be.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The clinic collected relevant past medical history and information regarding allergies.

# Are services safe?

- The clinic did ask patients if they could share information with their GP, however did not routinely collect GP details.

## Safe and appropriate use of medicines

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

- The systems for managing medicines, including medical gases, and emergency medicines and equipment minimised risks. The clinic kept prescription stationery securely.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- However, the clinic's policy on medicine management had not been reviewed since 2004. The clinic sent us evidence to show they had reviewed the policy following the inspection.

## Track record on safety

We found areas the clinic needed to improve on in order to achieve a good safety record.

- The clinic had not reported any significant events or incidents relating to this patient group in the past year.

- The clinic had yearly fire risk assessments and carried out regular fire drills.
- Panic buttons were available in all rooms and were tested monthly.

## Lessons learned and improvements made

The clinic shared information when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The clinic shared details of incidents and complaints at monthly staff meetings.
- There was a system for receiving and acting on safety alerts.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The clinic had systems to keep the medical practitioner up to date with current evidence-based practice. We saw that the medical practitioner assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The clinic provided a 24 hour answering the service, the messages were sent to the medical practitioner and clinic manager. The medical practitioner dealt with any medical concerns.
- The medical practitioner received yearly training and assessment on the use of **Botulinum toxin** (Botox) with specific training for the treatment of Migraines in 2012.

### Monitoring care and treatment

The clinic had a programme of quality improvement.

- The clinic collected feedback from patients in various ways and reviewed this information at regular intervals.
- The clinic used an external management tool to assess how people scored their service. The clinic provided data to show for October to December 2017 their average score was 10 out of 10. 98 people had provided feedback however we were not able to distinguish if any patients receiving Botox for excessive sweating or migraine had provided feedback.
- The clinic provided us with unverified information from patients receiving Botox for migraines during 2017 to 2018. Patients commented since receiving treatment they were able to lead a normal life, they no longer needed to take painkillers or had reduced the amount they needed to take, and they had noticed significant improvement after the first treatment.

### Effective staffing

Staff did not have all the skills, knowledge and experience to carry out their roles.

- The clinic understood most of the learning needs of staff and provided training to meet them. However, the clinic had not provided appropriate safeguarding and chaperone training for its entire staff. The clinic provided evidence to show two staff members had receiving training in vulnerable adults following the inspection.
- Up to date records of skills, qualifications and training were maintained.
- The clinic provided staff with ongoing support. This included an induction process and appraisals.

### Coordinating patient care and information sharing

- The clinic did not have a robust system for sharing information with other agencies to enable them to deliver safe care and treatment. For example, the clinic would only directly contact the patients GP if they had a serious concern about the patients' health.
- In most cases the medical practitioner would give the letter to the patient and ask the patient to give it to their GP. We advised the clinic this process was not effective.
- Following the inspection, the clinic informed us they would be reviewing their process for sharing information with GPs.

### Supporting patients to live healthier lives

- Staff provided patients with aftercare information, made them aware of any possible side effects and provided them with details of their 24 hours answering service.

### Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The clinic monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The clinic gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We were unable to distinguish between patients in and out of scope of regulation however all of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced.
- This was in line with the two patients we spoke with during our inspection, feedback provided by patients to the clinic and reviews left by patients on independent websites.

### Involvement in decisions about care and treatment

- Staff helped patients be involved in decisions about their care.
- All patients had a pre-treatment consultation, and were shown the type of equipment that would be used

- All risks and side effects were discussed.
- The medical practitioner informed us they would use an interpreter if needed.
- However, not all staff were aware interpretation services were available for patients who did not have English as a first language. We did not see any notices in the reception areas informing patients this service was available.

### Privacy and Dignity

The clinic partly respected and promoted patients' privacy and dignity.

- The clinic complied with the Data Protection Act 1998.
- After treatment, patients did not need to go back through reception, maintaining dignity.
- All rooms were accessed by a fob system, ensuring only someone with authorisation could enter the room.
- All staff we spoke with showed a lack of awareness around the need for a chaperone and did not routinely offer a chaperone to patients. The clinic did not have a chaperone policy, and there were no notices displayed in reception advertising that chaperones were available. Following the inspection, the clinic sent us a copy of their newly implemented chaperoning policy.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The clinic organised and delivered services to meet most patients' needs. It took account of most patients' needs and preferences.

- The clinic understood the needs of most of its patients and tailored services in response to those needs.
- For patients unable to attend appointments during normal working hours, the clinic offered extended hours and was open until 7pm on a Thursday for patients requiring treatment for migraines or excessive sweating with Botox.
- The facilities and premises were appropriate for the services delivered.
- The clinic allowed patients to pay in monthly instalments if they could not afford to pay for the treatment all in one go.
- The clinic was located on the first and second floor of the building. There was no lift in the building. This was not mentioned on their website and staff did not routinely ask patients, when they made their initial appointment if they had any mobility difficulties that would prevent them from accessing the service. Following the inspection, the clinic told us they had updated their website to inform patients there was no lift in the building.
- If a patient informed staff they had mobility problems staff directed patients to a suitable service.
- Staff did not routinely check with patients if they had any language or communication difficulties and would require an interpreter.
- The clinic did not have a hearing loop. A hearing loop is a device used to aid communication for people that have hearing difficulties. Staff did tell us to aid communication they would write things down for patients.

### Timely access to the service

- The clinic offered appointments with the medical practitioner on a Wednesday and Friday.
- The clinic was open 9am to 7pm on Wednesday and 9am to 4pm on Friday.
- The service provided a 24 hour answering service. People are able to leave a message which is dealt by either the medical practitioner or clinic manager.
- Patients told us they could get an appointment when they wanted. However we were not able to distinguish between the feedback and if it related to this patient group.

### Listening and learning from concerns and complaints

The clinic took complaints and concerns seriously and responded to them appropriately.

- The clinic had not received any complaints in the last year regarding treatment of excess sweating or migraines with Botox.
- The clinic monitored social media and feedback from patients and wrote to patients who were not happy with the service.
- The complaint policy and procedures were in line with recognised guidance.
- The clinic shared details of complaints with all staff at monthly staff meetings.
- Details of how to complain was located in reception in the clinic's Client Guide Book. Patients told us they would speak with staff if they wanted to make a complaint. Following the inspection, the clinic told us they had displayed their Client Guide Book in all rooms.
- Staff were aware there was a complaints process and would contact the clinic manager if they were unable to resolve the complaint themselves.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability;

- Leaders were knowledgeable about clinical issues and priorities relating to the quality and future of services. However, lacked skills to identify and address all risks to delivering safe care.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff told us they felt supported by the clinic manager and medical practitioner.

### Vision and strategy

- The clinic had a clear vision to achieve the best possible results and offer the best possible service.
- From our observations and from what staff told us, achieving excellent customer service was a key priority.

### Culture

The clinic had a culture of ensuring staff and patients were supported.

- Staff stated they felt respected, supported and valued. They were proud to work in the clinic and felt they worked as part of a good team.
- Staff focused on ensuring patients were relaxed and felt reassured. For example if a patient appeared anxious before their treatment, the reception staff would inform the medical practitioner.
- Complaints were discussed with all staff and were a standing agenda item at monthly staff meetings.
- The medical practitioner was aware of compliance with the requirements of the duty of candour. Leaders told us they would be open and honest with a patient after an incident.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- All staff received regular annual appraisals in the last year.
- Staff did not work alone, there was always a minimum of two staff working in the evening.
- There were positive relationships between staff and teams.

### Governance arrangements

The clinic did not have clear responsibilities, roles and systems of accountability in all aspects of governance and management.

- The clinic had clear structures and processes for managing incidents and complaints, and Infection prevention and control.
- However, staff were not clear on their roles and accountabilities in respect of safeguarding and chaperoning, and health and safety risk assessments including Legionella.
- The clinic had not established proper policies, procedures and activities in all aspects to ensure safety including safeguarding and chaperoning, or a business continuity plan.
- The clinic did not have a clear lead for safeguarding.
- The clinic had no policy or process for checking patient identification to confirm the patients age prior to treating them.
- Many policies we viewed were out of date and had not been reviewed regularly. These included a health and safety policy was dated 2006, a medicines management policy, dated December 2004. The medicines management policy we viewed on site did not match the one we were sent by the clinic after the inspection, dated November 2005.
- The Botox treatment protocol for Migraine dated 2015 stated all clients should have a full consultation with the medical practitioner or the nurse prescriber, however we were told by the clinic only the medical practitioner treated these patients. The protocol had not been updated to reflect any recent changes in staff roles. Following the inspection, the clinic told us they had provided us with the incorrect protocol and provided us with the correct version that stated all clients should have a full consultation with the medical practitioner only.
- Following the inspection, the clinic sent us their policies for safeguarding and chaperoning they had produced since the inspection and updated versions of their Medicines management and Legionella policies
- The clinic also sent us their business continuity plan they had produced following the inspection and a training certificate for the clinic manager to show they had completed training in Legionella and Legionnaires disease.

### Managing risks, issues and performance

# Are services well-led?

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

The clinic did not have clear and effective processes for managing all risks and issues.

- Clinic leaders had oversight of MHRA alerts, incidents, and complaints.
- Staff had received appropriate training and could describe what they would do in the event of a medical emergency or fire.
- However, there was not an effective or embedded process to identify, understand, monitor and address all current and future risks including risks to patient safety. Staff were not following the clinics own Risk Management Policy and Procedure.
- The clinic did not have a business continuity plan in the event of a major incident for example flood or fire. The clinic manager told us they had a list of emergency contact numbers for external companies, however these numbers were not available off site.
- The clinic had a fire risk assessment, however did not have any other health and safety risk assessments.
- The clinic did not have a process in place for asking patients, on initial contact, if they had any mobility or communication difficulties. The clinic would only identify this when the patient arrived for their first appointment if the appointment had been made by telephone.

## **Appropriate and accurate information**

The clinic collected appropriate and accurate information.

- Quality information was used to ensure performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful.

- 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.

## **Engagement with patients, the public, staff and external partners**

The clinic involved patients to support services.

- The clinic collected feedback from patients in various ways including a comfort survey and used an external management tool.
- Patients were able to leave feedback on social media and independent websites.
- The clinic provided us with five testimonials from patients who had received treatment for migraines.
- The service was transparent, and open with staff about performance.
- The clinic produced a newsletter twice a year for patients. We saw the most recent copy which included details of their charity work, updates to changes in staffing and information on how patients could share feedback.

## **Continuous improvement and innovation**

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

- The medical practitioner told us how they kept up to date with relevant guidelines and attended regular training to maintain their skills.
- The service had not received any negative feedback about these two treatments and so was not able to show what improvements they had made as a result of patient feedback.

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
Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>Service users must be protected from abuse and improper treatment.</b></p> <p>Systems and processes must be established and operated effectively to prevent abuse of service users.</p> <p><b>How the regulation was not being met</b></p> <p>The registered person had failed to establish systems to prevent abuse. In particular:</p> <ul style="list-style-type: none"><li>· There was no clear system in place for safeguarding service users.</li><li>· The registered manager had not provided appropriate safeguarding training for all staff.</li><li>· The registered manager had not provided staff with appropriate chaperone training.</li></ul> <p>This was in breach of Regulation 13(1)&amp;(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

## Requirement notices

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### **How the regulation was not being met:**

The registered manager had no systems or processes in place to enable the registered manager to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- There were no policies or processes for safeguarding, chaperoning, business continuity, checking patient identification or conducting health and safety risk assessments including Legionella.

The registered manager had systems or processes in place that operated ineffectively in that they failed to enable 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. In particular:

- The Risk Management Policy had not been well embedded.
- Existing policies and clinic protocols had not been reviewed and updated.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.