Privategp.com Ltd (Private General Practice Services)

Inspection report

Beech House No. 3 Knighton Grange Road
Stoneygate
Leicester
LE2 2LF
Tel: 01162700373
www.privategp.com

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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	Inadequate
Are services safe?	Inspected but not rated
Are services effective?	Inspected but not rated
Are services well-led?	Inspected but not rated

Overall summary

We carried out an announced focused inspection at PrivateGP.com on 17 November 2021 to review compliance with three warning notices issued following our previous inspection on 12 October 2021. In addition, we returned to the practice on 1 December 2021 to review patient records as part of the same inspection.

In October 2021, the service was rated as inadequate overall and also for the key questions of safe, effective and well-led. The practice was placed into special measures. This inspection on 17 November 2021 was undertaken to review compliance with the warning notices which had to be met by 16 November 2021, but this inspection was not rated. The ratings from October 2021 therefore still apply and will be reviewed via a further inspection to take place within the next six months. The service remains in special measures.

The full reports for previous inspections can be found by selecting the 'all reports' link for PrivateGP.com Ltd on our website at www.cqc.org.uk

Why we carried out this inspection.

This inspection was a focused inspection to follow up on:

- Compliance with warning notices issued in respect of breaches of regulation 12 (safe care and treatment); regulation 17 (good governance); and regulation 19 (fit and proper persons).
- Additional concerns relating to processes for safeguarding and the recording of consent which arose following our visit on 12 October.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have not rated this practice as the rating remains unchanged until we have completed a further inspection incorporating all relevant key questions.

Our key findings were:

- We found concerns relating to the provision of safe care and treatment. This included aspects of medicines management; record keeping; and safeguarding patients.
- We found concerns relating to the provision of effective services. This included the absence of an established programme of quality improvement and clinical audit to demonstrate the efficacy of patient outcomes; the processes for obtaining appropriate patient consent; and limited communication with the patient's registered NHS GP or other appropriate stakeholders.
- We found that the service did not have sufficient governance or assurance processes in place, supported by effective leadership.
- We did not find that the service was compliant with our warning notices in respect of safe care and treatment and good governance (Regulations 12 and 17). We were satisfied that sufficient work had been completed to demonstrate compliance with the warning notices issued in respect of the warning notice relating to fit and proper persons (Regulation 19).

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

Overall summary

- 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.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care.

Our inspection team

Our inspection team on 17 November was led by a CQC lead inspector, supported by a second CQC inspector**.** The team also included a GP specialist adviser, and remote advice was sought from a CQC pharmacist specialist.

The visit on 1 December was undertaken by the GP specialist adviser, and CQC pharmacist specialist.

Background to Privategp.com Ltd (Private General Practice Services)

PrivateGP.com Ltd is registered with the CQC to provide services from Beech House, 3 Knighton Grange Road, Stoneygate, Leicester. LE2 2LF. The service has a website at www.privategp.com

PrivateGP.com Ltd provides an alternative means for patients to receive medical consultation, examination, diagnosis and treatment by general practitioners and medical and clinical specialists. It is an independent provider which offers a wide range of specialist services including functional medicine, integrated therapies, sexual health, immunisations and vaccinations, the prescribing of medical cannabis, bioidentical hormone replacement therapy, nutritional medicine including intravenous vitamin therapy, mental health services, a multi-disciplinary service for autism, occupational health, cryotherapy, and aesthetic procedures.

The service is delivered from a private residence. There is a reception and administrative office on the ground floor, with consulting rooms on the first and second floors. There is limited parking on site but street parking is available very close to the practice.

The service is registered to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury, and services in slimming clinics.

The service is available to any person and does not require a clinical referral. Whilst most patients will be from the Leicester area, the service sees people from other parts of the country.

The service is delivered by two GPs, one of whom is the medical director and the Chief Executive Officer, assisted by a practice nurse. Operational management is provided by a commercial manager, with a support team of five administrative/reception staff. A number of clinicians, including medical and other clinical specialists and complimentary therapists, provide clinics both on and off site for patients on a contracted basis.

The opening hours are 8.30am – 5pm from Monday to Thursday, and 8.30am – 4.30pm on a Friday. Patients can access face-to-face, telephone and online consultations. Home visits can be arranged when this is deemed necessary.

Both GPs are members of the Independent Doctors Federation (IDF) which is a designated body with its own Responsible Officer. This organisation provide the GPs with a regular appraisal and support with revalidation.

How we inspected this service

Throughout the 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 reduce the amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting interviews using video conferencing.
- Requesting evidence from the provider to be submitted electronically.
- A shorter site visit which included a review of patients' notes and adherence to infection control standards.

To get to the heart of patients' experiences of care and treatment, we 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?

Inspected but not rated

Are services safe?

This inspection was undertaken on 17 November 2021 to review compliance with the warning notices that were issued following our inspection on 12 October 2021. The inspection was not rated and therefore the ratings remain unchanged. The practice will receive a further inspection to review progress in all areas in six months' time, and that inspection will be rated.

We rated safe as Inadequate in October 2021 because:

- The provider was not ensuring the proper and safe management of medicines.
- The provider was not assessing the risk of, and preventing, detecting and controlling the spread of infection.
- The provider was not effectively assessing the risks to the health and safety of patients and doing what was reasonably practicable to mitigate any such risks.
- The provider was not ensuring that persons providing care or treatment to patients always had the qualifications, competence, skills and experience to do so safely

Safety systems and processes

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

- At the inspection in November 2021, the service did not demonstrate an awareness of the vulnerability of some of their patients. We looked into some concerns that had arisen at our previous inspection as part of our review of patient records, and concluded that potential indicators for safeguarding concerns were not being considered effectively. Our records review on 1 December highlighted that referrals were not being considered and acted upon where appropriate, and there was over-reliance on information from a third party such as relatives or carers. Information was not being shared or considered with other key stakeholders, including the patient's registered NHS GP. This meant that some patients may be at potential risk of abuse.
- We were informed that safeguarding reviews would be embedded as people registered with the service in the future. However, we were not told how existing patients would be reviewed.
- There were policies available for child and adult safeguarding which were accessible to staff, and they outlined who to go to for further guidance. Since our previous inspection in October 2021, the policies had been updated and were now more detailed with reference to all key aspects of safeguarding. However, the child safeguarding policy still incorrectly stated the level of training required for clinical and non-clinical staff.
- We reviewed personnel files for employed staff. The provider had carried out most of the required pre-employment checks at the time of recruitment, and addressed most of the gaps that were identified at our previous inspection. They informed us that future recruitment procedures would be strengthened to ensure all appropriate pre-employment checks were completed.
- However, checks for contracted health care professionals required strengthening. We saw a health care professional had been contracted but the only evidence of background checks on file was their curriculum vitae. This did not provide sufficient assurance that the practice could demonstrate sufficient background checks including evidence of qualifications and registration had been undertaken.
- At our inspection on October 2021, we found that Disclosure and Barring Service (DBS) checks were not undertaken on appointment, (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), and we saw DBS certificates that had been obtained by previous employers were used. At the inspection in November 2021, the service was able to demonstrate that DBS checks had been completed for all relevant staff. The practice had also signed up for the DBS update service .
- At the previous inspection, we found that the service had not responded to an issue identified via a DBS check by undertaking a risk assessment, or having a documented process to mitigate this. At the inspection in November 2021, this had been addressed.

Inspected but not rated

Are services safe?

- The service was found to be non-compliant with infection prevention and control standards in October 2021. When we returned to the practice in November 2021, we found the practice had achieved good progress in terms of becoming compliant. For example:
- Deep-cleaning of carpets and soft furnishings in two consultation rooms had been arranged, and a forward schedule for cleaning these had been planned.
- Gaps in the vinyl flooring in one clinical room had been addressed.
- We were told that clinical procedures (for example taking bloods, and cervical cytology samples) were now only taking place in the clinical room with vinyl flooring. However, this meant that the nurses and GPs had to move rooms throughout the day and meant that appointments had to be reviewed to ensure appropriate access to this room was available when required. The sustainability of this arrangement was unclear.
- Cleaning staff now attended the practice to clean the premises five days a week. Previously, there was one day/week when a cleaner did not attend the site.
- New privacy screens were now available in the three clinical rooms.
- Wall mounted soap and alcohol gel were available in clinical areas. Hand washing posters were displayed by sinks in clinical areas.
- The practice infection control policy had been updated to reflect how the practice operated. However, some areas needed further clarification and the policy did not include reference to staff training, or contact details for Public Health England.
- An appropriate infection prevention and control audit tool had been acquired and the practice was working with this to improve their compliance. However, the service recognised the need for additional expertise and were in the process of arranging for an infection control nurse in secondary care to assist them with the audit process.
- We were informed that clinicians were responsible for cleaning surfaces and equipment in their own rooms, and general cleaning of the area and equipment in-between consultations. However, on the day of our inspection in November 2021, we observed that the lead GP had no wipes available to clean surfaces and equipment between patients. We were informed that they had run out of stock that morning.
- At the inspection in November 2021, we observed that the management of clinical waste sharp bins had improved. Sharps bins in clinical rooms were not overfull and had been signed and dated. A system was in place to remove sharps bin when three-quarters full or after three months. Temporary closure mechanisms were in situ on the bins in use. When sharp bins were removed from the clinical area into the area for waste collection, their storage arrangements had been reviewed to make them safer.
- Since the inspection in October 2021, the practice were now in receipt of waste consignment notes and had arrangements to keep these for the required timescale of two years. The pre-acceptance waste audit had been completed.
- We saw operational protocols including the use of personal protective equipment (PPE), however when we discussed this, staff were not aware of the donning and doffing (putting on and taking off) procedures for PPE.
- At our inspection in October 2021, we found that whilst a fire risk assessment had been undertaken in January 2021, this had not been done by someone with the relevant expertise and so assessment did not incorporate or consider mitigation of key risk areas. In November 2021, we found that a fire risk assessment had been undertaken although we were informed this was an interim arrangement whilst a recognised expert fire contractor was sourced. However, the risk assessment available had identified some areas of risk and recommended actions to address these.
- In November 2021, we observed that the practice had put appropriate notices in place to identify where oxygen was stored in the building.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

Inspected but not rated

Are services safe?

- Individual care records were not always written and managed in a way that kept patients safe. At our inspection in October 2021, we saw that some notes for a patient had not been added onto their record contemporaneously in a timely manner. In December 2021, we found further evidence of concerns in relation to record keeping. We saw that full medical histories were not being recorded. Medical history information was reliant on what patients shared, rather than a process to seek clarification on medical and prescribing histories from the patient's own NHS GP. We observed that a diagnosis was sometimes made without clear rationale and in the absence of supporting test results. The emphasis was on functional medicine without an appropriate consideration of organic, physical and diagnostic examination and testing.
- When test results were noted, for example, an abnormal ECG reading, these had not been followed up. Additionally, references were made to tests such as scans but without evidence of the result being available from the provider who had undertaken this.
- The service did not have clear systems for sharing information with other agencies to enable them to deliver safe care and treatment. For example, at our inspection in October 2021, patients' registered GPs were not routinely contacted following treatment. This would be potentially important, for example, for GPs to be aware of any medicines that were prescribed and may influence their own clinical decision making. At our inspections in November and December 2021, whilst we saw some evidence of improvement taking place, the service was largely acting in isolation.
- The practice told us there was a plan to commence a wider multi-disciplinary approach to care, but there was nothing to evidence this had been instigated.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment mostly minimised risk. Since our previous inspection, the controlled drug cabinet had been secured to the wall and we found the practice had reviewed their stock of medical consumables to ensure this was in date. However, we did find two airways that expired at the end of October 2021.
- Patient Group Directions (medicines which can be given without a prescription for specific groups of people) had expired in January 2021. We were informed that a new pharmacist had been contracted to assist in updating these and at the time of our inspection in November 2021, eight PGDs had been updated and further work was planned. The most important PGDs had been prioritised, and there was an interim plan to use patient specific directions if needed.
- The service did not carry out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice provided us with an antibiotic audit they had completed since our last inspection in October 2021, however this was actually a number of specific case reviews and not a true audit (in that it was not measured against a standard, such as NICE guidance). re looked at 14 patients' records. We identified problems including extended use of antibiotics without justification, inappropriate medicines and doses being prescribed for people and without the required monitoring arrangements being in place. We found the service failure to refer people onto other services when appropriate to do so.
- The service prescribed medicinal cannabis - a schedule 2 controlled drug. Controlled drugs are medicines which requires additional controls due to their risk of misuse and dependence.
- At our inspection in October 2021, the policy stated that the first two prescriptions for medical cannabis should be written by the specialist consultant. At the inspection in November 2021, we saw this had been changed to read that the GP could prescribe after the first specialist prescription. However, it was unclear how this allowed sufficient time to assess the stability of the patient, after having received only one review by the specialist.
- At our previous inspection, we saw that the service had ambiguous information on which people would be considered for medical cannabis treatment and which specific medical conditions could be treated. In November 2021, policies had been updated but remained unclear. For example, it did not specify what age people could be considered for treatment and referred to a number of other policies rather than being concise and clear.

Inspected but not rated

Are services safe?

- At our inspection in November 2021, we were informed that the practice had reviewed procedures for accepting patients into the medical cannabis service and they now wrote to the patient's NHS GP to obtain medical histories. These documents had to be reviewed internally by a GP with appropriate training in medicinal cannabis before being sent to the consultant.
- At our previous inspection, there were no effective protocols for verifying the identity of patients when prescribing remotely, the policy did not have any information and we could not verify what safeguards the service had in place. Therefore, the service did not have accurate details for patients before prescribing. In November 2021, we were informed the practice were embedding the policy more effectively.
- At the inspection in November 2021, we found an unsecure receptacle containing a significant number of waste medicines in the cellar which was used as a store and base for the contracted cleaners. On our visit on 1st December 2021, we saw that the medicines waste receptacle had been removed by waste contractors and was no longer being stored in the cellar.
- Staff were not following the providers policy when dispensing medicines to patients. The policy stated that two members of authorised staff must check medicines and sign the dispensing register to ensure the medicines they were giving to patients were correct. However, the register only contained one signature for each medicine dispensed, and therefore we were not assured that medicines were being dispensed correctly.
- We saw that a medicine called Ivermectin had been prescribed for at least three patients for Covid-19. One of these patients had received a negative Covid test. There is no evidence to support this medicine as being effective for covid-19.
- We looked at records for two people who had been prescribed a vitamin injection. We saw that in both cases, the registered GP had not been contacted by the service to inform them that they were being given additional treatment to what was prescribed by the GP. In one case, the registered GP had refused to provide extra treatment and in another had eventually discontinued it. The service had not conducted further blood tests to check whether additional treatment was necessary or sought clarity on why the registered GP had made those decisions. We also saw that both of these people had had their injections posted to them so that they could self-administer. However, there was no documented evidence that these people had been trained or given information on how to give themselves the injection. This means that the injection may not work or potentially cause damage to the vein if given incorrectly.
- In addition, the number of medicines recorded as issued in the dispensing book did not always match what was recorded on the patient record.
- We observed that the cupboard where the emergency equipment was kept had signage to indicate this. This had been rectified since our inspection in October 2021.

Track record on safety and incidents

- The provider had received a fire risk assessment since our previous inspection, this was not undertaken by a recognised fire contractor, they told us this was an interim arrangement until a formal assessment by a registered contractor could be organised. An action plan was in place.

Inspected but not rated

Are services effective?

This inspection was undertaken on 17 November 2021 to review compliance with the warning notices that were issued following our inspection on 12 October 2021. The inspection was not rated and therefore the ratings remain unchanged. The practice will receive a further inspection to review progress in all areas in six months' time, and that inspection will be rated.

We rated effective as Inadequate because:

- The provider did not always obtain consent to care and treatment in line with legislation and guidance.
- There was limited evidence that clinical audit was being used to drive improvements, or that there was an established programme of quality improvement.
- Staff undertook some duties for which they were not appropriately trained.
- The service did not ensure effective communication with the patient's own registered NHS GP.

Effective needs assessment, care and treatment

We did not see evidence that clinicians always assessed patients 'needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- We were told that there were systems to keep clinicians up to date with current evidence based practice. However, we saw evidence that clinicians did not always assess patients' needs fully or deliver care and treatment in line with current legislation, standards and guidance relevant to their service. For example, standards relating to record keeping, documenting appropriate consent, and monitoring prescribed medicines were often absent.
- Clinical meetings had been introduced in September 2021, and we saw that a second clinical meeting had taken place since our last inspection in October 2021.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service told us they used information about care and treatment to make improvements, although we did not see any clear evidence to support this.
- The service did not have an active programme of clinical audit in place to impact on the quality of care and outcomes for patients.

Effective staffing

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

- At our previous inspection in October 2021, we saw that a clinician was undertaking specific occupational health assessments for which they had not been accredited. At our inspection in November 2021, we were assured this had ceased and these were now solely undertaken by the other GP who was appropriately accredited.
- Our review of patient notes indicated that clinicians were not always basing their consultations to reflect these aligned with good standards of record keeping.

Consent to care and treatment

The service did not always obtain consent to care and treatment in line with legislation and guidance.

Inspected but not rated

Are services effective?

- We reviewed a complaint response in more depth at our inspection in November 2021 due to concerns at our previous inspection. Appropriate patient consent had not been obtained in the case we reviewed. There was a lack of understanding in terms of accepting consent from a third party. The boundaries of the patient/carer/practitioner relationship were not clearly defined. This impacted on decisions relating to safeguarding.
- On 1st December 2021, we reviewed the records of two people who had safeguarding concerns. We saw for both of these people that the information about their medical treatment was being discussed with family members. However, the service had not assessed the mental capacity of these individuals or obtained consent from them to allow discussions to be held with family members.
- The provider presented us with a revised copy of a consent form for a particular unlicensed medicine that had been developed since our inspection in October 2021. This was not sufficiently detailed in explaining the side-effects of the medicine, why it was being prescribed, or contain evidence of the advice provided to the patient. A consent form developed in respect of prescribing long courses of antibiotic medicines was more detailed.
- Since our last inspection in October 2021, the practice had started to review its procedures for obtaining and recording consent. However, we saw this was work in progress and there was a significant amount of work needed to become fully compliant.

Inspected but not rated

Are services well-led?

This inspection was undertaken on 17 November 2021 to review compliance with the warning notices that were issued following our inspection on 12 October 2021. The inspection was not rated and therefore the ratings remain unchanged. The practice will receive a further inspection to review progress in all areas in six months' time, and that inspection will be rated.

We rated well-led as Inadequate because:

- We did not find evidence of clear and effective leadership.
- Governance arrangements were not working effectively.
- The provider was unable to demonstrate that there were effective systems in place to manage and mitigate risks.
- The provider was unable to provide assurances that staff were working competently with effective oversight of their work.
- There was limited evidence that the practice engaged with patient's own general practitioners to ensure continuity of care.

Leadership capacity and capability

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

- The service was directed by a Board of three members which included the two GPs. We were informed that one Board member had resigned since our previous inspection. There were clear conflicts of interest and this meant that there was essentially no process for impartiality and accountability. We were informed that the provider was planning to address this via a restructuring of the organisation.
- The lead GP did not have capacity to deal with all aspects of compliance alongside their clinical commitments. A new structure would enable greater delegation and focus on areas of responsibility. However, at the time of both our inspections, the leadership arrangements did not demonstrate that appropriate skills were in place to oversee the delivery of high quality and safe care.
- At the previous inspection, leaders did not display an adequate understanding of some issues and priorities relating to the quality and governance of services. There was no clearly defined oversight and assurance process in place, allowing for any emerging risk to be identified and subsequently addressed. At this inspection in November 2021, the provider had acknowledged this and had sourced external advice and support. Their approach was to become less internally focused and to seek more external support alongside the proposed restructure.
- Following our inspection in October 2021, leaders demonstrated a commitment to improve, and had developed an action plan to address the areas of concern identified at the inspection. We saw that there was greater engagement with the team to improve their understanding of CQC requirements.
- The practice told us they had a vision to amalgamate integrative working between the private sector and the NHS.

Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly set out or working effectively.
- At our previous inspection, we saw that policies and procedures were in place to ensure safety but these were not always accurate, up to date, or being adhered to. Policies were being updated with external support. Staff meetings were planned to help raise awareness with the team and ensure these became embedded.
- Clinical governance meetings were to be introduced.

Inspected but not rated

Are services well-led?

- We did not observe that robust arrangements were operational in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Although this was raised at our previous inspection in October 2021, we entered a clinician's unlocked room and found that patient information was on display on the computer screen.

Managing risks, issues and performance

There was limited clarity around processes for managing risks, issues and performance.

- The practice had started to develop a more effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Specific risk categories had been developed (for example, infection control, medicines management) and assigned a lead individual. There was no defined process to develop a risk register to help manage and review any areas of concern.
- Performance of clinical staff could not be demonstrated through audit of their consultations, prescribing and referral decisions when we inspected in October 2021. We did not see clear evidence of how the provider sought assurance on the quality of services delivered by sub-contracted clinicians. At our inspection in November 2021, we were told that an in-house appraisal was being considered for contracted staff, and also that supervision arrangements were to be reviewed.
- We were informed that practice privileges for contracted staff had been reviewed and we were presented with an annual review document. This was intended as a check to ensure, for example, the contracted staff had completed essential training updates; received an appraisal in the last 12 months; the date of their revalidation (where appropriate); indemnity arrangements; and other requirements. These were intended to be rolled out but it was unclear how the service would review and document that evidence was seen and approved.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- One staff meeting had been held since our inspection the previous month. Clinical meetings were now scheduled on a monthly basis.
- The practice was working to increase communications with NHS GPs since our previous inspection.

Continuous improvement and innovation

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

- There was limited evidence in terms of the wider approach to this, for example, evidence to support a practice programme of quality improvement including clinical audit.

This section is primarily information for the provider

Enforcement actions

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 Diagnostic and screening procedures Maternity and midwifery services Services in slimming clinics Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • The service must ensure that vulnerable patients are considered for safeguarding concerns and when identified, that these are shared with appropriate others. • The service must ask patients to consent to sharing information with their regular prescriber, or justify any decisions to prescribe if a patient does not consent. • The service must have robust procedures to ensure safe prescribing during remote prescriptions. • The service must have sufficient and reliable information before prescribing for a patient. • The service should conduct regular audits to check safe prescribing of antibiotics and the efficacy of unlicensed medicines. • The service must have procedures in place to accurately check patients' medical history. • The service must review how it shares information about patients' treatment with their own NHS GP following consent. • The service must be able to identify when a referral to a specialist is indicated, for example in relation to presenting neurological symptoms. This was in breach of Regulation 12 (1) (2)(c)(g)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures Maternity and midwifery services Services in slimming clinics	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:**

This section is primarily information for the provider

Enforcement actions

Family planning services

There were limited 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 must ensure all patient records are maintained contemporaneously and provide full details of medical histories and clinical consultations.
- The processes for obtaining and recording patient consent was not effective.
- A programme of established clinical audit or quality improvement was not apparent.

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