Harley Street Healthcare Clinic

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	**Inadequate**
Are services safe?	**Inadequate**
Are services effective?	**Inadequate**
Are services caring?	**Good**
Are services responsive to people's needs?	**Requires Improvement**
Are services well-led?	**Inadequate**

Overall summary

This service is rated as Inadequate overall. (Previous inspection November 2020 - Inadequate)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Harley Street Healthcare Clinic on 5 July 2021 to follow up concerns identified at our previous inspection in November 2020. At our November 2020 inspection the provider was rated as inadequate overall, placed into special measures and issued warning notices in respect of breaches of regulation 12 (safe care and treatment) and 18 (staffing) and requirement notices for regulation 16 (receiving and acting on complaints) and 17(good governance). The concerns at our last inspection were that:

- The systems to manage infection prevention and control were not effective.
- Not all staff had appropriate recruitment checks carried out at the time they were appointed in line with the provider's recruitment policy.
- Staff had not received information governance training or the appropriate level of safeguarding children training for their roles.
- The service did not manage medicines appropriately.
- The service did not have an effective mechanism in place to review, disseminate and implement safety alerts.
- Staff did not always have the information they needed to deliver safe care and treatment to patients.
- The service did not always learn and make improvements when things went wrong.
- The service could not demonstrate how improvements were made using completed audits.
- Not all staff had the skills, knowledge and experience to carry out their roles.
- Staff worked together with other organisations occasionally, to deliver effective care and treatment, but there were no systems to follow up on patient referrals.
- The service obtained consent to care and treatment, but this was not in line with legislation and guidance.
- Complaints and concerns were not managed appropriately, and the service did not respond to them properly to improve the quality of care.

Harley Street Healthcare Clinic is a private general medical practice which offers a range of private services to patients such as routine medical checks, health screening, private prescriptions, adult immunisations, travel vaccinations and blood tests.

The lead GP 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.

Our key findings at this inspection were:

Overall summary

- Although the provider had made improvements to the premises to address some of the infection control concerns we identified; the arrangements in place to respond to infection control concerns were still not effective.
- Staff had now received information governance training and the appropriate level of safeguarding children training for their roles. However not all staff were aware of the signs and how to respond appropriately to safeguarding concerns and staff had not received training regarding sepsis. The service provided evidence that sepsis training had been completed after our inspection.
- Batch numbers for medicines dispensed were not recorded and we saw that medicines were issued without a clear clinical rationale being documented.
- The service's paper-based record system meant that the service could not take the appropriate action in response to patient safety alerts.
- Clinical record keeping was not sufficient to keep patient's safe and ensure that they had the appropriate care, treatment and follow up. Absence of appropriate documentation meant that was unclear if informed consent was being obtained.
- We saw examples of complaints and significant events that were used to make changes to the service provided. However, patients did not receive a written response to formal complaints with details of organisations patients could escalate their complaints to if they were unhappy with the service's response.
- Staff, whose files we reviewed, had appropriate recruitment checks carried out.
- The service had a limited programme of quality improvement.
- Feedback from patients who completed the providers internal feedback form was positive about the service and the way staff treated them.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish and operate effective systems for identifying, receiving, recording, handling and responding to complaints.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Improve and monitor the process for seeking consent to care and treatment in line with legislation and guidance.
- Improve the facilities in place for people with visual impairments.
- Inform all staff of the requirements associated with safeguarding.
- Check policies and remove reference to any staff member no longer working at the service.
- Undertake quality improvement activity that results in an improvement in the quality and safety of care provided to patients.

Monitoring care and treatment

This service was placed in special measures at our previous inspection in November 2020 and will remain in special measures for a further six months. As with all services that are in special measures following a CQC inspection, this service will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take further action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Overall summary

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and a GP specialist advisor.

Background to Harley Street Healthcare Clinic

Harley Street Healthcare Clinic is a private general medical practice offering a range of services to patients such as routine medical checks, health screening, private prescriptions, adult immunisations and travel vaccinations and blood tests.

The service is delivered from 104 Harley Street, London, W1G 7JD. The clinic is a short walking distance from Regents Park station and Great Portland Street station on the London underground. There is paid off street parking available. A reception desk and waiting room is situated on the ground floor, which is shared with other services in the building and is operated by the premise's management service. The provider told us that all consultations were provided on the ground floor of the premises and administrative spaces are upstairs on the second floor.

The service is registered to provide the regulated activities of Diagnostic and screening procedures and the Treatment of disease, disorder or injury from this location to people over the age of 18 years. The clinic is open between 9 am and 8 pm Monday to Friday. Between 8 pm and 10 pm Monday to Friday and all-day Saturday and Sunday, the clinic can be access by telephone and email.

How we inspected this service

During the inspection we spoke to the registered manager and the administration staff. We reviewed a range of documents.

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.

Inadequate

Are services safe?

We rated safe as Inadequate because:

We found that the systems and processes to assess, manage and mitigate risk to patients were not always effective.

- Although the systems to manage infection prevention and control had improved there were some risks that had still not be appropriately addressed.
- Not all staff were aware of safeguarding processes.
- We found expired equipment on site.
- From the records reviewed we found that medicine batch numbers were not consistently recorded. We also found that the rationale for prescribing certain medicines was not recorded and medication and allergy histories were not always taken. It was also unclear from looking at certain records if medication had been prescribed or if advice had been given and patients prescribed medicines were not consistently followed or safety netted.
- The service did not have an effective system that would enable them to take action based on patient safety alerts.

Safety systems and processes

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

- At our last inspection we found that the systems to manage infection prevention and control were not effective. We found a converted water fountain in a consultation room, was being used as a sink, that only supplied cold water and therefore was not suitable for hand washing. A modesty screen was used in the ground floor consulting room, made of material that could not be easily cleaned and was not being cleaned regularly. There were no completed infection control audits. At this inspection we found that these issues had been addressed. However, we did find that the trolley in the consulting room was dirty; the provider told us this was a result from dust from building work. The trolley was not on the service's cleaning schedule. We also found that the bin next to the examination couch was dirty and there was a fabric pillow on the couch. The sharps bin in the treatment room was also undated.
- At our last inspection we found that a staff member had not had appropriate recruitment checks undertaken at the time of employment and that a risk assessment had not been done for this staff member to work unsupervised in absence of a risk assessment. We found that all staff whose files we reviewed at this inspection had appropriate recruitment checks. However, there was a lack of clarity regarding the identity of a nurse referred to in a patient's notes. As the service does not employ nurses, we asked the provider to clarify who this nurse was. Initially we were told by the registered manager that the nurse was a locum nurse hired by the service to accompany the registered manager on a home visit. The practice manager told us they were responsible for recruitment checks for staff but had never undertaken checks for a locum nurse as the service never used locum nurses. The registered manager then told us that the nurse was from another healthcare organisation unconnected to the service and that they had not employed them. Consequently, there was some uncertainty whether the service had employed the service. If so, we were not provided with anything to show that appropriate recruitment checks had been completed or assurances had been received from another service..
- At the last inspection we found that the service's policy for safeguarding adults required monitoring and review and that there was no policy for safeguarding children. We also found that not all staff had received appropriate safeguarding training. At this inspection we found that the service had access to safeguarding policies and documents which had details of external agencies to raise safeguarding concerns to. One member of staff had limited knowledge of safeguarding and the associated internal processes.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider did not ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions as we found expired medical equipment and products including lubricant, cervical swabs, defibrillator pads and ultrasound gel.

Inadequate

Are services safe?

- There were systems for safely managing healthcare waste.

Risks to patients

There systems to assess, monitor and manage risks to patient safety were not effective.

- At the last inspection we found that the arrangements to manage medicines safely were not effective. Medicines that were kept on site were not checked regularly, and the provider was not assured that the medicines and medical devices used were safe and effective to use. We found expired medicines and medical devices. At this inspection we found that medicines were being checked but found expired medical products and equipment.
- Emergency medicines and oxygen were checked to ensure they were in date and fit to use However we found that the service defibrillator (shared with other services in the building) was not being periodically checked and we found paediatric pads stored with the device had expired.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The staff had up to date basic life support training. Although there was information available in the service's policy folder regarding the management of sepsis; staff had not received training at the time of our inspection. The provided submitted sepsis training certificates for all staff following our inspection.
- At our last inspection we saw that the healthcare assistant worked unsupervised when there was no senior clinician present in the service. At this inspection all staff confirmed that the healthcare assistant only worked when a doctor was present on site.
- The provider had some safety policies, which were available to staff. For example, there were policies for health and safety and fire safety. Staff received safety information from the service as part of their induction.
- There were appropriate indemnity arrangements in place for the doctor. However, it was not clear if this also covered the work the healthcare assistant carried out.
- The providers had carried out a Legionella risk assessment.

Information to deliver safe care and treatment

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

- Individual care records were not written and managed in a way that kept patients safe. We reviewed 23 care records and found that information needed to deliver safe care and treatment was not always available to relevant staff in an accessible way. In eight of the 23 patient records we reviewed we found that some consultations did not have all the required information to make accurate diagnosis and effective treatment plans. For example, we saw records which insufficient assessment patient's conditions or investigation of patient symptoms, absence of medication and allergy information, lack of medical history, rationale for certain clinical decisions was missing and referrals were not followed up. Similar issues and concerns were identified from clinical records at our previous inspection.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they cease trading.

Safe and appropriate use of medicines

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

- All medicines we looked at were in date. However, we did find some expired medical equipment.
- The service carried out prescribing audits with a view to ensuring that prescribing was in line with best practice guidelines for safe prescribing. However, records we reviewed showed that medicines were not always prescribed

appropriately. For instance, the provider did not consistently take medication and allergy history, did not document a clear rationale for prescribing medicines or outline the risks associated with certain medicines, ensure that patient's prescribed medicines were followed up or outline the risks associated with certain medicines. Similar concerns related to the management of medicines were identified at our previous inspection.

- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- The provider was not consistently recording the batch number or expiry date medicines given to patients. This issue was also identified at our last inspection. These details are required in the event of a medicine is recalled or there is a safety alert associated with it, then details of who was given it are available in case the action needs to be taken with the patients.

Track record on safety and incidents

The service had some safety records.

- At our last inspection the provider had carried out some risk assessments in relation to safety issues. However, we found that the service had not reviewed the actions identified and therefore could not demonstrate they had implemented improvements as a result of the risk assessments. At this inspection we reviewed the service's fire risk assessments and could see that recommended actions had been implemented.

Lessons learned and improvements made

The service did not always learn and make improvements when things went wrong.

- Staff we spoke to said they understood their duty to raise concerns and report incidents and near misses.
- There were systems for reviewing and investigating when things went wrong. Significant events that we reviewed showed that the service had taken action in response to significant events to prevent a similar incident occurring in the future.
- The provider was aware of the requirements of the Duty of Candour.
- At our last inspection we found that the service did not have an effective mechanism in place to review, disseminate and implement safety alerts. A non-clinical member of staff was responsible for making the decision to share relevant safety alerts with the clinician but there were no systems to provide assurance that alerts had been seen and acted on by the lead clinician. At this inspection we were shown a folder of a alerts which had been printed and signed by a clinician. However, there was no evidence that patient records had been reviewed to ensure that action had been taken in response to the alert. The service acknowledged that their paper patient record system hindered the service's ability to respond to safety alerts.

Inadequate

Are services effective?

We rated effective as Inadequate because:

- Clinicians did not always fully assess patient needs and deliver care and treatment in line with current legislation, standards and guidance. This was also an issue at our previous inspection.
- Clinical records did not always record all the required details of consultations. This was also an issue at our previous inspection.
- Although the provider now had a limited programme of quality improvement; it was evident from looking at clinical records that this was not sufficient to ensure improvement in the quality and safety of patient care.

Effective needs assessment, care and treatment

The provider had a system to keep themselves up to date with current evidence-based practice. We did not see evidence that clinicians always assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The only GP currently providing patient care at the service told us that they stayed up to date with current evidence-based practice through informal and formal updates from external stakeholders. For example, we saw the GP attended clinical updates and had recently undertaken a clinical record training course.
- At our last inspection we found that when the GP confirmed a diagnosis or treatment, these were not always recorded accurately in-patient records. We found that this was still an issue from the records we reviewed at this inspection. For example, we saw that the GP had referred a patient for an X-ray and prescribed medication without any clear clinical justification for doing so.
- Patients' immediate and ongoing needs were not always assessed appropriately. For example, we saw a patient whose symptoms indicated that they needed a physical examination but did not have one recorded. This was also a concern identified at our last inspection.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff told us arrangements were in place to deal with repeat patients, however patient records did not always record what reviews were carried out by the GP prior to a repeat prescription being generated.
- The GP did not always undertake an assessment of patients' pain where appropriate.

Monitoring care and treatment

The service was involved in some quality improvement activity. **However, improvement was required.**

- The provider was undertaking regular reviews with a view to improving the quality of care at the service. The provider had completed reviews which looked at prescribing and clinical consultation. Although these reviews enabled the provider to receive and provide feedback on the quality of individual consultations; it was evident from reviewing patient records that none of this activity had been sufficient to address deficiencies in record keeping and clinical practice which undermined the effectiveness and safety of the care and treatment the service provided.

Effective staffing

At our previous inspection we found that staff did not all have the knowledge and experience to carry out their roles. In particular some staff had not completed safeguarding or information governance training and a healthcare assistant was working without having completed the necessary training. At this inspection we found that:

Inadequate

Are services effective?

- All staff were appropriately qualified. The healthcare assistant had completed the necessary training and outlined a job description outlining their duties. We were told that the healthcare assistant no longer administered any medication.
- Staff told us that protected time was given by the provider for staff learning and development.
- The provider had an induction programme for all newly appointed staff.
- Staff whose file we reviewed had completed all essential training including information governance and safeguarding.
- The lead doctor was registered with the General Medical Council (GMC) and was up to date with their revalidation.

Coordinating patient care and information sharing

Staff worked together with other organisations occasionally, to deliver effective care and treatment. However poor record keeping hindered the service's ability to work with organisations effectively.

- We found at our last inspection that doctors did not always ensure they had adequate knowledge of the patient's health, any relevant test results and their medicines history before providing care and treatment. This concern remained at this inspection.
- We found that clinical records did not always record all the details of consultations which limited the effectiveness of information sharing with other organisations.
- The provider told us that patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP at the point of registration. However, we saw instances where patient's own GP details were missing and full medical histories including medicines, previous illnesses and allergies had not been taken.
- The provider told us that care and treatment for patients in vulnerable circumstances was coordinated with other services. However, the provider did not provide care for patients with long-term conditions.

Supporting patients to live healthier lives

Staff supported patients to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- The service's consulting doctor told us that risks were highlighted to patients who were advised to share this with their normal care provider for additional support. However, records we looked at suggested that this was not happening consistently, and the provider did not always follow patients up where risk factors had been identified.
- Where patient needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment, but this was not in line with legislation and guidance.

- Staff told us that they understood the requirements of legislation and guidance when considering consent and decision making.
- The provider told us that they monitored the process for seeking consent appropriately, however on the day of inspection we found notes in clinical records did not document details of treatment options discussed with patients or potential risks. Therefore we could not be assured that the provider was obtaining consent to care and treatment in line with legislation and guidance. This was a concern raised with the provider at our previous inspection.

Good

Are services caring?

We rated caring as Good because:

- At the last inspection we found that the service sought feedback on customer satisfaction but not on the quality of clinical care patients received. At this inspection we found that the service had gathered feedback from 43 patients asking questions about the quality of care patients received. Most of the feedback received was positive.
- Staff were bilingual and the providers had access to an interpreting service if needed.
- There were no communication aids in place to support patients who had vision impairment; although the service told us that they would accommodate patients with guide dogs. This issue was identified at our previous inspection.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on customer satisfaction including the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgemental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff did not have appropriate facilities to help patients to be involved in decisions about care and treatment.

- The service had purchased a hearing loop for patients who were hard of hearing since our last inspection but there was little support available for those who had vision impairment. This issue was identified at our previous inspection.
- For patients with learning disabilities or complex social needs, providers informed us that they would require family or carers to attend the service with them.
- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Requires Improvement

Are services responsive to people's needs?

We rated responsive as Requires improvement because:

- Although we saw instances where complaints were used for learning and as a source of improvement; patients did not receive written responses to formal complaints that included information about where patients could escalate their complaint if they were unhappy with the service's response.
- While access to consultations was timely; the lack of proactive management of some patient including follow up after referrals meant that there was the potential to delay the care and treatment patients needed.
- The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, patients could contact the service out of hours (after 8 pm) via telephone or email, which is managed by the practice manager until 10 pm between Monday to Friday and all-day Saturday and Sunday. There was an out of hours number signposted on the provider website for patients.
- The facilities and premises were appropriate for the services delivered.
- There were facilities in place for people with disabilities and for people with mobility difficulties but little support for those with sensory impairment.

Timely access to the service

Patients were able to access appointments within an appropriate timescale for their needs but the systems for onward referral and management was lacking for some patients whose records we reviewed.

- Patients had timely access to a clinician. However, from looking at records the lack of appropriate examination, onward referrals and proactive follow up meant that there could be delays to obtaining the right care and treatment.
- Appointment and consultation waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The service discussed and learned from complaints. However, we reviewed some complaints where formalised written response had not been provided.

- The service had a complaint policy and procedures in place.
- The service provided examples where they had learnt lessons from complaints and made changes to their service provision to prevent similar issues arising in the future.
- Details of organisations that could assist patients should they not be satisfied with the service's response to their complaint were noted in the service's complaint policy. However, the service was not routinely responding to formal complaints in writing and therefore this information was not consistently accessible to patients.

Inadequate

Are services well-led?

We rated well-led as Inadequate because:

- We found that leadership capacity, monitoring processes, governance arrangements and approach to continuous improvement had not sufficiently improved since our last inspection despite the action the provider had taken in response to our last report. However, the provider had plans to make improvements to the service for example we were told that they were imminently moving to an electronic patient records system and had taken on new leadership immediately prior to our inspection.
- The service was unable to be assured that safe and effective care were being provided.

Leadership capacity and capability;

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

- Leaders were knowledgeable about some of the issues and priorities relating to the quality and future of services. They had put in place additional leadership and had plans to address some of the areas of weaknesses and risk that we identified on our inspection. However, the new leadership team had not been in post long enough to make sufficient change to ensure that patients were kept safe and received effective care.
- The leadership strategy at the service aimed to improve the quality of care and address the concerns identified at our last inspection. However, the provider had not embedded any of the necessary changes to ensure that the service provided was safe and effective.
- Staff told us that management were visible and approachable.

Vision and strategy

The service did not have a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

- The provider had a clear vision or values set to improve quality and safety and develop the service in the future. This had yet to be implemented and we still found a number of concerns around quality of the care provided and safety of the premises.
- The service had a strategy and business plans which were in the process of being implemented.
- The service's future strategy appeared to be undeveloped. The service had only just recruited new clinical leadership and other plans including the hiring of additional staff and a new electronic records system had yet to be developed or implemented.

Culture

The service could not demonstrate that they had a culture of good quality sustainable care:

- The provider demonstrated how openness, honesty and transparency were used when responding to incidents and complaints. However, complaint responses were brief, informal and did not include of details of where patients could escalate their complaint to if they were unhappy with the service's response.
- The provider was aware of the duty of candour but did not have appropriate systems to ensure compliance were always implemented. This included the implementation of the complaint's procedure at the service.
- All staff whose files we reviewed had received an annual appraisal within the last year. Staff told us they could discuss learning and development with management team.

Inadequate

Are services well-led?

Governance arrangements

Governance arrangements were still lacking and did not ensure the service was safe or effective

- Policies, procedures and activities to ensure safety were not properly established by leaders to assure themselves that they were operating safely and effectively. We found that policies were not always service specific or regularly reviewed. For example, we saw multiple policies relating to the reporting of incidents and one of these included a lead member of staff who no longer worked at the service.
- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective. Although the provider undertook regular consultation audits; the review of clinical record keeping undertaken by the inspection team showed that these were not effective in addressing the issues of quality, safety and risk related to patient care as many of the same concerns from out previous inspection had not been addressed.
- Most staff understood their roles and accountabilities although one staff member had limited knowledge of the systems and processes or their responsibilities in relation to safeguarding.
- The service submitted data or notifications to external organisations as required.
- We did not find any concerns regarding the management of data security.

Managing risks, issues and performance

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

- The process to identify, understand, monitor and address current and future risks including risks to patient safety were not effective.
- The service did not have processes to manage current and future performance. For example; leaders did not have oversight of all safety alerts. The service was auditing consultations and prescribing but this was not sufficient to ensure the necessary improvements were made to the quality of patient care.
- Although concerns identified in prescribing and consultation audits were fed back to clinicians to enable them to improve their practice; there was no evidence to suggest that this resulted in significant positive change to quality or safety.
- The provider had a business continuity plan in place and staff told us they would refer to this in response to major incidents.

Appropriate and accurate information

The service did not have appropriate and accurate information.

- Quality and operational information was not used to ensure and improve performance. The service was not in a position to adequately monitor performance. This was in part the result of having a paper based clinical records system. However, the provider told us that this would be changed to an electronic records system following our inspection.

Engagement with patients, the public, staff and external partners

- The service sought feedback on customer satisfaction from patients' feedback including about the quality of clinical care patients received.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The provider had not adequately assessed and addressed risks associated with infection prevention and control. • There was expired medical equipment on site.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints • The provider did not consistently provide written responses to complaints with information about how to escalate complaints if they were not satisfied with the provider's response.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Records we reviewed showed that the care and treatment provided was not always safe as:** • Concerns that patients' queries raised during the consultation were not discussed with the patient, investigated or acted upon. • Examinations were not being undertaken where clinically indicated. • Concerns that test results were not acted upon. • Concerns that patients were not referred back to their GP where appropriate. **As a result, there was a risk that some patients could have been left with untreated or undiagnosed health conditions.** **The enforcement action we took:** **We imposed urgent conditions under s31 of the Health and Social Care Act 2008. Care and treatment must be provided in a safe way for service users.**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. From the records reviewed we found that:**

This section is primarily information for the provider

Enforcement actions

- Clinical management plans had not been completed where required.
- patient history was not documented or recorded.
- Concerns regarding the clinical decision making and lack of rational to support certain decisions.
- Record keeping was inadequate and lacked sufficient detail to give a clear outline of the consultation/ patient's health complaint.

In addition

- There was no effective system in place to act on patient safety alerts

The enforcement action we took:

We imposed urgent conditions under s31 of the Health and Social Care Act 2008. Systems or processes must be established and operated effectively.