

Hampshire Health Limited

# Hampshire Travel and Vaccination Clinic

## Inspection report

Hampshire Health Limited  
97 Havant Road  
Emsworth  
PO10 7LF  
Tel: 01243 388711  
Website: [www.hampshirehealth.com](http://www.hampshirehealth.com)

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### Overall summary

We carried out an announced comprehensive inspection on 8 March 2018 to ask the service the following key questions: Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

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

Hampshire Travel and Vaccinations Clinic provide pre-travel assessment, treatment and travel advice.

A nurse 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.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Summary of findings

As part of our inspection we asked for Care Quality Commission comment cards to be completed by clients prior to our inspection visit. We received seven comment cards, all of which were positive about the standard of care received.

## **Our key findings were:**

- The service did not always have clear systems in place to keep patients safe and safeguarded from abuse. There was no documentation in place to show staff employed by the service had received the required training in safeguarding.
- Policies were in place to review and monitor risk but these were not fully embedded into practice. There was a lack of documentation around processes to evidence that cleaning checks had been completed and audits undertaken; some medicines and emergency equipment had passed their expiry date.
- The services last documented water testing was in 2016. There was no legionella testing certificate.
- In the event of an emergency there was no defibrillator on site and no risk assessment in place to mitigate this.
- There were systems in place to ensure that staff received the most up to date evidence based guidance.
- Patients were given a comprehensive travel health passport which contained a record of vaccinations, useful information and contacts for when they were abroad.

- Consent to treatment was only documented for flu vaccinations. Verbal consent was sought for all other vaccinations.
- All seven Care Quality Commission comments cards were positive about the service, care and treatment received.
- The service had a clear vision and values in place and provided input into the wider provider level strategy.

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

- 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.
- Ensure persons employed by the service receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

Additionally the provider should:

- Review the risk assessment regarding the provision of equipment in the case of an emergency where life support could be required.
- Review systems to check and verify a patient's identity

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

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

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

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

- The provider had a set of policies which were regularly reviewed.
- The registered manager was the only employee and demonstrated understanding of what constituted as a safeguarding concern. However, there was no evidence to document that safeguarding training had been completed to underpin this.
- Systems were in place to manage infection control although no audit had been undertaken.
- The service had not completed water temperature checks since 2016.
- Processes to check that emergency medicines and equipment were safe to use were not always followed.
- Some medicines and equipment were passed their expiration date.
- At the time of the inspection no risk assessment was supplied regarding provision of a defibrillator or other emergency equipment.
- The service had a good track record on safety and had reported no adverse reactions to vaccinations in the past 12 months.
- There were no processes in place to capture near misses or non-clinical significant events.

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### **Are services effective?**

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

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

- The service assessed needs and delivered care in line with relevant and current evidence based guidance. The registered manager engaged in additional training courses to maintain up to date knowledge.
- A travel risk assessment was completed prior to all consultations and treatment.
- The service engaged in some quality improvement reviews although these were not routinely documented.
- There was no record to evidence that staff had completed training in areas such as safeguarding, infection control, the Mental Capacity Act 2005 or information governance.
- Patients were given a copy of what vaccinations they had received to share with their GP if they desired.
- The service did not have a system in place to check and verify a patient's identity.

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### **Are services caring?**

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

- We saw that staff treated patients with dignity and respect.

# Summary of findings

- Patients were involved in decisions about their care and treatment.
- Patients were given longer appointments for their first consultation.
- There was information available to patients in the waiting area and on the website.
- Patients were informed about vaccinations that could be provided by their GP on the NHS where relevant.
- All of the patient feedback we saw was positive about the service they had experienced.

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

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

- Consultations and treatment were available to anyone who chose to use it and paid the appropriate fees. This information was included on the website, patient leaflet and also when contacting the service directly.
- The service offered flexible appointment times for individuals who may not be able to attend during normal opening hours.
- Longer appointments were available for patients with additional needs.
- After consultation, patients received a personalised travel health booklet which detailed any additional health risks of travelling to their destinations, as well as the vaccination requirements.
- There was clear information on the website to explain to patients about any vaccine shortages.
- Information about how to complain was available at the clinic. There was no process for learning from complaints.
- The provider was open to feedback from patients and acted upon this.

## **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 service had a vision and set of values which fed into the wider provider level vision and strategy.
- There was a range of policies in place which were regularly reviewed and had a date allocated for the next review.
- Systems and processes were in place but not fully embedded into practice. There was a lack of overarching governance of the service that resulted in shortfalls that could affect outcomes for patients.
- The registered manager discussed performance at the clinic at wider provider level meetings.
- The provider actively sought patient feedback through electronic feedback tools.

# Hampshire Travel and Vaccination Clinic

## Detailed findings

### Background to this inspection

Hampshire Travel and Vaccination Clinic is the only registered location of the registered provider Hampshire Health Limited. Hampshire Health Limited offer a range of services including aesthetic treatments and renting out of consultation rooms. We only inspected the location of Hampshire Travel Vaccination Clinic as part of this inspection.

Hampshire travel and vaccination clinic is located in the small town of Emsworth in Hampshire on the borders of West Sussex. The travel clinic was open between 10am and 4pm from Tuesdays to Fridays.

Hampshire Travel and Vaccination Clinic provides a comprehensive travel service which includes travel advice, consultations and travel vaccinations. Other vaccinations are also available such as flu vaccinations. All services incur a consultation and treatment charge to patients. Costs vary depending upon the type of consultation and treatment. The service is also a yellow fever vaccination centre.

The address of the location is: Hampshire Health Limited, 97 Emsworth Road, Hampshire, PO10 7LF. The website address is: [www.hampshirehealth.co.uk](http://www.hampshirehealth.co.uk)

Our inspection team was led by a CQC Lead Inspector and a Nurse Specialist Advisor.

We inspected this service on 8 March 2018.

During our visit we:

- Spoke with the registered manager, who is also the only employee.
- Reviewed documents and policies.
- Looked at the computer system for record keeping and staff information.
- Reviewed Care Quality Commission comment cards.

The service provided background information which was reviewed prior to the inspection. We did not receive any information of concern from other organisations.

To get to the heart of clients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Safety systems and processes

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

- The service had a set of policies which included an overarching safeguarding policy to cover both adults and children. All policies had been reviewed and were due for review again in August 2018. Two members of staff were employed at provider level. However, only one of these worked within the travel clinic.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The registered manager demonstrated understanding of safeguarding concerns and was able to give some examples.
- No staff had received up-to-date safeguarding training as part of their role. We discussed this with the registered manager who verified that no formal training had taken place including for themselves. The manager had a lack of oversight as to whether staff working on reception, who were not employed by the service but had direct access with travel clinic patients, had sufficient knowledge and awareness to identify a safeguarding concern. There were no contact details for who to escalate safeguarding concerns to in the locality. The registered manager told us that their process would be to report the safeguarding issue to the CQC to escalate.
- The practice carried out (DBS
- There was a system to manage infection prevention and control although this was not fully embedded. The service had an infection control policy but did not complete any audits of infection control. The manager told us that they regularly took home all the towels and cuddly toys to be cleaned, however none of this was documented to evidence when the cleaning had occurred. The service told us that they had been without a cleaner for the four weeks in the run up to the inspection and were in the process of looking for a new cleaning contract. In the interim the service was

undertaking cleaning responsibilities themselves. They used to have a cleaning book but this had now gone and so there was no records to evidence what cleaning had been undertaken and when.

- There were systems for safely managing healthcare waste. The two biohazard spill packs used at the service had expiration dates of 2015 and 2017.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, the only mechanism for monitoring the vaccine fridge temperatures was via the thermometer built into the fridge and therefore connected to the mains. Public Health England recommendation suggests there should be at least one maximum, minimum thermometer used which is independent to the mains in addition to the integrated thermometer, in order to record temperatures in the event of a power failure. The travel clinic did not have this mechanism in place and had not risk assessed the lack of this.
- The services last documented water testing was in 2016. There was no legionella testing certificate. Legionella is the bacteria which causes Legionnaires Disease and thrives in air conditioning and central heating systems. The practice had not sought assurances that their central heating, water and air conditioning units were safe for at risk from Legionella. The service did not have a risk assessment in place and did not undertake hot and cold water temperature checks.

### Risks to patients

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

- The service was run single handed by the registered manager. The service did not use locums and would close when the manager was not available to work, such as during annual leave. Potential patients would be notified of the closure via a telephone message.
- Some medicines and equipment used to deal with medical emergencies were out of date this included equipment for maintaining airways which expired in 2015 and 2017. We found an out of date medicine which belonged to another service. There was no system in place to segregate these medicines.

# Are services safe?

- The service did not have a defibrillator on the premises (a defibrillator is a medical device used when someone has gone into cardiac arrest); they had not carried out a risk assessment to demonstrate why one was not required.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

## Information to deliver safe care and treatment

Staff had the information needed to deliver safe care and treatment to patients with the exception of checking of patient identification. The service did not routinely verify patients' identification at each consultation or treatment and did not capture this in their records. Individual client records were written in a way that kept patients safe. Consultation documentation was recorded on paper and then transferred to electronic records storage once treatment had been concluded. Staff had access to this documentation as and when required.

## Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines although these were not always adhered to.

- There were policies in place for the management of medicines, including vaccines. However, these were not fully embedded. For example, the lidocaine stored within the emergency medicines box had passed its expiry date. It was unclear whether the date on the oxygen cylinder was an expiration date or date of manufacture. If it was an expiry date then this date had passed. We raised this with the manager who was also unclear whether this was an expiry date. They told us that a fire safety person had suggested there were no issues with the oxygen being used. The service had not sought any additional reassurances that it was safe to use in the event of a medical emergency.
- The service did not have adequate Patient Group Directions (PGDs) in place. The services PGDs had not been signed by an authorised clinician and did not include specific details for use with children.

- Patients were required to complete a health risk assessment form as part of their consultation. This included details such as allergies and medicines currently prescribed. Patients were not followed up once the course of treatment had been completed.

## Track record on safety

- The service had a good safety track record. The registered manager was registered with a website designed to update staff on changes to guidance around administration of vaccinations. The registered manager received regular updates from this website in order to maintain up to date knowledge. The registered manager also belonged to an international society for travel vaccines and engaged in conferences to maintain up to date and learn from other independent travel vaccine clinics.
- The service did not engage in formal reviews or monitoring of activity but were told that these were discussed where relevant, but this was not documented.
- The practice told us that they had conducted an annual review of adverse reactions and noted that none had occurred within the past 12 months. However, they had not documented their findings.

## Lessons learned and improvements made

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.

There was a system in place for reporting incidents. The manager told us that they had not had any significant events recorded in the past 12 months.

The services incident reporting form was an accident form designed for medical related issues. There was no method to capture and record other types of incident that were not medically related. We discussed with the manager about significant events and near misses. The registered manager did not have a system in place to document near misses. The registered manager had limited understanding as to why these might need to be recorded. With prompting they were able to provide an example of when they had charged

## Are services safe?

a patient the incorrect amount for their treatment. The registered manager said that this had occurred a couple of times, but was not documented. There was no evidence to show what learning had occurred or to monitor trends.

# Are services effective?

(for example, treatment is effective)

## Our findings

The service assessed needs and delivered care in line relevant and current evidence based guidance and standards, including Public Health England's (PHE) best practice guidelines.

The registered manager attended training courses throughout the year including receiving updates from NaTHNaC which is a service commissioned by Public Health England to provide resources to clinicians who administer travel vaccinations. They also belonged to the international society of travel medicine (a member's only community whereby travel vaccine updates and alerts are received) and attended their international conferences.

The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from a recognised travel information website and used this information to deliver care and treatment that met patient's needs. The provider checked this website on a regular basis and received email communication about news updates. The news updates we saw included locations in the world where recent disease outbreaks had occurred.

A comprehensive travel assessment was undertaken prior to recommending or administering treatments.

The service offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.

### Monitoring care and treatment

The service told us they engaged in some quality improvement processes such as random sample checks of records or medicines. However, clinical reviews were often not documented.

The registered manager told us that the service worked closely with other clinicians and met with peers for quarterly audit meetings. In these meetings clinicians reviewed cases to look at ways to monitor and improve care and treatment. These meetings were verbal discussions and not documented.

The registered manager had undertaken an annual audit of adverse reactions to vaccinations and identified that none had occurred in the past 12 months; however, this audit had not been documented by the service.

### Effective staffing

The registered manager was the only employee at the Hampshire Travel Vaccination Clinic. The manager had a file which contained staff personnel details and certificates from completed training courses this included historic information of doctors who had previously worked for the provider.

The registered manager provided a certificate obtained from an international travel and vaccinations conference to evidence that they had engaged in update training around their role. The registered manager was a nurse and was due for revalidation in August 2018.

There was no documented information in place to evidence what training the registered manager had completed, such as safeguarding adults and children, the Mental Capacity Act 2005, infection control and information governance. The service did not have a policy in place around mandatory training and what it included. We were told that basic life support training was booked in for the end of March. We discussed this with the registered manager who said that she completed training in her own time where possible but that this was not documented.

As the service only employed one person, there was no induction training programme in place. There was also no formal record of when training was due for an update.

The registered manager told they had an annual appraisal by external nursing colleagues.

### Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the clinic's patient record system. This included details about the destinations clients travelled to, medical records, investigations and test results.
- Patients were given a copy of what vaccines they had had so that they could share this with their own GP if they wished.

### Supporting patients to live healthier lives

The service had information available on their website about certain types of illnesses that can be vaccinated against such as Malaria. There was also links to updated guidance available.

Patients were given a comprehensive travel health passport that contained a record of any vaccinations, useful

# Are services effective?

(for example, treatment is effective)

information and contacts for when they were abroad. The information was set out clearly and was easy to read. It included advice about drinking water and food and what to do if a client was bitten by animals or insects. An insect or animal bite could cause an infection.

## **Consent to care and treatment**

The process adopted by the service for obtaining consent followed legislation and guidance. During the inspection we observed the pre-treatment forms that patients completed. The flu vaccination form had a box to record consent. All other forms did not but we were told that verbal consent was obtained prior to any treatment. Since the inspection the registered manager provided documentation to evidence that they had amended the other forms to include a box for recording consent.

The staff member working at the travel and vaccination service demonstrated understanding of the relevant decision making processes and legislation around the Mental Capacity Act 2005. They gave examples of when they used this process to make the decision that treatment was not appropriate, such as when a patients aged under 18 did not want the vaccines but the parent was insistent that they had them.

The service did not have a system in place to check a person's identity, this included in the event when a parent or carer was attending with a child under the age of 18.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

We received seven Care Quality Commission (CQC) comments cards which highlighted that patients were treated with kindness and respect. All seven comment cards were about the service received overall and the care and information given by the staff.

The service had a patient feedback form on their website which patients were encouraged to complete. Examples of feedback on their website aligned with those from the CQC comments cards.

### **Involvement in decisions about care and treatment**

There was clear and informative information on the services website detailing what types of services were offered and examples of vaccinations available. There was clear information on the website about the current national shortages of hepatitis B vaccinations. The service website also provided clear guidance about the costs of each vaccination.

There was a link on the website to frequently asked questions and updated news articles with regards to travel vaccinations.

Comments from the CQC comment cards reflected that patients felt they received honest advice and were involved in decisions about treatment.

### **Privacy and Dignity**

The consulting room door was closed during consultations. Conversations could not be heard outside this door.

The service had a process whereby patients would give their name at reception and would then be booked in by the receptionists rather than completing a visitors book. The service explained that this was to maintain the privacy of patients attending the building. We were told that the reception area was a shared reception area for all services operating from the building including aesthetic treatments which are out of CQC scope for registration.

The waiting area was located off of the main reception space. There was a TV in the waiting room that could be used to mask any noise in the reception area or waiting room to enhance privacy. A separate room was available for patients to use if they so wished.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Hampshire Travel and Vaccinations Clinic was located in a building owned by the parent company Hampshire Health Limited. The building hosted several services. The travel and vaccination clinic was located on the ground floor and easily accessible for people with mobility difficulties.

The service was a dedicated yellow fever centre and was therefore able to accommodate people's needs around the demand for this vaccination.

An urgent service was available for patients who were in need of short notice vaccinations.

The services website stated that it could offer flexible appointments. We discussed this with the manager who told us that they would adapt their clinic hours to allow for individuals to attend for treatment or consultation if they were unable to do so in normal opening hours.

### Timely access to the service

Hampshire Travel and Vaccination Clinic were open from 10am to 4pm Tuesdays to Fridays. The clinic did not open

on a Monday or at weekends. However, the registered manager explained that they would be able to adapt the opening hours to offer a service to a patient if they were unable to attend during the advertised opening hours.

Patients could complete an online contact form to book an appointment at any time of day for the service to respond when it was next open. For urgent appointments patients were advised to contact the service through the main telephone line.

As there was only one member of staff working at the clinic, when this staff member was unavailable a message was added to the telephone system to advise patients that the service was closed. There were no alternative arrangements in place during periods of closure.

### Listening and learning from concerns and complaints

The service did not have information available on their website about how to make a complaint. There was a copy of the complaints procedure located in the reception area of the service.

The service had not received any complaints in the previous 12 months.

# 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;

Hampshire Travel and Vaccinations Clinic were part of the parent company of Hampshire Health Limited.

The registered manager of the travel vaccinations clinic was also one of the directors of the parent company and was only one member of staff directly employed at the travel vaccinations clinic.

### Vision and strategy

The service had a vision and set of values to provide a responsive service that put caring and client safety at its heart. The company had a business plan that encompassed all of the services that it provided, which included the travel clinic.

The registered manager of the travel vaccination clinic explained that the parent company was moving towards more aesthetic treatments which were out of CQC scope. They explained how as a wider team they worked collaboratively to identify a new strategy and how the travel clinic would fit into this new vision.

### Culture

Hampshire Travel Vaccinations Clinic only had one member of staff (the registered manager) who oversaw the operational running of the clinic as well as the clinical treatment side.

### Governance arrangements

Governance arrangements were in place but not always embedded into practice. For example:

- The service had some policies in place which were had been updated and with a next review dated for August 2018.
- Systems and processes were in place but not always documented. For example, there was an infection control policy in place and the practice described to us the processes undertaking cleaning responsibilities. However, there was no formal audit or risk assessment in place to document when these had occurred. This was similar for cleaning schedules and checks.
- Documentation relating to the running of the service was not easily accessible due to a lack of system for

reviewing and archiving out of date policies and health and safety certificates. For example, when we asked the registered manager to view the documents were given a folder containing certificates and records which were dated 2011 and 2012. The registered manager informed us that these were likely to be out of date as information was now stored electronically but that this was not her preference. We were told that as the documents were building specific the reception staff not employed by the provider would have access to these documents. Reception staff were able to search for the required documents for us. All files observed electronically were in date.

- The provider could not demonstrate that appropriate training had been undertaken by staff employed to provide the service. As the building was shared with other organisations reception staff booked in patients attending for the travel clinic as well as taking phone calls from them. The provider could not evidence how they had sought assurances that these staff had the knowledge and awareness to identify a safeguarding concern.

### Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There was a building risk assessment in place for Hampshire Travel and Vaccination Clinic. This was last updated in July 2016. There was no date identified for review and therefore no assurances that this document had been looked at since this date to discuss any changes that may have occurred.
- The provider could not demonstrate that risks were monitored on a regular basis. For example there was no significant event recording form in place.
- Also there was no risk assessment in place for the absence of a defibrillator on site.
- There was a lack of oversight of processes required to maintain safe equipment. For example, some medicines and equipment to be used in an emergency had passed their expiration date. Blood spillage cleaning kits had both passed their expiration dates. The provider had not sought assurances that the oxygen cylinder stored on the premises was in date and safe to use.

### Appropriate and accurate information

# Are services well-led?

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

- Performance of the clinic was discussed at business meetings held at provider level.
- The registered manager kept up to date with information and business objectives.
- There were 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 service collected patient feedback through an online feedback tool via their website as well as through an online review tool and social media sites.

Patients were encouraged to complete feedback following treatment.

### **Continuous improvement and innovation**

The registered manager of the travel clinic was part of the international travel society of medicine. They belonged to an online community and attended international conferences to learn from other organisations who provided travel vaccinations globally.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not done all that was reasonably practicable to mitigate the risk to the health and safety of patients receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• Not all equipment to be used in the event of a medical emergency had been checked to ensure it had not passed its expiry date.</li><li>• Not all medicines stored within the emergency medicines box were in date.</li><li>• Patient Group Directions had not been signed by an authorised clinician and were not appropriate to the whole patient population.</li></ul>
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were no systems or processes in place to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• There had not been an infection control audit or a record of cleaning of the premises.</li><li>• The risks of legionella had not been considered in that hot and cold water temperatures had not been monitored regularly since 2016 and there was no legionella testing certificate</li></ul>

This section is primarily information for the provider

## Requirement notices

- There were no processes in place to record significant events or near misses and to learn from themes and trends.
- There were limited quality assurance systems and no processes for learning from complaints and recording significant events that were non clinical.

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development. Supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

Not all staff had a record of completed training in areas such as safeguarding, infection control, Mental Capacity Act 2005 and information governance.