The Door W4 Limited

Inspection report

Airedale Avenue
London
W4 2NW
Tel: 02087428822
www.thedoorw4.co.uk

Date of inspection visit: 4 May 2023
Date of publication: 07/07/2023

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	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Door W4 Limited as part of our inspection programme.

The service offers GP consultations to adults and children. The service offers skin related treatments including thread lift procedures and treatment for hyperhidrosis (a common condition in which a person sweats excessively). In addition, the service offers individualised bioidentical hormone replacement therapy (BHRT).

The service also offers dental services which were not inspected during this inspection.

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 regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Door W4 Limited provides a range of non-surgical cosmetic interventions, for example, botox and fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The practice manager 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.

For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. We spoke to three patients during this inspection and received positive feedback.

Our key findings were:

- Recruitment checks were not always carried out in accordance with regulations including Disclosure and Barring Service (DBS) checks.
- Consultations were mostly comprehensive. However, we noted that there was a lack of information in some care records. The risks associated with the use of unlicensed medicine were not documented in the consultation notes, not mentioned on the service's website and appropriate consent forms were not completed.
- There were clear systems and processes to safeguard patients from abuse.

Overall summary

- Most staff had received training appropriate to their role. However, we noted two doctors had not received safeguarding children level three training.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection.
- Staff members were knowledgeable and had the experience and skills required to carry out their roles.
- Patients were able to access care and treatment in a timely manner.
- Patients were asked for feedback following each appointment. This feedback was logged, analysed and shared with staff.
- The service had systems to manage and learn from complaints.
- Some emergency medicines were not in stock.

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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

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

- Consider organising sepsis awareness training for non-clinical staff.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

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

Background to The Door W4 Limited

The Door W4 Limited is an independent clinic in West London.

Services are provided from: Airedale Avenue, London W4 2NW. We visited this location as part of the inspection on 4 May 2023.

The service offers GP consultations to adults and children. The service offers skin related treatments including thread lift procedures and treatment for hyperhidrosis (a common condition in which a person sweats excessively). In addition, the service offers individualised bioidentical hormone replacement therapy (BHRT).

The service also offers dental services which were not inspected during this inspection.

The service was open to both children and adults.

The Door W4 Limited clinical team consists of a clinical lead, four doctors, a nurse and a skincare therapist. The clinical team is supported by a practice manager, assistant manager and administrative staff.

The service is registered with the CQC to provide the regulated activities of treatment of disease, disorder or injury, diagnostics and screening procedures and surgical procedures.

How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. We spoke with a range of clinical and non-clinical staff. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback collected by the service.

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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

- Recruitment checks were not always carried out in accordance with regulations including Disclosure and Barring Service (DBS) checks.
- Two doctors had not received safeguarding children level three training relevant to their role.
- Some emergency medicines were not in stock.
- There was a lack of information in some care records and the risks associated with the use of unlicensed medicine were not documented in the consultation notes.
- The risks associated with the use of unlicensed medicine were not mentioned on the service's website and appropriate consent forms were not completed.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse. However, some improvements were required.

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We noted that partial recruitment checks had been undertaken prior to employment and improvements were required. For example, the two staff files we reviewed showed that appropriate references (satisfactory evidence of conduct in previous employment) for one staff had not been undertaken prior to employment, which was not in line with the service's recruitment policy. Interview notes were not always kept in staff files for one staff and appropriate health checks (satisfactory information about any physical or mental health conditions) had not been undertaken prior to employment for both staff. One contract was not kept in the staff file and the second contract was not signed. A few days after the inspection, the service informed us they had developed a new health check template for new starters.
- Disclosure and Barring Service (DBS) check were not always undertaken appropriate to the role where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). For example, we noted one clinical member of staff had received an 'enhanced' DBS check (requested by the previous employer), which was received in June 2022 and they started employment at this service in February 2023. The service had not carried out any risk assessment to mitigate the risks. A few days after the inspection, the service informed us that they had developed a new risk assessment template for starters without a DBS.
- On the day of the inspection, we noted two doctors had not received safeguarding children level three training relevant to their role in line with intercollegiate guidance for all staff working in healthcare settings. However, one doctor had received level one and the second doctor had received level two safeguarding children training. All other clinical and non-clinical staff had received appropriate safeguarding children training relevant to their role. All staff had received safeguarding adult training.
- There was an effective system to manage infection prevention and control. Regular infection control audits were carried out. There were systems for safely managing healthcare waste.
- The service carried out a legionella risk assessment on 21 February 2023 and regular water temperature checks had been carried out (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Requires Improvement

Are services safe?

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. However, some improvements were required.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Most staff knew how to identify and manage patients with severe infections, for example, sepsis. However, some non-clinical staff demonstrated a lack of sepsis awareness.
- There was suitable equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- The systems and arrangements for managing emergency medicines minimised risks. However, some emergency medicines were not in stock including those used to treat nausea and vomiting, croup in children and suspected meningococcal infection (severe infections of the lining of the brain and spinal cord and bloodstream) and the provider had not completed a risk assessment regarding this.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Mostly the staff had the information they needed to deliver safe care and treatment to patients. However, some improvements were required.

- Patient records were stored securely using an electronic record system. The care records we saw showed that information needed to deliver safe care and treatment was mostly available to relevant staff in an accessible way. Most of the individual care records we reviewed were written comprehensively and managed in a way that kept patients safe. However, we found a lack of information in two out of the five care records we reviewed. For example, we noted that the risks associated with the use of unlicensed medicine were not documented in the consultation notes.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines. However, some improvement was required.

- The service offered GP consultations to adults and children. The service offered skin related treatments including thread lift procedures and treatment for hyperhidrosis (a common condition in which a person sweats excessively). In addition, the service was offering a range of aesthetic services which were out of the scope of CQC registration. The service also offered dental services which were not inspected during this inspection.

Requires Improvement

Are services safe?

- The service offered individualised bioidentical hormone replacement therapy (BHRT). We found that patients were treated with unlicensed medicines. (Treating patients with unlicensed medicines is a higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the British Menopause Society. NICE Guidance NG23 states that clinicians must explain to women that the efficacy and safety of unregulated compounded bioidentical hormones are unknown).
- The service informed us that they had explained the risks associated with the use of unlicensed medicines to the patients during the consultations. However, it was not documented in the consultation notes. We noted that the risks associated with the use of unlicensed medicine were not mentioned on the service's website.
- The service informed us that there was a separate consent form for BHRT. However, we found that appropriate consent forms related to the use of unlicensed medicine were not completed.
- The service had only offered 15 GP appointments and did not carry out formal medicines audits. However, the service carried out medical records audit and monitored the prescriptions log.
- They did not treat long term conditions.
- 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.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- The premises was well maintained and the facilities were excellent. There were comprehensive risk assessments in relation to safety issues.
- The service had an up to date fire risk assessment (1 March 2023) in place and they were carrying out regular fire safety checks.
- We noted that the safety of electrical portable equipment was assessed (April 2023) at the premises to ensure they were safe to use.
- The fire extinguishers were serviced annually.
- The fire drills were carried out.
- The electrical installation condition checks of the premises had been carried out in February 2022.
- The gas safety check was carried out in January 2023.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. There had been no significant events.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, the service investigated an adverse event involving a needle stick injury. The service implemented changes and advised all doctors to dispose of waste safely. The service carried out audits to ensure they were following the protocol.

Requires Improvement

Are services safe?

- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) and the British Menopause Society (BMS) best practice guidelines.
- We reviewed examples of medical records which demonstrated that patients' needs were fully assessed and they mostly received care and treatment supported by clear clinical pathways and protocols. However, we noted there was a lack of information recorded in some consultation notes.
- The service used a comprehensive assessment process including full life history accounts and necessary examinations such as blood tests or scans to ensure greater accuracy in the diagnosis process. The assessments were tailored according to information on each patient and included their clinical needs and their mental and physical wellbeing.
- The outcomes of each assessment were mostly clearly recorded and presented with explanations to make their meaning clear.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. Patients were required to attend a periodic check with the service, without which the doctor would not prescribe further medicines.
- Patients were able to contact the doctor to discuss any concerns.
- The doctor advised patients what to do if their condition got worse and where to seek further help and support.
- The service had an effective system to assess and monitor the quality and appropriateness of the care provided.
- The service used information about care and treatment to make improvements through the use of completed audits. The clinical audit had a positive impact on the quality of care and outcomes for patients. For example, the service carried out a prescription log audit.
- The service carried out a record keeping audit to ensure effective monitoring and assessment of the quality of the service.
- We found the service followed up on pathology results and had an effective monitoring system in place to ensure that all abnormal results were managed in a timely manner and saved in a patient's record.
- The service collected patient feedback to monitor the quality of care and treatment provided. Pre-appointment and post-appointment questionnaires were completed by the patients to measure the effectiveness of the treatment offered.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Good

Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. However, we noted some doctors had not completed safeguarding children training relevant to their role.
- Staff were encouraged and given opportunities to develop.
- All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the service was checking and offering to refer for private breast cancer screening if required.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- The service was offering well-being consultations and life coaching.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients 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 mostly obtained consent to care and treatment in line with legislation and guidance. However, some improvements were required.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service informed us that information regarding the use of medicine outside of its licence was provided and the risks were explained to the patient. However, we noted this was not documented during the consultations. There was a separate consent form which included information about the use of unlicensed medicines. However, we noted this was not completed and attached to the consultation notes. The standard consent form was always completed.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not request patient feedback with CQC comment cards. We spoke with three patients over the telephone during this inspection.
- Feedback from patients was positive about the way staff treat people.
- We reviewed patient feedback available online which was positive.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- The service sought feedback from patients on the quality of clinical care they received.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- 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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- The service gave patients clear information to help them make informed choices including information on the clinic's website. The information included details of the scope of services offered and information on fees.
- Patients told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- We saw that procedures were personalised and patient specific which indicated patients were involved in decisions about care and treatment.
- The service had comprehensive patient information available explaining the procedures and what to expect.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

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.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

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.

- Patient's individual needs and preferences were central to the planning and delivery of services.
- The service offered consultations to anyone who requested and paid the appropriate fee, they did not discriminate against anyone.
- The service website was clear and easy to use featuring regularly updated information.
- They provided services to patients with an ethos of providing individualised care and treatment, considering and respecting the wishes of their patients.
- The facilities and premises were appropriate for the services delivered. The premises were accessible for patients with mobility issues with services provided on the ground floor.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The service aimed to provide an appointment for their patients to undertake an assessment as soon as possible. Patients were offered various appointment dates to help them arrange suitable times to attend.
- Appointments were available on a pre-bookable basis. Consultations were available between 9am to 5pm on Monday to Friday. The service published information about this on the service website and the patient leaflet.
- Patients could access the service in a timely way by making their appointment online or over the telephone. No appointments were offered over the weekend.
- The service had printed an out of hours contact details card, which was given to patients after the consultations if required.
- Patients reported that the appointment system was easy to use.
- This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if more appropriate to contact their own NHS GP or NHS 111.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- The service had a complaints policy and there were procedures in place for handling complaints.
- There was a designated responsible person to handle all complaints.
- The service had not received any formal complaint in the last 12 months.
- The service was registered with the Independent Sector Complaints Adjudication Service (ISCAS).

Good

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had effective processes to develop leadership capacity and skills.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored the progress against the delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and management.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, some improvements were required.

Good

Are services well-led?

- Leaders had established proper policies, procedures and activities to ensure safety. However, they were not always operating as intended. For example, we noted that the DBS was not always processed when new clinical staff started work at the service. The practice had not carried out a documented risk assessment to mitigate the risk.
- Structures, processes and systems to support good governance and management were clearly set out, understood and mostly effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and coordinated person-centred care.
- Staff were clear on their roles and accountabilities. However, some doctors had not completed safeguarding children training relevant to their role.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance. However, some improvements were required.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas required improvement, such as recruitment checks, emergency medicines and there was a lack of information in some consultation notes.
- The service had processes to manage current and future performance. The performance of clinical staff could be demonstrated through an audit of their consultations. Leaders had oversight of safety alerts, incidents, and complaints.
- The clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The service used performance information which was reported and monitored and management and staff were held to account.
- Patient assessments and consultation notes were recorded on a secure electronic system.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service submitted data or notifications to external organisations as required.
- The service was registered with the Information Commissioner's Office (ICO).

Engagement with patients, the public, staff and external partners

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

- The service encouraged and valued feedback from patients. These were reviewed and considered by the provider.
- There were examples of compliments received by the service. We saw a number of positive comments documented on the online review websites at the time of our inspection. This was highly positive about the quality of service patients received.
- We spoke with three patients. They were positive about the care and treatment offered by the service, which met their needs. They said they were listened to and treated with dignity and respect.

Good

Are services well-led?

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, the service informed us they were using the latest modern medical equipment and technology to carry out various procedures. They informed us all medical equipment was regularly serviced.
- The doctors were regularly attending relevant events to keep up to date to explore new technologies.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider had not done all that was reasonably practicable to mitigate risks. In particular, we found: • There was a lack of information in some care records and the risks associated with the use of unlicensed medicine were not documented in the consultation notes. • The risks associated with the use of unlicensed medicine were not mentioned on the service's website and appropriate consent forms were not completed. • Some emergency medicines were not in stock. • Two doctors had not received safeguarding children level three training relevant to their role. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular, we found: • Recruitment checks were not always carried out in accordance with regulations including Disclosure and Barring Service (DBS) checks.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.