

Hum2n

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

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 Hum2n on 18 October 2022 as part of our inspection programme.

The service offered a range of complementary therapies. The service was promoting health and well being by offering lifestyle changes and focussing on disease prevention. The service offered a wide range of personalised supplements and nutrients.

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. Hum2n 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 senior doctor 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 two 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.
- Some policies were not always operating as intended. For example, we found that the care and treatment was offered to a 17 years old, which was not in line with the service policies. We also noted that the service was not registered with the CQC to offer services to the children.
- Risks to patients were managed well in most areas, with the exception of issues related to emergency medicines, staff vaccination and the management of legionella.

Overall summary

- A doctor had not received child safeguarding training appropriate to their role. All other staff had received training appropriate to their role. The service had developed an internal training platform which involved role specific competency assessments.
- Consultations were comprehensive and undertaken in a professional manner.
- Consent procedures were in place and these were in line with legal requirements.
- 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.
- Clinical records were detailed and held securely.
- The service held regular clinical governance meetings and minutes were maintained.
- The service had systems to manage and learn from complaints or significant events.
- Patients were able to access care and treatment in a timely manner.

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.

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

- Implement a formal process to peer review and monitor the performance of doctors.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Hum2n

Hum2n is an independent clinic in central London.

Services are provided from: Hum2n, 35 Ixworth Place, London SW3 3QX. We visited this location as part of the inspection on 18 October 2022. The provider informed us they moved out from the registered location to this new location on 1 October 2022 and they submitted an application to update their registration with the Care Quality Commission (CQC). The provider was offering limited services as they were waiting for the completion of the CQC registration at the new location.

The service offered a range of complementary therapies. The service offers a wide range of personalised supplements and nutrients. The service is promoting health and well being by offering lifestyle changes and focussing on disease prevention.

The service was open to adults only.

Online services can be accessed from the practice website: www.hum2n.com.

The clinic is open from 9am to 6.30pm Monday to Friday and from 10am to 4pm on Saturday.

Hum2n team consists of two doctors, three nutritional therapists, a sports physiologist and an aesthetician. The senior doctor is the director of the business. The director is supported by a head of operations, a clinic manager, a bar manager, human resource manager and a front of house reception staff.

The service is registered with the CQC to provide the regulated activity 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.

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.
- The service offered healthcare services to adults only. However, found that the care and treatment was offered to a 17 years old, which was not in line with the service policies. We also noted that the service was not registered with the CQC to offer services to the children.
- The senior doctor had not received child safeguarding training appropriate to their role.
- Staff vaccination was not always maintained in line with current UKHSA guidance.
- Emergency equipment was not checked regularly and a monitoring log was not maintained. We noted paediatric pads for the defibrillator and paediatric masks for oxygen were not available.
- Most emergency medicines were in stock except one of the medicines used to treat sepsis. However, we noted emergency medicines were not easily accessible.
- A legionella risk assessment was not carried out and regular water temperature checks had not been carried out.

Safety systems and processes

The service had ineffective systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance.
- The service informed us they offered healthcare services to adults only. The service had systems to safeguard vulnerable adults from abuse. However, on the day of the inspection, during the clinical record review, we found that the care and treatment was offered to a 17 years old. The provider assured us they would carry out an audit to investigate this further.
- Staff received safety information from the service as part of their comprehensive induction and refresher training. The service provided an internal training platform and role specific competency assessments for staff members.
- On the day of the inspection, we noted that the senior doctor was the safeguarding lead and had received level one child safeguarding training which was not appropriate to their role in line with intercollegiate guidance for all staff working in healthcare settings. They had received level three adult safeguarding training. All other clinical and non-clinical staff had received child safeguarding training and adult safeguarding training relevant to their role.
- 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 appropriate recruitment checks had not always been undertaken prior to employment. For example, the three staff files we reviewed showed that only one verbal reference (satisfactory evidence of conduct in previous employment) for two staff had been undertaken prior to employment and interview notes were not always kept in staff files. Two contracts were not available and one contract was not signed by the employer.
- Disclosure and Barring Service (DBS) checks 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 that the head of operations had received a 'basic' DBS check, which was not appropriate to their role and an appropriate risk assessment was not completed. This 'basic' check was received in October 2021 and they started employment in August 2022. We also noted that the clinical manager had received an 'enhanced' DBS check (requested by the previous employer), which was received in May 2021 and they started employment in March 2022. The service had not carried out any risk assessment to mitigate the risks.
- Staff vaccination was maintained in line with current UKHSA guidance. However, we noted there were some gaps in staff vaccination.

Are services safe?

- There was an effective system to manage infection prevention and control. Quarterly infection control audits were carried out. There were systems for safely managing healthcare waste.
- The service had not carried out a legionella risk assessment and regular water temperature checks had not been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.
- On registering with the service, a patient's identity was verbally verified. Patients were able to register with the service by verbally providing a date of birth and address. At each consultation, patients confirmed their identity face to face. They were able to pay by debit or credit card and cash.

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 agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- Emergency equipment was in working order but satisfactory evidence was not available to assure that they were checked regularly and a monitoring log was not maintained. We noted paediatric pads for the defibrillator and paediatric masks for oxygen were not available. (A defibrillator is a device that gives a high energy electric shock to the heart of someone who is in cardiac arrest).
- 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

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

- Patient records were stored securely using an electronic record system. Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The 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 the appropriate and safe handling of medicines. However, some improvements were required.

Are services safe?

- The service offered various health therapies which included hyperbaric oxygen therapy (involved breathing pure oxygen in a pressurised environment), ozone therapy, whole body cryotherapy (a procedure in which an extremely cold temperature is used to freeze and destroy abnormal tissue), intravenous nutritional therapy, laser therapy, infrared light therapy and NAD+ therapy (the anti-aging molecule).
- The service was promoting health and well being by offering lifestyle changes and focussing on disease prevention. The service offered a wide range of personalised supplements (most of them were own brand manufactured in the USA).
- The service had not carried out a medicines audit as they rarely prescribed any medicines including antibiotics. They did not treat acute or long term conditions.
- The service did 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 service was offering limited aesthetic services (basic botox and fillers) as they recently moved the location and their CQC registration application for the new location was under process. These aesthetic services were out of the scope of this inspection. The service would resume offering thread lift procedures after the completion of the CQC registration process at the new location.
- The systems and arrangements for managing emergency medicines minimised risks. Most emergency medicines were in stock except one of the medicines used to treat sepsis. However, we noted emergency medicines were not easily accessible.

Track record on safety and incidents

The service had a good safety record.

- The premises was well maintained and the facilities were good. There were comprehensive risk assessments in relation to safety issues.
- The service had an up to date fire risk assessment (11 June 2021) in place and they were carrying out regular fire safety checks.
- We noted that the safety of electrical portable equipment was assessed at the premises to ensure they were safe to use.
- The fire extinguishers were serviced annually.
- The fire drills were carried out.
- 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 we spoke with demonstrated their understanding to raise concerns and report incidents and near misses.
- 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 a chilled burn incident after cryotherapy treatment. The service contacted the manufacturer for advice, they checked the machine and made the necessary adjustments. The service reminded all staff to ensure patients were completely dry after the treatment to reduce the chances of any burns.
- 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.

When there were unexpected or unintended safety incidents:

Are services safe?

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- 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.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE).

- The service offered a preventive model of healthcare which included various health therapies and a wide range of personalised supplements.
- All patients had an initial 'discovery call' to learn about health goals and concerns. After the telephone call patients were asked to complete relevant questionnaires prior to the appointment. The service ensured that all patients must be seen face to face for their initial 'functional health consultation' (60 minutes). The service used a comprehensive assessment process including full life history accounts and necessary examinations such as blood samples and laboratory analysis 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. Pathology results were evaluated and interpreted by the multidisciplinary team. Following the evaluation of results, the health coach developed a personalised health optimisation programme which included a supplement regime, nutrition and lifestyle plan. This was reviewed after one month.
- Patients' immediate and ongoing needs were fully assessed.
- 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.

- There was evidence of quality improvement activity. For example, the service carried out a comprehensive record keeping audit to ensure effective monitoring and assessment of the quality of the service.
- The service carried out a consent form audit to ensure consent was taken in a timely manner.
- Clinical governance meetings were held regularly and meeting minutes were maintained.
- The doctors rarely prescribed any medicines. However, some medicines were kept in stock which was dispensed if required and regular prescribing audits were completed to monitor their use.
- Pre-appointment and post-appointment questionnaires were completed by the patients to measure the effectiveness of the treatment offered.
- We found the service was following 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 the patient's records.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, some improvements were required.

- All staff were appropriately qualified. The service had a comprehensive induction programme for all newly appointed staff. The service carried out competency assessments and continuing professional development (CPD) audits.
- The doctors were registered with the General Medical Council (GMC) the medical professionals' regulatory body with a license to practice.

Are services effective?

- The service had kept evidence of doctors' professional qualifications in their staff files.
- The doctors had a current responsible officer. (All doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practice). The doctors were following the required appraisal and revalidation processes.
- The service understood the learning needs of staff and provided protected learning time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Most staff had received training relevant to their role, with the exception of child safeguarding training.
- 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. If a patient needed further examination they were directed to an appropriate agency; signposted to their own GP or to their nearest A&E department.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medical history.
- When a patient contacted the service, they were asked if the details of their consultation could be shared with their NHS GP. If the patient did not agree to the service of sharing information with their GP, then in case of an emergency the provider discussed this again with the patient to seek their consent. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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.

- The service offered various health therapies and a wide range of personalised supplements and nutrients.
- The dedicated health coach was supporting to develop a personalised lifestyle plan.
- Where appropriate, staff gave people advice so they could self-care.
- 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 obtained consent to care and treatment in line with legislation and guidance.

- 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 monitored the process for seeking consent appropriately.
- We were told that any treatment including fees was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.

Are services effective?

- There was information on the service's website with regard to how the service worked and what costs applied. The website had details on how the patient could contact them with any enquiries.

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 commission patient feedback with CQC comment cards. We spoke with two patients over the telephone during this inspection.
- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- We reviewed patient feedback available online (social media) 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.

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.
- 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.
- We saw that diagnostic procedures were personalised and patient specific which indicated patients were involved in decisions about care and treatment.
- Feedback suggested that patients felt diagnosis were explained clearly to them.
- The service had comprehensive patient information leaflets available explaining the diagnostic procedures and what to expect.

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.

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.

- Patients' individual needs and preferences were central to the planning and delivery of tailored services. Services were flexible, provided choice and ensured continuity of care, for example, late evening and Saturday appointments were available for patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The provider offered consultations to anyone who requested and paid the appropriate fee and did not discriminate against anyone.
- The service website was well designed, clear and simple to use featuring regularly updated information. The website included arrangements for dealing with complaints, information regarding access to the service, consultation and treatment fees and chaperone policy.
- They provided services to patients with an ethos of providing individualised care and treatment, considering and respecting the wishes of its patients.

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.
- Patients reported that the appointment system was easy to use. Patients could access the service in a timely way by making their appointment over the telephone or in person.
- Referrals and transfers to other services were undertaken in a timely way.
- 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 GP or NHS 111.
- The patient feedback we received confirmed they had the flexibility and choice to arrange appointments in line with other commitments.
- Appointments were available between 9am to 6.30pm Monday to Friday and 10am to 4pm Saturday.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

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 provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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, including nutritional therapists, 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 teams.

Governance arrangements

Are services well-led?

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

- Leaders had established proper policies, procedures and activities to ensure safety. However, we found that they were not always operating as intended. For example, we found that the care and treatment was offered to a 17 years old, which was not in line with the service policies.
- Emergency equipment was not checked regularly and a monitoring log was not maintained.
- Structures, processes and systems to support good governance promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities

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 some specific areas required improvement, such as recruitment checks, staff vaccination, emergency medicines and the management of legionella.
- There was limited evidence of doctors' internal regular clinical supervision, mentorship or support. There was no formal peer review system in place for doctors. However, we noted that nutritional therapists' performance was monitored and reviewed and they had an effective peer review system in place. The service informed us they had regular clinical governance meetings which were documented. All relevant clinicians were involved in this process which also provided opportunities for peer review of each other's work.
- Leaders had oversight of safety alerts, incidents, and complaints.
- 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard the views and concerns from the patients and staff and acted on them to shape services and culture. The service requested patients to complete pre-appointment and post-appointment questionnaires which were reviewed quarterly. This was highly positive about the quality of service patients received.

Are services well-led?

- 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. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. However, some improvements were required, such as, to undertake safeguarding children training relevant to the role.
- The service had developed an internal training platform which involved role specific competency assessments.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- 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 to offer unique health therapies to keep the immune system strong and promote health and well being by offering lifestyle changes. The service offered a wide range of personalised supplements and nutrients and focussing on disease prevention.

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	<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 risks to the health and safety of service users receiving care and treatment. In particular, we found:</p> <ul style="list-style-type: none">• The service offered healthcare services to adults only. However, found that the care and treatment was offered to a 17 years old, which was not in line with the service policies. The service was not registered with the CQC to offer services to the children.• The senior doctor had not received child safeguarding training appropriate to their role.• Staff vaccination was not always maintained in line with current UKHSA guidance.• Emergency equipment was not checked regularly and a monitoring log was not maintained. We noted paediatric pads for the defibrillator and paediatric masks for oxygen were not available.• Most emergency medicines were in stock except one of the medicines used to treat sepsis. However, we noted emergency medicines were not easily accessible.• A legionella risk assessment was not carried out and regular water temperature checks had not been carried out. <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p>

Requirement notices

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 or records were not always kept in staff files.

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