Pharmacentre Limited

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 22 June 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.

Pharmacentre Limited is a high street pharmacy with a medical clinic for private GP consultations.

The service has a 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.

We received 11 completed Care Quality Commission comment cards all of which were very positive about the staff at the practice and the services received. We did not speak with patients directly at the inspection.

Our key findings were:

- There were no effective systems for complying with national patient safety alerts.
- Systems and processes were in place to keep people safe. However, these systems were not operated effectively to ensure care and treatment to patients was provided in a safe way, particularly given the patient group served.

Summary of findings

- The provider did not have effective systems to minimise risks to patient safety, including arrangements for identifying, recording and managing risks and issues, ensuring on-going care and implementing mitigating actions.
- There were no effective systems for safeguarding of vulnerable adults, including gaps in training in this area and the absence of a safeguarding of vulnerable adults policy.
- The provider could not demonstrate that care was delivered consistently in line with current evidence based guidance.
- Clinical staff maintained continuing professional development but the provider could not demonstrate in all cases that they had received up to date training to keep patients safe.
- There was ineffective leadership. The provider could not assure us that the registered manager had the skills, knowledge and experience to run the service to ensure patients received safe and effective care.
- There were no effective governance arrangements in place. We were told policies and procedures were regularly reviewed but they had not been updated to take account of changes in inspection legislation.
- The provider was not aware of, and did not have systems in place to ensure compliance with, the requirements of the duty of candour.

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

- Ensure that the registered manager is a fit and proper person to carry on regulated activities through a criminal records check.
- Ensure care and treatment is provided in a safe way to patients.
- Introduce effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

There were areas where the provider could make improvements and should:

- Review the arrangements requiring patients to provide identification when registering with the service to ensure verification checks are recorded.
- Review the system for communicating blood test results to patients to ensure they are communicated in a timely way.
- Review the internal appraisal process to consider the inclusion of learning and development goals and a review of clinical performance.
- Review the arrangements for communicating with patients in different languages to provide access to interpretation services if needed.
- Review the practice's aims and objectives with a view to developing a clear vision and set of values for the service including a strategy and supporting business plans to deliver them.

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 Enforcement section at the end of this report).

- Some systems and processes were in place to keep people safe. However, these systems were not operated effectively to ensure care and treatment to patients was provided in a safe way in relation to safeguarding of children and vulnerable adults, infection prevention and control, the availability of emergency medicines and emergency equipment, health and safety of premises and equipment, staff recruitment and training, and consent decisions.
- We also found other areas where improvements should be made relating to the safe provision of care. This was because no record was kept of the checks made to verify the identity of patients registering with the practice. Additional consideration is required to support safe ongoing care of the patients, who are often highly mobile.

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 Enforcement section at the end of this report).

- The provider could not demonstrate that care was delivered consistently in line with current evidence based guidance.
- The was limited evidence of quality improvement activity including clinical audit.
- The provider could not demonstrate that the manager and staff had in all cases received up to date training to ensure they had the skills, knowledge and experience to carry out their roles.
- The provider did not have systems in place to ensure consent to care and treatment was sought appropriately. No consent decisions were recorded in patient records and the provider could not demonstrate that staff had received training in the Mental Capacity Act 2005.
- We also found other areas where improvement should be made in the provision of effective care. This was because there was the potential for blood test results not to be communicated in a timely way to patients, especially because of the mobile nature of the majority of the patient population.

Are services caring?

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

- The staff respected and promoted patients' privacy and dignity.
- We received 11 completed Care Quality Commission comment cards, all of which were very positive about the staff at the practice and the services received.
- We were told that any treatment including fees was fully explained to the patient prior to any consultation or treatment and that people then made informed decisions about their care.

Are services responsive to people's needs?

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

- The service organised and delivered services to meet patients' needs.
- Patients could access care and treatment from the practice within an acceptable timescale for their needs.

Summary of findings

- There was a complaints policy which set out the process and management of complaints.

We found areas where improvements should be made relating to the responsive provision of treatment. This was because the provider did not have access to translation services.

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 Enforcement section at the end of this report).

- The provider could not demonstrate that the registered manager had the skills, knowledge and experience to run the service to ensure patients received safe and effective care, especially the particular nature of this service.
- There were no formalised vision or values and there was no strategy or supporting business plans for future service delivery.
- There were no effective systems in place to support good governance management.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to safeguarding of children and vulnerable adults, infection prevention and control, the availability of emergency medicines and emergency equipment, health and safety of premises and equipment, recruitment procedures, staff training, consent decisions and business continuity.
- Policies and procedures did not reflect current inspection regulations.
- There was limited evidence of quality improvement activity and in particular there was no programme of clinical and internal audit to monitor quality.
- The provider could not demonstrate that they maintained accurate and complete records on patients and staff.
- The provider did not have systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Pharmacentre Limited

Detailed findings

Background to this inspection

Pharmacentre Limited is situated at 149 Edgware Road, London, W2 2HU. It is a high street pharmacy with a medical clinic for private GP consultations. The GP consultation service is available throughout the pharmacy's opening hours; daily 9am to Midnight.

The practice treats between 50-100 patients per month.

Most people who use the service are oversees visitors from Middle Eastern countries. The doctors see adults, aged 18 years and over for minor conditions. There are three doctors, one of whom is an employed member of staff and two who work on a locum basis. The service is operated mainly as a walk-in service and when there was no doctor on duty a doctor is usually available within 20 minutes of a request who were called in by pharmacy staff. The doctor services were also available through visits to a patient's home or hotel room, although we were told this facility was not used extensively. Services provided include care and treatment for minor ailments and phlebotomy.

The service is registered with the Care Quality Commission for the regulated activities of treatment of disease, disorder or injury.

The inspection team was led by a CQC inspector and included a GP specialist advisor.

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?

Our findings

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

Safety systems and processes

The provider did not have systems to keep patients safe and safeguarded from abuse.

- The provider did not have effective systems to safeguard patients from abuse. The manager was the lead for safeguarding but had not completed training in safeguarding of children or vulnerable adults. The service did not treat children. However, there was a policy in place covering child safeguarding with the contact details of local safeguarding teams but there was no equivalent policy for vulnerable adults or associated risk assessment for this omission. One of the doctors provided evidence they had completed level 3 child safeguarding training. Another doctor told us they had completed such training in 2011 (which was now out of date as the training should be updated every three years) and training in vulnerable adults in 2016. However, the provider was unable to provide evidence of this or of any safeguarding training completed by the third doctor.
- The provider carried out recruitment checks for the doctors but there was limited documentation of this kept at the service location. We saw evidence that Disclosure and Barring Service (DBS) checks had been undertaken for all three doctors but not the manager. (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). There were no records available of proof of identification checks. Evidence of satisfactory conduct in previous employments was provided for the doctor recently employed by the service, although this related to employment in 2012. No such evidence was available for the two locum doctors.
- The manager told us that staff from the pharmacy acted as chaperones. However, there was no evidence that they had received training for the role or that they had received a DBS check.
- There was no effective system to manage infection prevention and control (IPC). There was an IPC policy, however here was no evidence that the manager or three doctors had received IPC training and IPC audits had not been undertaken. There were arrangements for safely managing healthcare waste, however there was no cleaning schedule in place for cleaning staff to follow. We were told privacy curtains in the consultation rooms were cleaned six-monthly but there was no date on them to evidence this. There was no spillage kit available to deal with blood, urine or vomit spills. The sink in the consultation room had an overflow outlet which did not comply with national guidelines.
- There were health and safety and risk management policies but the service had not undertaken risk assessments to monitor the safety of the premises, including fire safety. In addition, there were no risk assessments for substances hazardous to health (COSHH) or legionella and water hygiene. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings). We were told a health and safety risk assessment had been arranged by the pharmacy with an external contractor which was due to take place two weeks after the inspection.
- The provider had not ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There was no evidence of portable appliance test (PAT) and medical equipment calibration tests completed in the last 12 months although medical equipment requiring calibration was limited to a blood pressure monitor.

Risks to patients

There were ineffective systems to assess, monitor and manage risks to patient safety.

- There was no evidence that the manager had received annual basic life support training and the provider was only able to provide such evidence for one of the three doctors. One of the doctors had, however, undertaken training in advanced cardiac life support.
- The service had no defibrillator or pulse oximeter available on the premises, as recommended in national guidance but there was no documented risk assessment for not having this equipment. There was also no oxygen available and the provider could not therefore demonstrate they were fully equipped to deal with medical emergencies.
- The service also did not have an adequate supply of medicines to deal with medical emergencies. The

Are services safe?

majority of medicines recommended in national guidance were not readily available in an emergency medicines kit and there was no documented risk assessment for this.
- The provider did not have evidence to show they had risk assessed and put in place mitigating actions to ensure the continuity of services and patient and staff safety in the event of a major incident such as power failure or building damage.
- The doctors were registered with the appropriate regulatory bodies and had appropriate indemnity arrangements in place to cover all potential liabilities that may arise.

Information to deliver safe care and treatment

- The provider told us that patients were asked to provide proof of identity when registering with the service to verify the given name, address and date of birth. However, no record was kept of this check or of the identity documents seen.
- Individual care records were not written and managed in a way that kept patients safe. We reviewed five paper records and found that the details of consultations were sparse. We were also shown the 30 paper records that were reviewed by the provider in the most recent annual audit of patient records completed in May 2018. These were similarly sparse on details and the audit showed clinical findings were only completed in 73% of cases compared with 100% last year, 13% were partially completed and 14% were not filled in at all.
- Care records were kept secure in a locked office.

Safe and appropriate use of medicines

The provider had some systems for appropriate and safe handling of medicines.

- There was no documented system in place to check the expiry date of the limited supply of emergency medicines available in the practice. However, the two medicines available we checked were in date.
- The provider kept prescription stationery securely.
- The manager told us that the doctors did not prescribe any high risk medicines and the care records we reviewed confirmed this. There was a medicines management policy but there were no local microbiology protocols for the safe administration of antibiotics.

Track record on safety

- We could not assess the practice's track record and performance on safety as no incidents had been reported.

Lessons learned and improvements made

- There was a system in place to report, investigate and learn from incidents or significant events. However, the provider was not aware of the legal requirements of the Duty of Candour.
- Staff understood their responsibilities to raise concerns and near misses, and to report them internally and externally, where appropriate.
- There was no effective system in place to receive and comply with national patient safety alerts from the Medicines and Healthcare products Regulatory Authority (MHRA). We were told doctors accessed alerts individually but there was no central co-ordination of this within the practice to ensure alerts were acted upon if appropriate.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The doctors sought to assess needs and deliver care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. However, the provider could not demonstrate that this was achieved consistently. For example, there was no effective system to ensure the prompt identification of people who have or are at risk of developing sepsis so that they receive timely and appropriate treatment. In particular, there was no evidence of the use of the 'sepsis tool kit' and there was no pulse oximeter available to enable a full assessment of patients with presumed sepsis.

Monitoring care and treatment

There was limited evidence of quality improvement activity. The provider completed an annual audit of patient records and discussed the outcomes with the doctors. But the scope of the audit focused mainly on administrative processes relating to the completion of the records and the effectiveness and appropriateness of clinical care provided was not monitored or followed up with the clinicians. The registered manager was no longer a practicing clinician and could not demonstrate through training or continuing professional development that they had the knowledge and skills or were qualified to monitor the clinical effectiveness of the doctors. There was no ongoing oversight of clinical outcomes or clinical audit.

Effective staffing

The provider could not demonstrate that clinical staff or the registered manager had the skills, knowledge and experience to carry out their roles.

- Each doctor had undergone a revalidation appraisal and was connected with a designated body. (All doctors working in the United Kingdom are required to follow a process of appraisal and revalidation to ensure their fitness to practise). In addition, the manager carried out an internal annual appraisal of doctors but the appraisal report was a brief, hand written, record of issues discussed, which was not signed by the appraisees. GMC registration and revalidation dates were confirmed and continuing professional development and training were discussed but no learning and development goals were set or any review of clinical performance recorded.
- Limited training records were held by practice. The manager could not demonstrate training for themselves or the doctors in infection prevention and control; general health and safety or fire safety; information governance or the Mental Capacity Act 2005. In addition, the manager was unable to provide evidence of training in safeguarding and basic life support for themselves and two of the doctors.

Coordinating patient care and information sharing

- Patients registering with the service were asked to state on the registration form whether or not they consented to a copy of their clinical consultation being sent to their usual GP. However, the provider was unable to show us any cases where information had been shared and we were told that this was because most patients were visitors from abroad. The practice's May 2018 audit of 30 patient records showed 34% of patients gave their consent to sharing information with their GP, 63% did not consent and 3% said this was not applicable.
- There were systems in place for the management and processing of blood test results. However, given the mobile nature of the majority of the patient population, there will be difficulty in acting on test results and the system would benefit from review to ensure effective communication and follow up of the results.

Supporting patients to live healthier lives

- Although most patients were seen on a one-off or short term basis, where appropriate they were encouraged during consultations to live healthier lives including smoking cessation and healthy eating.

Consent to care and treatment

- The provider did not have systems in place to ensure consent to care and treatment was sought appropriately. We were told that consent was taken verbally but this was not recorded.
- The manager and the doctor we interviewed had not received training in the Mental Capacity Act 2005 and how this applies to adults. No evidence was provided of such training for the two locum doctors.

Are services caring?

Our findings

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

Kindness, respect and compassion

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights. Staff understood patients' personal, cultural, social and religious needs.
- The provider gave patients timely support and information.
- Arrangements were in place for a chaperone to be available if requested.
- We received 11 completed Care Quality Commission comment cards, all of which were very positive about the staff at the practice and the services received. We did not speak with patients directly at the inspection.

Involvement in decisions about care and treatment

- Evidence from patient feedback suggested the provider involved patients in decisions about their care and treatment.
- We were told that any treatment including fees was fully explained to the patient prior to any consultation or treatment and that people then made informed decisions about their care.
- Standard information about consultation costs was readily available at the practice and on the website prior to a consultation.
- In the provider's May 2018 patient survey, 90% of the 30 respondents rated the doctors as excellent and 10% very good for their explanations of treatment.

Privacy and Dignity

The practice respected and promoted patients' privacy and dignity.

- The consultation room was arranged in a way to maintain patients' privacy and dignity during examinations, investigations and treatments. Privacy curtains where provided in the consultation room.
- The manager told us that the consulting room door was closed during consultations so conversations taking place could not be overheard by patients in the waiting area.
- There was a notice in the waiting area which signposted the availability of a chaperone.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations. We found areas where improvements should be made relating to the responsive provision of treatment. This was because the provider did not have access to translation services.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The consultation room and waiting area were accessible to those patients with mobility issues. There was wheelchair access via a removable ramp.
- The manager told us that they did not access translation services. They told us that the staff spoke a wide range of languages which met most patients' needs. However, there was nothing in place for patients who may speak a different language to those spoken by the staff.

Timely access to the service

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

- The private doctor services ran throughout the opening hours of the pharmacy. The opening hours were 9am to Midnight daily. The manager told us that most patients requiring a consultation with a doctor were visitors from oversees, mostly middle eastern countries. The provider operated a walk-in service and when there was no doctor on duty a doctor was usually available within 20 minutes of a request who were called in by pharmacy staff.
- The practice's statement of purpose and website stated that the doctor services were also available through visits to a patient's home or hotel room. However, the doctor we spoke with at the inspection told us they had not undertaken any such visits during their employment at the practice.

Listening and learning from concerns and complaints

There was a complaints policy and procedure which set out the process and management of complaints. There was no recorded history of any complaints received. The manager told us there had not been any formal complaints.

Are services well-led?

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

Our findings

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

Leadership capacity and capability;

There was a lack of leadership capacity and limited arrangements for clinical leadership and oversight of clinical practice. The Registered Manager was responsible for the operational management of the service and clinical leadership. Whilst they had a clinical background they relinquished GMC registration in 2011 and showed limited awareness of clinical issues within the practice. There was also limited evidence that they had updated their clinical knowledge in order to exercise effective clinical oversight. The Registered Manager said they had attended many medical meetings in various specialties but had not kept a record of them. They maintained continuing professional development (CPD) by attending talks provided by the doctors at the practice (three in the last year including: Headache in Primary Care; Migraine; and Vasovagal episodes).

Regarding operational management, the practice document 'The Role and Responsibility of the Registered Manager', stated the Registered Manager must undertake periodic training to update knowledge and skills and competence to manage the establishment. However, the Registered Manager had not undertaken regular update training in areas they were the lead for, including safeguarding, Basic Life Support, Health and Safety, infection prevention and control or information governance. The Registered Manager could not therefore demonstrate they have the skills, knowledge and experience to run the service to ensure patients received safe and effective care. There were no assurances that care and treatment was being delivered consistently in line with current evidence based guidance and no effective oversight of performance regarding antimicrobial prescribing and stewardship.

Vision and strategy

The practice aim was to provide a reliable and fast medical service to patients who needed to see a doctor urgently. However, there were no formalised vision or values and no strategy or supporting business plans for future service delivery.

Culture

The doctor we spoke with during the inspection felt supported, respected and valued by the service.

The provider did not have systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Governance arrangements

The provider had informal governance arrangements in place to support the delivery of good care. However, we found these arrangements were not operated effectively and required improvement in several areas to support good governance and ensure the provision of safe care. In particular:

- The provider had failed to ensure staff were fully up to date with training to ensure they had the qualifications, competence, skills and experience to provide care and treatment safely.
- The provider had failed to ensure the proper and safe management of medicines, in particular for dealing with medical emergencies.
- The provider had failed to ensure adequate assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.
- The provider had failed to ensure premises and equipment used to provide care and treatment were safe to use.
- The provider had failed to ensure sufficient equipment was available for service users to ensure their safety and meet their needs.
- The provider had failed to ensure the maintenance of accurate and complete records of service users in respect of care and treatment provided and decisions taken about that care and treatment, or of persons employed in carrying on regulated activities, in particular in relation to staff recruitment and training undertaken.

There were a range of policies and procedures in place to support the operational management of the service. The 15 policies we sampled were marked as being reviewed in 2013 and/or 2017 but there was nothing to indicate whether any changes had been made. The policies were

Are services well-led?

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

referenced to the 16 essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which have been superseded by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were no updates in the practice's policies to reflect the new Fundamental Standards set out in the 2014 Regulations. For example, the Complaints policy was marked as reviewed in 2017, but was still referenced to the 2010 regulations. In addition, the document referred to the former Health Care Commission and made no provision for patients to pursue matters further, for example with the Parliamentary Health Service Ombudsman (PHSO), or the Independent Sector Complaints Adjudication Service (ISCAS), if they were not happy with the outcome.

Managing risks, issues and performance

The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to safeguarding of children and vulnerable adults, infection prevention and control, the availability of emergency medicines and emergency equipment, health and safety of premises and equipment, recruitment procedures, staff training, consent decisions and business continuity.

There was limited evidence of quality improvement activity and in particular there was no programme of clinical and internal audit to monitor quality.

Appropriate and accurate information

Clinical information was not always accurately recorded. On review we found that information relating to patients' consultations was sparse and the provider's own audit of patient records completed in May 2018 showed clinical findings were only partially completed in 13% of cases and 14% were not filled in at all.

Records on practice staff were incomplete in relation to recruitment and staff training. The majority of these records were not held at the practice but by individual members of staff and there were gaps in the information about pre-employment checks and training completed.

Engagement with patients, the public, staff and external partners

The practice had arrangements in place to engage and involve patients and staff in supporting quality sustainable services.

The practice had a system in place to gather feedback from patients in the form of a feedback questionnaire. Feedback was collected from patients annually and the results from 30 responses to the latest May 2018 survey were positive about the service provided. Twenty eight of those who responded (93%) would recommend the practice to a friend.

The Registered Manager used the annual appraisal process to gather feedback from the three doctors. However, the appraisal record did not note any feedback received or how it was acted upon.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The registered manager employed by the registered provider had not undergone a criminal records check to ensure they were a fit and proper person to carry on the regulated activities for which they were employed. This was in breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Warning Notice** **How the regulation was not being met:** The provider did not have established and effectively operated systems to ensure care and treatment to patients was provided in a safe way in relation to: • Safeguarding of children and vulnerable adults • Infection prevention and control • The availability of emergency medicines • The availability of emergency equipment • Health and safety of premises and equipment • Staff training to confirm the suitability of staff in terms of their qualifications, competence, skills and experience to provide safe care and treatment This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Warning Notice** **How the regulation was not being met:** The provider was not able to demonstrate good governance.

This section is primarily information for the provider

Enforcement actions

The registered provider did not have effective systems or processes to enable the registered person to assess, monitor and improve the quality and safety of the services provided in carrying on of the regulated activity. In particular:

- There was limited improvement activity including clinical audit to monitor the effectiveness and appropriateness of care provided.
- There were no systems in place to ensure doctors were up to date with current evidence based guidance including antimicrobial prescribing guidance and the management of those who have or are at risk of developing sepsis.
- There were no systems in place to ensure national patient safety alerts were being received at the practice and acted upon.

The registered provider did not have effective systems or processes for identifying, recording and managing risks, issues and implementing mitigating actions, in particular in relation to safeguarding of children and vulnerable adults, infection prevention and control, the availability of emergency medicines, availability of emergency equipment, health and safety of premises and equipment, consent decisions and business continuity.

There was no formal governance structure, and policies and procedures did not reflect up to date inspection legislation.

The registered provider did not have systems to ensure compliance with the requirements of the duty of candour.

The registered provider did not maintain an accurate, complete and contemporaneous record in respect of each service user, or of persons employed in carrying on regulated activities.

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