

Wren Healthcare Limited

Wren Healthcare Limited

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

Summary of findings

Overall summary

Wren Healthcare Limited is a provider of specialist nurse-led clinical homecare services across England and Wales.

We rated this service as good because:

- The service had enough staff to care for patients. They accepted referrals based on whether they had staff to provide care in a timely manner and keep people safe.
- Staff had training in key skills, understood how to protect people using the service from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. Staff completed clinical competency assessments for phlebotomy and subcutaneous medicine administration. The service managed incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- The service used systems and processes to administer and record medicines safely. They did not store any medicines.
- The service held monthly partner meetings with referring organisations, which detailed the service specific requirements. The referring teams were responsible for monitoring the effectiveness of treatment and patient outcomes and the service worked effectively with these external teams to provide good care and benefit people using the service.
- The service provided good care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care and supported them to make informed decisions about their care and treatment. The service made sure staff were competent for their roles.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their treatment. They provided emotional support to people using the service. The patients we spoke with were happy with their care and described the service as “brilliant” and “professional”.
- The service provided care to meet the needs of the communities it served. It also worked with partner organisations to plan care. The service was inclusive and took account of patients’ individual needs. People could access the service when they needed it and received the right care in a timely way. It was easy for people to give feedback and patients we spoke to told us they felt confident to raise concerns about the care received.
- Managers were approachable, supportive, and had the skills and knowledge to ensure patients received a quality service. Staff understood the services’ visions and values, and how to apply them to their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care and were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not have a formal supervision policy. Staff told us they received one-to-one meetings with their managers and clinical supervision was being carried out, although the frequency of structured managerial supervision was inconsistent. The service was in the process of developing an overarching supervision policy that would include both clinical and managerial supervision, however this was not yet embedded in practice.
- Managers did not complete infection prevention and control (IPC) audits. However the service provided an audit schedule detailing IPC audits which were due to commence in March 2022. In the week following our inspection the service brought this forward and completed an IPC audit and shared outcomes with us. Field visits were also being completed which assured managers that staff were delivering safe care to patients.

Summary of findings

- The service was not undertaking annual appraisals with staff in line with their policy. However, the service had a clear strategy for how this would be embedded with objective setting meetings completed for all staff by the end of March 2022.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults	Good 	

Summary of findings

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Summary of this inspection

Background to Wren Healthcare Limited

Wren Healthcare Limited provides specialist nurse-led clinical homecare services. The service provided clinical homecare nationally and had nursing staff across England and Wales.

Clinical homecare is a term used to describe care and treatment that takes place in a person's own home. The aim of clinical homecare is to minimise the need for patients to attend an acute hospital setting for their treatment.

The service was working on a non-exclusive basis in partnership with two charity organisations who provide donor matches for patients with blood cancers requiring stem cell blood transplants. The regulated activities were relevant to the nurse-led services in people's homes that involved phlebotomy, patient training in self-administration and drug administration of granulocyte colony stimulating factor (G-CSF), on call clinical support, remote visits and monitoring observations. The service was also accredited to provide eXroid electrotherapy to patients in their homes with up to grade three haemorrhoids, which is an alternative to banding for patients with grade one or two haemorrhoids, and as an alternative to surgery for patients with grade three or four haemorrhoids.

The service registered with the Care Quality Commission in 2018. They are registered to provide the following regulated activities:

- Treatment of disease, disorder, or injury
- Diagnostic and screening procedures

Wren Healthcare Limited also has a team of specialist research nurses that support clinical trial patients in their home including providing specialist training to clinicians and carers. The service's clinical skills academy provides continual professional development (CPD) accredited courses including clinical skills and disease area training to professionals across healthcare settings. The service is also Government registered to carry out COVID-19 testing including fit-to fly testing for travellers with clinics across Essex, Kent, Southampton, Surrey and London, which is regulated by The United Kingdom Accreditation Services (UKAS). We did not look at these services as the Care Quality Commission (CQC) does not regulate these activities.

At the time of this inspection the service had a registered manager.

At the time of this inspection the service had ten permanent clinical homecare nursing staff and six bank staff delivering clinical homecare services to patients. The service had five staff in induction training.

We had not inspected this service before.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

Is it safe?

Is it effective?

Summary of this inspection

Is it caring?

Is it responsive to people's needs?

Is it well-led?

Before the inspection visit, we reviewed information that we held about the service. We announced this comprehensive inspection 24-hours prior to the inspection visit. Due to the service providing services throughout England, we announced the inspection so that the service could arrange interviews.

During the inspection, the inspection team:

- spoke with the registered manager
- spoke with four service users
- spoke with a range of staff including: the director of clinical homecare, the director of clinical research and oncology, the head of nursing, the head of governance and quality, the head of learning and development, two senior clinical homecare nurses and three clinical homecare nurses.
- looked at five patient records
- reviewed incident reports and the lessons learnt from these
- looked at a range of policies, procedures and other documents related to the running of the service

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **MUST** take to improve:

- The service must ensure they develop and implement a supervision policy so all staff receive regular structured clinical and managerial supervision with their manager which is monitored for quality assurance (Regulation 18(2)(a): Staffing)

Action the service **SHOULD** take to improve:

- The service should ensure that they implement plans to undertake regular infection, prevention and control audits for good governance and oversight in how all staff are adhering to policy during delivery of clinical homecare services to people using the service.
- The service should ensure that they implement plans to carry out objective setting meetings with all staff by the end of March 2022, and that annual appraisals are completed with all staff in line with policy.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Requires Improvement	Good	Good	Good	Good
Overall	Good	Requires Improvement	Good	Good	Good	Good

Community health services for adults

Safe	Good 
Effective	Requires Improvement 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Community health services for adults safe?

Good 

We rated the service as good because:

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. The compliance rate of completed mandatory training for clinical staff delivering regulated activities was 86%. Staff received face to face and online training and completed competency assessments. Managers had access to a training matrix and could monitor compliance and identify when training was due. The service had an online system where policies and standard operating procedures were kept and all staff could access this.

Safeguarding

Staff understood how to protect patients from abuse and worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. All staff completed safeguarding training level 1 and 2. The service had a safeguarding lead who completed safeguarding training to level 4.

There were no safeguarding concerns reported to CQC in the twelve months before inspection.

Cleanliness, infection control and hygiene

Managers completed field visits with nurses which assured them that staff were delivering safe care to patients, however the service did not carry out regular infection, prevention and control audits. Managers showed us an audit schedule for the year detailing IPC audits which were due to commence in March 2022. In the week following our inspection the service brought this forward and completed hand hygiene and personal protective equipment (PPE) audits which were thorough. The service shared outcomes with us which showed a compliance rate of 100%.

Prior to visiting patients in their home, staff completed a checklist over the telephone to confirm patients were well and able to proceed with the treatment.

Community health services for adults

All staff completed IPC training and were aware of the importance for good hand hygiene, use of personal protective clothing and aseptic techniques (using practices and procedures and applying strict rules to minimise the risk of infection).

Environment and equipment

We visited the main office for the service, which was fit for purpose and well maintained. The care regulated by CQC was delivered in the patient's own home. As a result of the service delivering care to patients nationally, we could not observe home visits. Environmental risk assessments were completed prior to the patients being visited to ensure that facilities were suitable for the type of care they were due to receive. The service managed clinical waste well.

All staff spoken to had access to the equipment they needed and were aware of the process for escalating faults with equipment.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. The referring charity organisations completed risk assessments and assessed patient suitability for clinical homecare prior to referring them. The service completed their own risk assessment via telephone call when booking a home visit for treatment. This considered the information received in the initial referral, as well as risks related to the home environment and needs of the patient.

Staff ensured that they had confirmation of patient allergies and carried adrenaline medicines with them during visits, for use in the event of adverse reactions to medicines (anaphylaxis).

Staff identified and quickly acted upon patients at risk of deterioration. Staff completed physical observations of patients prior to and following treatment, as necessary in line with standard operating procedures. Staff reported any concerns or risks to the referring organisation through an electronic patient visit record. Staff we spoke with knew how to document and report any adverse events, in line with national guidance.

The service had a lone worker policy. Staff entering patients' homes carried lone worker devices and had access to out of hours support. They could also contact the service or emergency help, if necessary.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm. The provider was continuing to recruit nursing staff to increase their capacity to provide care to more patients. Managers told us that referrals were not accepted if there was not enough staff to provide safe care. The service's referring charities would reassign referrals to other supporting organisations for treatment to prevent a delay in people accessing services.

The service's scheduling team completed a weekly planner to ensure staffing capacity with scheduled patient appointments. Staff we spoke with felt that their caseloads were manageable. Staffing risks were discussed during weekly director 'touch point' meetings. Managers had updated the service risk register and were due to implement a new patient record system which included a workforce planning tool.

Records

Community health services for adults

Staff kept detailed records of patients' care and treatment. The service used a secure electronic case management system and all staff had access to this. Staff carried personal password protected laptops with them and could access relevant documents from a patient's home. Staff completed electronic visit records following every home visit and these were sent to the referring organisation.

The service did not have access to patients' full medical records except for individual patient details (name, address, contact details, treatment required and medication prescribed where applicable). This was treated as personal and/or sensitive data.

Records we reviewed were clear, up to date and easily available to authorised staff. Staff recorded information in a clear and accurate way which included patient consent to treatment.

Medicines

The referring charity organisations were responsible for prescribing and delivering medicines directly to patients. The service used systems and processes to administer and record medicines safely. All staff received training in pharmacovigilance (the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other possible drug-related problems).

The service did not store any medicines.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

The service had started using an online incident reporting form for staff in the weeks before our inspection. Incidents we viewed related to sample management, incorrect colour sample tubes being used or failure to draw blood from the patient. These were not reportable to us. The quality team triaged all incident forms submitted by staff and ensured any immediate actions had been taken before allocating staff to investigate. The service had processes in place to ensure incidents were investigated and contributory or root causes identified. The outcome of investigations included lessons learned.

Managers discussed the necessary corrective and preventative actions following investigation of incidents in monthly clinical governance meetings. These actions were discussed with staff during monthly leadership meetings for clinical homecare staff. Staff also received feedback from incident investigations via email.

When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions were implemented for example additional training for all staff.

Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff were aware of this duty and the need to be open and honest with patients where incidents occurred.

Community health services for adults

Are Community health services for adults effective?

Requires Improvement 

We rated the service as requires improvement because:

Evidence based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

The service was part of the National Clinical Homecare Association (NCHA). The NCHA represents and promotes organisations whose primary activity is to provide medical supplies, support and clinical services to patients in the community.

Clinical screening including suitability for clinical homecare was completed by the partner organisation prior to referral to the service. Staff did not receive information on the patients' medical history other than their allergies and required treatment. Staff followed administration guidelines for medicines as prescribed by the referring organisation.

Staff had access to a standard operating procedure for each treatment offered. Managers made new standard operating procedures or treatment guidelines available for reading to staff through an online shared system. Staff also kept up to date with and followed relevant National Institute for Health and Care Excellence (NICE) guidelines.

Patient outcomes

Partner organisations were responsible for monitoring treatment outcomes for people referred to the service. Staff completed patient visit forms after every visit and sent these to the responsible team. Staff monitored for any adverse medicines events or reactions and reported and escalated these appropriately. Nursing staff supported people using the service with self-administration if this treatment option was chosen. Staff took action to resolve any issues.

Staff monitored the effectiveness of care and treatment in their electrotherapy service. They used the findings to make improvements and achieved good outcomes for patients. Staff called the patient within 72-hours of receiving electrotherapy to ensure that the person was well following treatment. Patients received a follow-up within four weeks of treatment. Staff completed a symptom check to determine if further treatment was required. All treated patients were due to receive an annual follow-up.

A patient survey for electrotherapy patients had been developed. People could provide feedback using an online form which included a free text field to give feedback. Patients were asked to rate the service from one to five and whether they would recommend the service, although results had not yet been reviewed at the time of our visit. Patients could also give feedback online via a consumer review website. The service at the time of inspection had a score of 4.9 (out of 5), although this score included feedback from people receiving unregulated activities.

Competent staff

Community health services for adults

The service made sure staff were competent for their roles and provided full-time and bank staff with a full induction. Staff were supported by their managers through shadowing and observation. All staff received a six-month probation review.

Managers provided staff with informal support and staff we spoke to told us they had regular contact with their managers. However, the service did not have a supervision policy in use at the time of our visit. The service did not keep a record of supervision compliance but did record group clinical supervision and field visits that were observed by clinical nurse managers. All staff had been observed in practice in the last 12-months. Staff attended monthly leadership meetings and quarterly 'town hall' meetings and felt able to raise concerns with their managers.

Staff completed mandatory training and competency assessments and could access training and development opportunities. Managers and clinical nurse managers assessed staff competencies through observation and reviewing self-certifications. Nurses completed competency documents for each therapy that they were required to administer. These were reviewed annually.

We saw no evidence that annual appraisals were being completed with staff in line with the service's policy. However, the service had a corporate strategy for embedding this with objective setting meetings to be completed for all staff by the end of March 2022. There were systems in place to manage poor performance although we did not see evidence of this in practice.

Multidisciplinary working and coordinated pathways

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Managers, nursing staff and the patient discharge liaison team worked effectively with referring organisations. The service ensured the correct referral documentation was completed. The director of clinical homecare attended monthly contract meetings with partner organisations. The service discussed types of service to be provided, physical health observations that needed completing, how to respond to delays in administration of medicines, communication pathways to escalate queries or escalate concerns about a patient's physical health.

Health promotion

Staff provided patients receiving electrotherapy with leaflets detailing lifestyle advice for prevention and symptom management. The service worked closely with responsible organisations to maximise patients' independence in managing the administration of their own treatment, if this option had been chosen.

Consent and mental capacity

The service had an up to date policy for consent and capacity guidelines and considerations. Staff ensured consent to clinical homecare and treatment had been gained by the referring organisation. The scheduling team checked consent again when booking patients' home visits via telephone. We saw evidence in all patient records look at that staff asked people for consent during patient visits prior to treatment.

Are Community health services for adults caring?

Community health services for adults

Good 

Good 

We rated the service as good because:

Compassionate care

Patients we spoke with told us that staff treated them with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff showed compassion and kindness when discussing patient needs and care with others, and in their documentation of patient visits.

Emotional support

Staff provided emotional support to patients to minimise their distress. One patient told us staff took time to put them at ease when they felt nervous about their treatment. The service ensured people requiring multiple appointments had the same named nurse to provide their treatment where possible for continuity of care.

The service understood patients' personal, cultural and religious needs. We saw evidence in patient records that staff asked people using the service about preferred language and cultural needs so that adjustments could be made to deliver quality care.

Understanding and involvement of patients and those close to them

Staff supported and involved patients to understand their condition and make decisions about their care and treatment. The service completed a telephone call with all patients to book their appointment and were asked whether family or carers would be present at their appointment for support. Nurses contacted patients prior to their visit to confirm the appointment time and ensure that the patient was feeling well. Staff supported people who had chosen to self-administer their G-CSF treatment through virtual appointments for support.

Staff provided people receiving electrotherapy with a patient guide and aftercare leaflet following treatment. Patients received information which told them how to make a complaint and provide feedback. They were also provided with a direct telephone number to discuss their treatment with a clinical nurse specialist.

Are Community health services for adults responsive?

Good 

We rated the service as good because:

Planning and delivering services which meets people's needs

The service planned and provided care in a way that met the needs of the communities it served. It also worked with others in the wider system and local organisations to plan care.

Community health services for adults

Staff reported any issues identified to the referring organisation to ensure they were fully aware about an individual's treatment and care. Staff recorded and provided feedback to the referring team after every home visit.

Managers attended a weekly 'touch point' meeting where they considered whether there was enough staff to support the service. The service worked non-exclusively with their partner organisations which ensured that they did not have a waiting list. The service only agreed to deliver services and accepted patient caseloads that they had capacity to provide. The service told us the main reason for not accepting referrals was due to the location of the person requiring treatment. This was due to not yet having nursing staff covering all geographical locations. The service was recruiting more clinical homecare nurses to further expand the number and types of services it offered. The service also had plans to expand their clinical homecare services to provide intravenous immunoglobulin therapy (IVIg) in partnership with the NHS.

Meeting the needs of people in vulnerable circumstances

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Patients were seen in their own homes and staff were flexible with appointment times to meet patient preferences. The service offered appointments to people using the service between 8am and 8pm seven days per week.

The service had access to a translator service if required. Staff completed training in equality, diversity and inclusion and had a good understanding of this.

People receiving electrotherapy were visited by a clinical nurse specialist and a chaperone (usually a healthcare advisor) for additional support.

Staff provided female patients with pregnancy tests, in line with standard operating procedures for G-CSF administration, to ensure the safe delivery of treatment.

Access to the right care at the right time

People could access the service when they needed it and received the right care in a timely way. The service set themselves a 15-minute key performance indicator (KPI) for responding to incoming referrals. They had a current compliance rate of 88.11%.

The service did not have a waiting list.

The service ensured any delays in visits were communicated to the patient. It was the responsibility of the referring organisation to ensure medication was provided. Staff contacted patients prior to their visit to confirm that the person had received the right medicine and equipment, as required.

Learning from complaints and concerns

It was easy to give feedback and raise concerns about care received. Patients we spoke to told us they knew how to complain and felt confident to raise any concerns if they needed to.

Community health services for adults

The service had not received any complaints for CQC regulated activities, although managers treated concerns and complaints seriously and had processes to investigate them. We were shown how investigations and outcomes would include any lessons learned and corrective and preventative actions that were required. Complaints were discussed with managers and the nursing team in monthly leadership meetings and through quarterly clinical governance meetings. The service investigated identified trends and themes in relation to concerns and took action to resolve these.

Are Community health services for adults well-led?

Good 

We rated the service as good because:

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable for people using the service. Staff told us they could approach senior leaders at any time to raise concerns or receive support. Managers supported staff to develop their skills and take on more senior roles.

Service vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Staff understood and worked within the vision and values of the service. These were aligned to job role descriptions.

Culture

Staff we spoke to felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where people using the service and staff could raise concerns without fear. Staff promoted openness and understood how to apply the duty of candour. Staff were aware of what the term duty of candour meant.

The service promoted equality and diversity in daily work and provided opportunities for career development. Staff told us they felt “proud” to work for the service and had opportunities for progression.

Managers ensured there were enough staff to respond to patient contact, provide support and guidance or respond to any concerns raised.

Governance

The service had a defined governance structure to ensure quality and compliance in clinical homecare services and across the wider business, although it was clear the service was still embedding some processes. Our findings from the other key questions demonstrated that most governance processes operated effectively at team level and that risk was managed well, however managers did not yet have systems in place to adequately monitor staff performance.

Community health services for adults

Staff at all levels were clear about their roles and accountabilities and told us they had opportunities to meet with their manager, discuss and learn from the performance of the service. However, the service did not have a supervision policy in use at the time of our visit. All staff had received a six-month probation review, although we saw no evidence that annual appraisals were completed with staff in line with the service's policy. However, the service had a clear strategy for embedding this with performance and objective setting meetings to be completed with all staff by the end of March 2022.

Managers did not have robust governance processes to track staff in their use of infection prevention and control measures, although field visits were completed which assured managers that staff were delivering safe care to patients. Following our visit, the service carried out an IPC audit and shared outcomes with us. They also provided an audit schedule outlining IPC audits which were due to commence in March 2022.

The service improved service quality and safeguarded high standards of care with quarterly clinical governance meetings chaired by a non-executive director, monthly leadership meetings for all staff and regular reviews of key performance indicators, progress with corrective and preventative action plans, and the service risk register.

Management of risk, issues and performance

Leaders and teams used systems to identify and escalate relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Managers reviewed their corporate and clinical risk registers weekly and updated progress and associated actions. The risk register included an action plan to increase recruitment and ensure the service continued to have the capacity of staff employed with specialist skills to safely deliver the treatments offered.

The service agreed regular contract review meetings with their partner organisations. These meetings enabled a review of performance and feedback from referring teams and patients.

Information management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Managers discussed key performance indicators during contract review meetings with partner organisations and acted on any findings or themes.

The service had appointed a Senior Information Risk Owner (SIRO) who was responsible for overseeing systems and managing information risks and providing assurance to the board in relation to compliance with General Data Protection Regulation (GDPR). Staff were aware of their personal responsibility to safeguard and share information appropriately.

The service had appointed a Caldicott Guardian who was responsible for protecting the confidentiality of people's health and care information and making sure it was used properly.

Engagement

Community health services for adults

Leaders and staff actively and openly engaged with patients, staff and partnership organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service sent out monthly newsletters to all staff which recognised individual achievements and staff could nominate their colleagues to receive rewards such as a £25 Amazon voucher.

The service had undertaken a staff satisfaction survey, although the results had not yet been reviewed. Managers told us that the response rate from staff was 67.80%.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Staff we spoke with had a good understanding of quality improvement methods and the skills to use them. The service made use of their own clinical skills academy to provide staff with additional training and skills development. Leaders encouraged innovation and participation in research.

The service used a 'corrective and preventative actions' process to identify learning from all incidents and complaints and monitored progress with these effectively.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The service must ensure they develop and implement a supervision policy so all staff receive regular structured clinical and managerial supervision with their manager which is monitored for quality assurance (Regulation 18(2)(a): Staffing)</p>