

Dr A I McKenzie

Dr A I McKenzie

Inspection report

172 Whitham Road
Broomhill
Sheffield
S10 2SR

Tel: 0114 266 2112

Website: www.privategpsheffield.co.uk

Date of inspection visit: 7 December 2017

Date of publication: 05/02/2018

Overall summary

We carried out an announced comprehensive inspection 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

Background

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 Dr McKenzie was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CQC previously inspected on Dr McKenzie on the 13 January 2013 and found the service compliant with the regulations reviewed.

Dr McKenzie provides a single-handed private medical consultation service. The establishment is registered for diagnostic and screening, treatment of disease, disorder or injury and services in slimming clinics. The practice is based in the Broomhill area of Sheffield, close to transport links. It is based on the ground floor of the building and consists of a waiting and reception room, and Dr McKenzie's surgery. Dr McKenzie is supported by a receptionist.

The practice is open on:-

Mondays to Friday 8.30am to 5pm.

The practice was not required to offer an out-of-hours service.

The registered provider told us 75% of their work related to occupational health assessments, with the rest spread across:

Summary of findings

- Private GP work – Dr McKenzie stated that the service had approximately 50 regular local patients. In addition, they saw people who travelled around the world and wanted a single consultation.
- Administering vaccinations for meningitis and chickenpox virus.
- Providing a slimming clinic - Dr McKenzie saw approximately 30 patients a month.
- The provider did not treat babies under 12 months or pregnant women.

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 that relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Services that are provided to patients under arrangements made by their employer, a government department and an insurance company with whom the service user holds a contract (other than a standard health insurance policy) are exempt by law from CQC regulation. Therefore we are only able to inspect the services which are not arranged for patients by their employers, a government department or an insurance company with whom the patient holds a policy (other than a standard health insurance policy).

As part of our inspection, we reviewed 22 Care Quality Commission comment cards where patients made extremely positive comments about the service. They described the service as very professional, they said the doctor listened to what they said and informed them about their care and treatment. They described the service as good, excellent and exemplary.

Our key findings were:

- The provider and the receptionist explained that the practice had 50 regular patients who had been with the practice for many years and whom the doctor knew very well. This enabled the doctor to provide a consistent approach when responding to the patient's needs
- The provider assessed patients treatment needs.
- The provider offered longer appointments where needed.

- Treatment costs are available in the patient information booklet, on a notice in the waiting room, on the clinics website and in various leaflets.
- There was a complaints procedure, which was available in the patient information booklet.
- The provider responded to the issues pointed out during the inspection and submitted updated evidence to us. However these issues should have been dealt with more proactively and been under regular review.

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

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular, the provider must:-

- Ensure a legionella risk assessment is carried out on the premises and any recommendations made acted on. (A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.)
- Ensure that the premises meet the requirements of the electrical at Work Regulations 1989.
- Ensure that systems and processes are carried out to ensure effective qualitative improvements of effect care and treatment.
- Ensure an appropriate risk assessment is carried out for the management of medical emergencies.
- Ensure arrangements are put into place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS).

Ensure care and treatment are provided in a safe way to patients. In particular, the provider must:-

- Ensure patients are given appropriate information about the medicines that are provided for weight loss.
- Ensure that vaccines are stored following Public Health England Protocol for ordering and storing and handling medication.

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. For example:-

Summary of findings

- Review the possible risk of the spread of infection and associated diseases in the practice.
- Review the policy on management of controlled drugs to ensure it reflects activities within the clinic.
- Review the security and the process for obtaining Controlled Drugs in line with legislation.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Review patients receiving medicines for weight loss and advise them to have regular breaks from treatment in line with the manufacturers advice.
- Review the process for checking the patient's identity when they present at the service.
- Review training attendance to ensure current guidance is followed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

The provider had not given the appropriate information about the medicines that are provided for weight loss. In addition, the vaccines were not stored following Public Health England Protocol for ordering and storing and handling medication.

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

- Reviewing the possible risk of the spread of infection and associated diseases in the practice.
- Reviewing the policy on management of controlled drugs to ensure it reflects activities within the clinic.
- Review the security and the process for obtaining Controlled Drugs in line with legislation.
- Only supplying unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Review patients receiving medicines for weight loss and advise them to have regular breaks from treatment in line with the manufacturers advice.

Are services effective?

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

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

The provider did not have systems and processes in place to ensure the qualitative improvement of an effective service.

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

- Review training attendance to ensure current guidance is followed.

Are services caring?

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

Are services responsive to people's needs?

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 a well-led service in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The provider had not put into place effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Summary of findings

Although the provider has taken action to rectify some of these issues at the time of the inspection visit the provider did not have a legionella risk assessment (A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.). The premises last electrical wiring check was 1999 and this did not meet the requirements of the electrical at Work Regulations 1989.

The provider did not have arrangement in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS).

The provider did not have an appropriate risk assessment is carried out for the management of medical emergencies.

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

Review the process for checking patients identities when they present at the service.

Dr A I McKenzie

Detailed findings

Background to this inspection

The inspection was carried out on the 7 December 2017. It was led by a CQC inspector, with support from a pharmacist and a GP specialist adviser

Prior to the inspection:-

- We asked for information from the provider regarding the service they provide.
- We contacted Healthwatch and the Local Care Commissioning Group (CCG) for information.

We carried out an announced comprehensive inspection on 7 December 2017 at Dr McKenzie's practice.

During our visit we:

- Spoke with the GP.

- Reviewed documents.

- Reviewed 22 comment cards where patients and members of the public shared their views and experiences of 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?

Our findings

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

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

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- Staff had not reported any safeguarding alerts within the last twelve months. However, the provider could describe a documented reporting system for raising concerns (such as safeguarding and concerns) and felt confident about using it.
- The provider had a safeguarding policy in place that instructed staff to alert the Local Authority should a safeguarding concern arise. The provider had completed level three safeguarding training. The receptionist had completed an awareness course (level one).
- The provider was the sole doctor in the service, and a receptionist who had worked at the practice since 2003, supported him. The provider had a recruitment policy, to follow should a new member of staff be recruited. The provider had recently applied for a Disclosure and Barring Service (DBS) check for the receptionist. (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).
- The doctor informed us that the service did not use locum doctors to cover when the provider was away.
- The doctor had completed their revalidation by the General Medical Council (GMC). (The GMC is the statutory body responsible for licensing and regulating medical practitioners.)
- The practice had a chaperone policy; the receptionist told us they did not act as a chaperone, because the doctor always asked the patient to bring a relative should they feel they needed a chaperone. In addition, the provider informed us that they did not carry out intimate physical examinations of women or children. This included electrocardiograms (ECG).

- We found the premises were clean and tidy. The provider had daily and weekly cleaning schedules in place and a recently reviewed infection control policy. A sink and hand wash facilities were in the room. The provider used single use instruments, sharps bins were in place and a policy for the disposal of sharps and actions to take if a needle stick injury occurred was available. The practice had a waste management contract in place for removal of the clinical waste, this commenced in November 2017. However, we saw that the provider kept sharp bins on the carpeted floor. In addition, the provider did not have an annual risk assessment audit to assess the possible risk of the spread of infection and associated diseases and staff had not had infection control training. Following the inspection the provider has informed CQC that a risk assessment for infection control will be completed in the near future.
- Information from the provider stated that the premises had a domestic type heating system, which was totally enclosed, therefore there was no risk of legionella. However, the Health and Safety Executive (HSE) legionella technical guidance on legionella includes hot and cold water systems that supply water for domestic purposes. The HSE requires a risk assessment to be carried out. (A legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.) Following the inspection the provider has informed us that they have arranged for a legionella risk assessment to take place on the 10 January 2018. Following the inspection the provider has informed CQC that a risk assessment for legionella will be completed in the near future.

Risks to patients

- When the service was closed the patients were provided with the mobile number of the provider or directed to their own NHS GP.
- The provider informed us that they did not use temporary staff.
- The provider understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. However, we did not see evidence of when they had recently updated their basic life support training.
- The practice did not have a defibrillator or oxygen stored on the premises. The provider considered the

Are services safe?

need for the equipment low due to the clinical services provided. However, the provider did not have an appropriate risk assessment for the management of medical emergencies.

- The provider had medical indemnity arrangements and public liability insurance in place to cover any potential liabilities that may occur.

Information to deliver safe care and treatment

- Individual care records were written and managed in a way that kept patients safe.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The provider obtained patients GPs' details, but would not routinely contact the GP unless the patient consented or in urgent circumstances.
- The provider and receptionist said referral letters included all of the necessary information, patient referrals were posted or faxed to the hospitals. If urgent the provider would call the clinician on behalf of the patient.
- The provider used both computer and paper records, the computer had a password system and the paper records were stored in locked cupboards.

Safe and appropriate use of medicines

- The medicines Diethylpropion Hydrochloride tablets 25mg and Phentermine modified release capsules 15mg and 30mg have product licences and the Medicine and Healthcare products Regulatory Agency (MHRA) have granted them marketing authorisations. The approved indications for these licensed products are “for use as an anorectic agent for short term use as an adjunct to the treatment of patients with moderate to severe obesity who have not responded to an appropriate weight-reducing regimen alone and for whom close support and supervision are also provided.” For both products short-term efficacy only has been demonstrated with regard to weight reduction.

Medicines can also be made under a manufacturers special licence. Medicines made in this way are referred to as ‘specials’ and are unlicensed. MHRA guidance states that unlicensed medicines may only be supplied

against valid special clinical needs of an individual patient. The General Medical Council's prescribing guidance specifies that unlicensed medicines may be necessary where there is no suitable licensed medicine.

The British National Formulary states that Diethylpropion and Phentermine are centrally acting stimulants that are not recommended for the treatment of obesity. The use of these medicines are also not currently recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians. This means that there is not enough clinical evidence to advise using these treatments to aid weight reduction.’

- At Dr McKenzie's we found that patients were treated with Phentermine, one of these unlicensed medicines. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality, and efficacy.
- Medicines to help reduce weight were dispensed by the doctor. We found that patients were not provided with any written information about these medicines including that they are unlicensed. The provider confirmed that they did not discuss this with patients. Following the inspection, the provider sent the CQC an information leaflet, that they now intended to provide to patients.
- The manufacturers of these medicines advised patients have regular treatment breaks to reduce the risk of side effects. We checked the records of 10 patients and saw that three had not had regular breaks in treatment. The provider confirmed they did not routinely advise treatment breaks.
- The systems for managing medicines, including vaccines, medical gases, controlled drugs and emergency medicines and equipment did not work effectively to manage risk. The vaccine fridge was checked annually for the thermometer calibration, door seal and portable appliance testing. Although the provider recorded the daily temperature of the fridge and this was within normal limits, they had not checked the maximum and minimum of temperatures. This meant that the provider did not monitor the vaccine fridge in line with Public Health England

Are services safe?

monitoring of medicine fridge guidance, which meant that we could not be assured medicines remained safe and effective to use. We have asked the provider to update us regarding the actions they have taken

- The provider held controlled drugs (medicines that are subject to additional security requirements due to their potential for misuse). These were not obtained in line with legislation and we found that the policy in place to ensure these were held securely and in line with national guidance was not being followed. Following the inspection the provider has informed CQC that a risk assessment for the use of controlled drugs will be completed in the near future.
- The provider held some medicines to treat medical emergencies and we saw that these were in date and stored appropriately.
- The provider told us that they prescribed very few antibiotics and would refer to the local antimicrobial prescribing formulary to reduce the risk of resistance developing. We did not see any evidence of audit or critical examination of prescribing practice.
- The provider did not routinely collect NHS GP information from patients who came from abroad because they did not have a NHS GP. For patients they saw regularly they had the contact details but relied on the patient to inform their NHS GP of any medicines prescribed or referrals made.

Track record on safety

- The service's last electrical installation check was in 1999. At the time of the inspection the provider had received a quote regarding instructing a contractor to carry out work in January 2018 to the electrical wiring. The Electricity at Work Regulations 1989, states all commercial properties must be inspected and checked every five years. Following the inspection the provider has informed CQC that a electrical audit is being undertaken.

- The provider carried out visual checks on the electrical sockets of the portable appliances to ensure they were safe to use, apart from the vaccine fridge which was checked by a independent contractor.
- An independent agency checked the medical equipment, such as the weighing scales, the medical scales, spirometer annually. The last check was carried out on 18 December 2017.
- The provider had completed annual fire training; the service had a protocol of the actions to take if a fire occurred. An independent organisation checked the fire alarm and fire extinguishers annually. However, the provider did not have a annual fire risk assessment in place to prevent and mitigate any fire risks. This is required by the Regulatory Reform (Fire Safety) Order 2005 when there are more than five people in the practice premises.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- The provider understood their responsibility to raise concerns, to record safety incidents, concerns and near misses, and report them internally and externally where appropriate.
- A significant event had not been reported at the service in the last twelve months.
- The provider stated they did not have arrangements in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS). This meant that prescribing may not be in line with current national guidance. Following the inspection the provider has informed CQC that they have put arrangements in place to review safety alerts.

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.

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

Effective needs assessment, care and treatment

- The provider assessed patients' needs. This included their clinical needs and their mental and physical wellbeing.
- The provider advised patients what to do if their condition got worse and where to seek further help and support.
- The provider stated that they referred to the National Institute of Health and Care Excellence (NICE) guidance.
- For patient who attended the slimming clinic the doctor recorded a full medical history, weight, height and body mass index (BMI), blood pressure and pulse.
- The cost of the treatment was available in the patient information in the waiting room website and in various leaflets.

Monitoring care and treatment

-
- The provider explained that they did not carry out any further audits as it would be difficult to know what to audit due to the patient profile.
- The provider did not have a system in place to monitor the quality of the care and treatment provided.
- The doctor reviewed the weight of the slimming clinics patients at each visit to assess their progress.

Effective staffing

- The provider was an active member of the Independent Doctors Federation (IDF) and had attended annual study days in 2015.
- The provider had completed their revalidation by the GMC. (This is the statutory body responsible for licensing and regulating medical practitioners.)

- The provider explained that they kept up to date mainly by self-learning for general practice and study days for occupational health. Examples of reading undertaken in 2017 were medical information regarding cluster headaches, back pain and general pain, and acne.
- The provider had completed mandatory courses for fire safety and safeguarding children and adults, however we did not see evidence they had completed basic life support training since April 2016 or infection control training.
- The receptionist had completed safeguarding awareness training.
- The provider had an Advanced Diploma in Occupational Health.

Coordinating patient care and information sharing

- The doctor communicated using written referrals to other agencies. These were sent by post or by fax.
- Patients were informed about any test results by letter or by telephone if urgent.
- The provider stated it was the practice policy to forward the results of any investigations carried out to the patient together with an explanation by letter. They also offered patients the opportunity to seek further clarification.
- Where a patient sought general medical advice or treatment, on a temporary arrangement or a single consultation, the provider would inform the patient of the diagnosis, and management.
- When a patient left the practice, with the patient's consent a summary of their care was sent to the patients NHS GP.

Supporting patients to live healthier lives

- Patients who attended the slimming clinic were encouraged and supported to be involved in monitoring and managing their health. Dietary advice was offered.
- The provider discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

- The practice obtained consent to care and treatment in line with legislation and guidance.
- The provider had made information and support available to help patients understand the care and treatment options and costs.

Are services effective?

(for example, treatment is effective)

- The doctor understood and applied the legislation and guidance regarding consent. This included the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004.
- The provider asked for written consent if the information was to be given to a third party.

Are services caring?

Our findings

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

Kindness, respect and compassion

- 22 patients completed CQC comment cards and said they had received a professional and respectful service.
- Patients stated in the comment cards that the reception staff were friendly and treated them in a respectful, appropriate and considerate manner.

Involvement in decisions about care and treatment

- Several patients responded in the CQC comment cards that the doctor listened to what they said and informed them about their care and treatment.

Privacy and Dignity

- Staff recognised the importance of patients' dignity and respect.
- The practice had policies and procedures in place that ensured the service complied with the Data Protection Act 1998.

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.

Responding to and meeting people's needs

- Although, the service was located in an older building, it was located on the ground floor by the entrance, so was accessible to patients who required mobility assistance.
- The provider had access to interpretation services.
- The provider explained how a few patients would use the service to enable them to access referral to a specialist doctor.
- The provider and the receptionist explained that the service had 50 regular patients many who had been with the practice for many years and whom the doctor knew very well. This enabled the doctor to provide a consistent approach when responding to the patient's needs.
- The provider also saw people who travelled around the world and required a single consultation.

Timely access to the service

- The service was open three days a week, Monday, Wednesday and Friday 8.30am to 3pm.
- The provider assessed patients treatment needs on their first visit to the service.
- The provider gave patients, who attended the service regularly, a mobile number should they wish to contact him urgently.
- The provider offered longer appointments where needed.
- The provider would provide a home visiting service if requested.
- If appropriate telephone appointments were offered.

Listening and learning from concerns and complaints

- The provider reported that they had not received any complaints in the last twelve months.
- There was a complaints procedure, which was available in the patient information booklet
- Information was provided about the steps patients could take if they were not satisfied with the findings or outcome once their complaint had been responded to.

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 a well-led service in accordance with the relevant regulations.

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

Leadership capacity and capability

- The provider was a sole doctor supported by a receptionist.
- Staff were aware of the duty of candour.

Vision and strategy

- The provider described how they worked as a independent general practitioner so they had the time to listen to the patient and meet their specific needs.
- The receptionist described how the doctor provided a family GP service to 50 regular patients that they 'knew well'.

Governance arrangements

- The provider had policies and procedures in place that had recently been reviewed or implemented in November 2017. However, some of the protocols and procedures did not fully reflect the actions that the provider described taking. In addition, many of the procedures and risk assessments had only recently been implemented.

Managing risks, issues and performance

- The systems or processes did not fully enable the provider to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular.
- The last electrical check was 1999, Therefore the premises did not meet the requirements of the electrical at Work Regulations 1989. On the day of the inspection the provider explained the electrical wiring check was planned for January 2018.
- The provider did not have a legionella risk assessment for the premises. Following the inspection the provider has written to the CQC to inform us legionella risk assessment will also take place on the 10 January 2018.

- The provider did not have arrangements in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS).
- The provider did not have an overall risk assessment for the possible risk of the spread of infection and associated diseases in the practice and staff had not completed infection prevention and control training.
- The provider was appraised by the Independent Doctors Federation, their last appraisal was on the 14 September 2017.
- The provider did not have an appropriate risk assessment for the management of medical emergencies.
- The provider did not have systems and processes in place to ensure the qualitative improvement of an effective service.
- The provider responded to the issues pointed out during the inspection and submitted updated evidence to us. However, these issues should have been dealt with more proactively and been under regular review.

Appropriate and accurate information

- The provider would only see children under the age of 16 if they were accompanied by an adult. The provider also explained that they only saw children of the parents who had been patients and of whom they knew the full history.
- The provider said they did not seek to check the identity of patients when they presented at the service. To safeguard children, it is necessary to check their identity when they present at the service.

Engagement with patients, the public, staff and external partners

- The provider asks for feedback on their website.

Continuous improvement and innovation

- Following the inspection the provider has responded to our findings and commenced carrying out improvements.

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 Services in slimming clinics Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care</p> <p>How the regulation was not being met:</p> <p>The systems and processes had not enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk In particular:-</p> <p>At the time of the inspection, the provider did not have a legionella risk assessment for the premises. (A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.</p> <p>At the time of the inspection the most recent electrical check was in 1999. Therefore the premises had not met the requirements of the electrical at Work Regulations 1989.</p> <p>The provider did not have arrangements in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS).</p> <p>The provider did not have systems and processes in place to ensure the qualitative improvement of an effective service.</p> <p>The provider did not have an appropriate risk assessment for the management of medical emergencies.</p> <p>This is a breach of Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures

Services in slimming clinics

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment must be provided in a safe way for service users

How the regulation was not being met:

There was no proper and safe management of medicines. In particular:

Patients were not given appropriate information about the medicines that are provided for weight loss.

The vaccines were not stored following Public health England Protocol for ordering and storing and handling medication.

This is a breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment