

Jabs Travel Clinic Limited

Jabs Travel Clinic

Inspection report

F10 – F11
The Officers Mess
Coldstream Road
Caterham
CR3 5QX
Tel: 01883212010
Website: www.jabstravelclinic.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 9 January 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 regulation.

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.

Jabs Travel Clinic provides independent travel advice and treatments. The service is provided by two nurse directors and two part-time nurses employed by the service. A medical director works remotely to provide medical support to the service. The service was a registered yellow fever centre.

One of the nurse directors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Services are provided from;

Jabs Travel Clinic Limited, F10-F11 The Officers Mess, Coldstream Road, Caterham, Surrey, CR3 5QX

And, a satellite service was from;

The Manor Clinic, 165 High Street Sevenoaks TN13 1XT

We were told by the provider that they were planning on closing the Manor Clinic satellite service and the service website shows that this closed on 1 February 2018.

Summary of findings

The service is open on a Tuesday, Thursday and Friday from 8.30am until 6.30pm. On a Monday it is open between 8.30am and 1.30pm. On a Saturday it is open between 10.00am and 4.00pm. The service is closed on a Wednesday and Sunday. The services were provided to both adults and children under the age of 18.

We did not visit the Manor Clinic satellite service as part of this inspection.

We received 19 completed comment cards and spoke with one person who used the service during inspection. Feedback from people who used the service was consistently positive. People commented on the professionalism of the staff, the quality of the information they were given and their experience of the consultation and treatment provided. Staff were described as kind, friendly and attentive.

Our key findings were:

- Patients were at risk of harm because systems and processes were not in place in a way that kept them safe. For example, risk assessments were not in place and action had not always been taken to mitigate the risks. For example there was no health and safety, fire or lone working risk assessment.
- The provider did not have a system in place to ensure policies were available and up to date for all areas of activity within the service. We found no health and safety, fire, recruitment or significant event policies in place. Other policies were out of date.
- There was no evidence of quality improvement initiatives including clinical audit.
- The provider could not provide assurance that staff had the appropriate authority for the administration of medicines via the use of patient specific directions (PSDs) used for the administration of certain vaccines.
- We found no evidence during inspection of electrical safety checks for any of the appliances in use within the service.
- We found no record of external maintenance or calibration of the vaccine fridge or the set of weighing scales in use.
- We found no system in place for receiving and acting on safety alerts.
- There was no clear schedule detailing what should be cleaned or the method or frequency of cleaning.

- There was no system in place to report and record significant events within the service.
- Recruitment processes were in place; however there was no recruitment policy and there were gaps in recruitment records including evidence of satisfactory references and photographic identification prior to recruitment.
- The provider had both online and face to face training opportunities in place for staff, however there were some gaps in training in relation to basic life support, fire safety, health and safety and information governance.
- There was no recorded strategy or business plan and the provider was unable to demonstrate capacity to provide well-led services.
- The provider ensured needs were assessed and care and treatment delivered in line with relevant and current evidence based guidance.
- We observed staff treating people who used the service with kindness and compassion.
- Feedback from people who used the service was positive about the care and treatment they received.
- The provider acted on feedback from people who used the service.
- Appointments were available to be booked online and people were able to access advice and support by walking into the clinic. There was flexibility of appointments and longer appointments were available for more complex travel needs.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure specified information is available regarding each person employed.

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

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/Enforcement section at the end of this report).

- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. For example, risk assessments were not in place and action had not been taken to mitigate the risks.
- Cleaning schedules did not include instructions for the method and frequency of cleaning.
- Recruitment processes were in place; however there was no evidence of satisfactory information about conduct in previous employment prior to commencing work and no evidence of having obtained photographic identification.
- There was no evidence during inspection of electrical safety checks for any of the appliances in use within the service.
- There was no record of external maintenance or calibration of the vaccine fridge or the set of weighing scales in use.
- There was no system in place for receiving and acting on safety alerts.
- There was no system in place to report and record significant events within the service.

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 section at the end of this report).

- There was no evidence of quality improvement initiatives including clinical audit.
- The provider had both online and face to face training opportunities in place for staff, however there were some gaps in training in relation to basic life support, fire safety, health and safety and information governance.
- The provider ensured needs were assessed and care and treatment delivered in line with relevant and current evidence based guidance.
- The service had appropriate processes in place for providing information on benefits and risks of treatment. Written consent was sought from people who used the service for treatment and sharing information with their GP.

Are services caring?

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

- Staff were observed to interact with people who used the service with kindness and compassion.
- Feedback from people who used the service demonstrated a high level of satisfaction.

Are services responsive to people's needs?

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

- Appointments were flexible and easily accessed.
- Longer consultations were available for families and those with complex travel needs.

Summary of findings

- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
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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 Requirement Notices/Enforcement section at the end of this report).

- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. For example, risk assessments were not in place and action had not always been taken to mitigate the risks. For example there was no health and safety, fire or lone working risk assessment.
 - The provider did not have a system in place to ensure policies were available and up to date for all areas of activity within the service. We found no health and safety, fire, recruitment or significant event policies in place. Other policies were out of date.
 - There was no evidence of quality improvement initiatives including clinical audit.
 - The provider sought and acted on feedback from people who used the service.
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Jabs Travel Clinic

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection at Jabs Travel Clinic in Caterham on 9 January 2018. Our inspection team was led by a CQC inspector and supported by a second CQC inspector and a nurse specialist advisor. There was also access to telephone advice from a member of the CQC medicines team.

Prior to this inspection we gathered information from the provider from a pre-inspection information request. Whilst on the inspection we interviewed staff and reviewed key documents, policies and procedures in use by the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Safety systems and processes

- The provider had policies in place for safeguarding children and vulnerable adults. Nursing staff had received training to an appropriate level in relation to protecting children and vulnerable adults and there was a nominated safeguarding lead within the service. There was clear contact information accessible to staff for local child and adult support teams. Staff demonstrated an understanding of how to identify and raise a safeguarding concern.
- The service used rooms within a shared building. Whilst the landlord was responsible for the maintenance and safety of the overall building there was no evidence that the provider had sought assurances about the safety of the building. For example, there was no evidence of a fire safety assessment and no evidence that the risk of legionella had been assessed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We observed the premises to be clean and tidy. The service had conducted an infection control audit and kept some records of cleaning undertaken. However, cleaning logs did not include a clear schedule of cleaning that included directions for the method or frequency of cleaning. Staff had received training in infection control including handwashing training.
- We found no evidence during inspection of electrical safety checks for any of the appliances in use within the service. We found no record of external maintenance or calibration of the vaccine fridge or the set of weighing scales in use.
- The provider's recruitment process did not keep patients safe. For example, we examined the recruitment records of all nursing staff working within the service and found there was no record of photographic identification and no records of references held on file.
- It was the service's policy to request a Disclosure and Barring Services (DBS) check for all staff and we saw evidence of this.
- There was evidence of professional revalidation for nurses and the medical director.
- The service had a system in place for recording significant events. An incident book was in place and we saw a record of an incident where the vaccine fridge had been accidentally turned off. Action taken following this included a sign placed on the plug informing staff not to turn it off. The provider told us there had been one incident where vaccines had been incorrectly stored. They were able to describe to us the action taken to ensure the safety of vaccines administered but this was not recorded in line with any internal reporting system and there was no evidence of any discussion or sharing of learning. Staff were unaware of a system for significant events.
- The service had emergency guidance available based on the Resuscitation Council (UK) Guidelines. Adrenaline was available for in case of anaphylaxis. However, nurses worked alone in the clinic and the service did not have oxygen or a defibrillator available. A risk assessment relating to how this type of medical emergency would be managed had not been undertaken. The two nurses employed at the clinic had a record of basic life support training, one of the nurse directors who work alone in the clinic had a record of anaphylaxis training but one did not have a record of either basic life support or anaphylaxis training.
- We saw evidence of current professional medical indemnity insurance as part of the provider's public liability insurance.

Information to deliver safe care and treatment

- Care records were maintained through the service computer system and through the use of paper records. Nurses completed the care record immediately after the consultation.
- People accessing the service were asked to complete a self-assessment form prior to their consultation. This assessment included information about their travel plans including the country to be visited, the length of stay and the availability of medical support once they were there. In addition the form had a section to record personal medical history and included questions relating to medical conditions, vaccination history, regular medicines, family history and allergies.
- Information relating to treatment received was shared with the person's GP where they agreed to this. We viewed a 'GP information to be passed on consent' record where people were asked to sign to agree to

Risks to patients

Are services safe?

information being shared. This was optional and where consent was not given by the person accessing treatment, information would not be shared with their GP.

- Paper records were stored in a locked filing cabinet in the treatment room. The electronic record system used vaccination management software, providing up to date care and treatment pathways and a record system accessible to clinical staff working in the service. Records were not transported between services or held on portable or mobile devices.

Safe and appropriate use of medicines

- Patient Group Directions (PGDs) were authorised by the medical director, a community pharmacist and the clinic nurse manager. All nursing staff had been appropriately authorised to administer medicines in this way.
- Nurses kept up to date on vaccines and immunisations through the use of specialist resources such as the Green Book (Public Health England guidance on vaccines and vaccination procedures).
- We were told that Patient Specific Directions (PSDs) used for the administration of certain vaccines were routinely authorised retrospectively by the medical director in one batch at the end of the week. Therefore, we could not be assured that staff had the appropriate authorisation prior to administering medicines in this way.
- Medicines were stored in a locked room. A vaccine fridge had a record of appropriate monitoring of temperatures. A data logger was in use and the service recorded monthly printouts of the fridge temperatures, as well as undertaking daily checks. However, we found no record of the fridge having been calibrated.

Track record on safety

- Risk assessments were not in place for fire, legionella, health and safety or emergency situations. The clinic

manager told us that they thought the landlord had carried out fire and legionella risk assessments but these were not available on site. Some staff had received fire safety training and extinguishers were in place but fire drills had not been carried out. Lone working was in place but had not been risk assessed and processes in place to ensure the safety of lone workers were insufficient.

- The service 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).

Lessons learned and improvements made

- We were told of an incident where vaccines had been stored outside the fridge. The vaccines were destroyed and as a result the manager had worked with the companies delivering vaccines to ensure they were only handed to a member of the Jabs Travel Clinic staff. However, we did not see a record of action taken or learning as a result and found no system in place for learning from safety incidents and significant events.
- The provider had some awareness of the requirements of the Duty of Candour but this was not included as part of any service policy. The provider had awareness of reporting notifiable safety incidents, for example in relation to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) however the service had no policy or systems in place for knowing about all notifiable safety incidents.
- The service did not keep a record of significant events and told us they had not had any unexpected or unintended safety incidents that had a direct impact on people who use the service. However, they told us they were aware of their responsibilities to give affected people reasonable support, truthful information and an apology.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

- Staff were aware of relevant and current evidence based guidance and standards. The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Travel Health Network and Centre (NaTHNaC) travel guidance.
- Records and discussions with staff demonstrated that assessments included consideration of relevant personal and familial medical history and medicines used. For example, a risk was identified in relation to an individual who had been prescribed regular medicines that had the potential to compromise their immune system. This meant that they were unable to receive a 'live' vaccine and staff provided guidance and advice on alternative prevention measures in line with evidence based guidance.
- Longer appointments were given for initial consultations and family appointments were also available.

Monitoring care and treatment

- There was no evidence of quality improvement initiatives including clinical audit. The provider had not undertaken any audits of the care and treatment interventions provided to patients.

Effective staffing

- The service had an induction programme for newly appointed staff. This included supervised practice and competency assessments.
- The nurses employed by the service had not been employed for a full year so had not received an appraisal, however there were records of signed competency assessments held on file as part of their induction programme.
- There was evidence that staff had attended specialist training relevant to their role. For example, there was evidence that the nurse directors had attained foundation and diploma level qualifications in travel medicine. All nurses had received immunisation training and there was evidence of specialist travel vaccination training for all nurses.

- The provider could not demonstrate that all nurses working clinically consistently received training and guidance in such topics as basic life support, fire safety, health and safety and information governance. For example one nurse had no record of basic life support training, three nurses had no record of information governance training and two had no record of fire safety training.

Coordinating patient care and information sharing

- There were systems in place for the service to communicate with people's GPs with their consent should the need be identified. For example, in relation to people who were immunosuppressed and where careful consideration of treatment options were required.
- Up to date information was available to staff via the online patient record system. Contemporaneous records were kept following each consultation so all nurses working in the clinic were able to access information.
- Outside of client consultation the service worked with other travel and health organisations to ensure they had the most up to date information.

Supporting patients to live healthier lives

- The service identified patients who may be in need of extra support and gave them more time and encouraged them to discuss their needs and share information with their general practitioner.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. Training had been undertaken in areas such as the Mental Capacity Act 2005 and the provider demonstrated an understanding of this legislation.
- Written and verbal information was given to people using the service. This included information on medicines and vaccines including risks and benefits prior to administration. Treatment forms included a section for people to sign their consent.
- The service had a system in place to verify the identity of parents or guardians of children under the age of 18.

Are services caring?

Our findings

Kindness, respect and compassion

- We observed staff to be respectful and courteous to people, treating them with kindness and compassion.
- All of the 19 Care Quality Commission comment cards we received were positive about the service experienced. People said they felt they were offered an excellent service and staff were helpful, caring and treated them with dignity and respect. A person we spoke with shared the same level of satisfaction with the service. They told us that their experiences had always been positive, supportive and caring.

Involvement in decisions about care and treatment

- Records we viewed and feedback from people who used the service confirmed that they were involved in decisions about their care and treatment. Written and verbal information was provided and people given the time to make decisions.
- Appointment times were flexible to allow people the time and support to make decisions or return for treatment once they had considered their options.
- Fees were clearly displayed and the service advised people which treatments were available free of charge on the NHS.

Privacy and Dignity

- Staff recognised the importance of patient's dignity and respect. We observed that consultations took place behind closed doors and staff knocked when they needed to enter.
- A person we spoke with confirmed that staff took steps to maintain their privacy and dignity at all times.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet people's needs. It took account of individual needs and preferences.

- Information was available on the service website, informing people about the services available and providing a booking portal for appointments.
- Consultations were provided flexibly. Appointments were generally booked for 20 minutes but longer appointments were available for complex travel advice or for family groups. People were able to drop into the service for advice and information.
- The facilities and premises were appropriate for the services delivered and the population accessing them. Jabs Travel Clinic was located on the first floor of a building housing multiple businesses and a lift was available.

Timely access to the service

- People were able to access care and treatment from the service within a flexible timescale for their needs. There was a full assessment of people's needs and their options for treatment.
- People had timely access to initial assessment and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service was provided via core service hours that included a range of all day, half day and weekend appointments. Staff told us they were able to provide some flexibility around opening times. For example, they would sometimes arrange a consultation earlier or later in the day if a person was unable to access the service during the normal opening hours. Walk in appointments were available.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and would respond to them appropriately.

- The service had received three complaints in the previous 12 months. These had been responded to appropriately.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care. For example, the manager followed up complaints and offered the person complaining the opportunity to discuss the issues and resolution. The complaint policy and procedures were in line with recognised guidance. Complaints received were reviewed at monthly director meetings and there was an overview of all complaints and their resolution.
- Learning from complaints was disseminated through informal discussions with staff.

Are services well-led?

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

Our findings

Leadership capacity and capability;

- The service is led by two nurse directors who both worked clinically within the service in Caterham and at the satellite clinic in Kent. We were told during inspection that the provider had experienced difficulty balancing the clinical aspects of the service with governance requirements. As such they had taken the decision to close the satellite service from 1 February 2018 to reduce pressures on capacity and were exploring options for partnership working in the future.
- The concerns identified at this inspection meant that the provider could not demonstrate capacity to provide well-led services.

Vision and strategy

- The service had a vision to provide treatment, information and advice to help reduce the risks involved in travel.
- The provider was able to describe priorities in terms of the future sustainability and development of the service and explained options available such as partnership working in the future. However, there was no formal documented business strategy in place.

Culture

- The provider had some awareness of the requirements of the duty of candour but there were no written statements or policy to ensure compliance with the requirements of the duty of candour.
- The member of staff we spoke with told us they felt able to raise concerns and felt confident these would be addressed.
- Staff were given opportunities to develop, including attending specialist immunisation and travel vaccine training. Support was available from the nurse directors for nursing staff working alone in the clinic.
- Three of the four nursing staff had a record of having attended equality and diversity training.

Governance arrangements

- Structures, processes and systems did not always support good governance.
- The provider did not have a system in place to ensure policies were available and up to date for all areas of activity within the service. We found no health and

safety, fire, recruitment or significant event policies in place. Other policies were out of date. A protocol for needle stick injuries or exposure to body fluids and a clinic set up procedure had both been due for review in August 2017. An environmental cleanliness protocol was dated May 2015. We found that policies did not always include relevant information. For example, a lone working policy included instructions to contact on site security but did not include the contact details for how to do so. We found that nursing staff were not aware of how to contact the security staff.

Managing risks, issues and performance

- There was no effective process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, there was no system to receive, monitor and respond to MRHA alerts in place at the time of our inspection.
- The provider had not ensured that risks to safety within the service were adequately identified, assessed and mitigated. We found no evidence of risk assessments in place within the service. The provider told us they believed it was the landlord's responsibility in terms of managing the risk assessment process relating to environmental risks such as legionella and fire safety. However, they were unable to evidence that they had sight of any records that would assure them these risks were being managed appropriately. We found no documented fire risk assessment available. While we saw that fire extinguishers were available and routinely checked and that two of the four nurses working in the clinic had a record of fire safety training, we were also told that fire drills were not undertaken. We found that the provider had not undertaken other environmental risk assessments relating to the safety of the premises.
- The provider had not assessed the risk of certain activities undertaken as part of the delivery of the service. We found that nurses routinely worked alone in the clinic yet risks relating to lone working had not been identified or adequately mitigated. For example, a lone working policy stated that staff could contact on site security, however we found that there were no details of how to contact on site security within the policy. We found that there was no defibrillator or oxygen kept on the premises and no risk assessment carried out and recorded to demonstrate consideration of the risks and any related mitigation.

Are services well-led?

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

- There was no evidence of any action to change practice to improve quality through the use of audit or quality improvement initiatives.

Appropriate and accurate information

- The practice could not demonstrate it acted on appropriate and accurate information. A lack of risk assessment and monitoring records meant that quality and operational information was not always available to ensure and improve performance.
- The practice had not established a programme of audit to assess the performance and outcomes of clinical interventions.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from people who use the service.

- There were systems in place to gather feedback. For example comment cards were given to people following treatment. These were collated and the responses reviewed by the provider on a monthly basis.

- Specific examples of feedback from people using the service leading to change include a water machine being added to the waiting area and action taken to improve lighting within the lift.
- Staff told us they attended quarterly team meetings with the nurse directors and that this included clinical supervision and sharing of business information.

Continuous improvement and innovation

- Staff were encouraged to develop and improve their knowledge and there was access to national resources and up to date travel guidance to ensure that advice and treatment given to people who use the service was up to date.
- There was evidence of some improvement to services as a result of feedback received from people who use the service; however there were limited systems in place to ensure learning and improvement from clinical audits and significant events.
- The nurses would undertake talks on travel health outside of the service. For example, they had been involved with local schools and delivered health talks and a travel service to support school trips.

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had not ensured that all staff working within the clinic had attended training relevant to their role.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider had not ensured staff recruitment files contained the information as set out in the regulation.

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

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• The provider had not ensured that medicines were administered with the appropriate authorisation.• The provider had not ensured a system was in place for receipt and action on safety alerts.• The provider had not ensured that comprehensive cleaning schedules were in place.• The provider had not ensured that all staff attend fire safety training, or that regular fire drills were carried out.• The provider had not ensured that electrical safety checks were carried out on equipment in use within the service.• The provider had not ensured that clinical equipment had been calibrated and records maintained. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The provider could not demonstrate that they had an adequate governance system in place to manage the assessment, monitoring and mitigation of risks relating to the health, safety and welfare of service users and others who may be at risk.• The provider had not ensured a system was in place to report, record and learn from significant events.

This section is primarily information for the provider

Enforcement actions

- The provider had failed to consistently ensure that service policies were comprehensive, up to date and contained relevant information.
- The provider had not ensured a programme of quality improvement such as a regular programme of clinical audit to review clinical intervention against national and local guidelines and established best practice.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation