

Scope Healthcare Consulting Limited Newland Clinics ,Scope Healthcare Consulting Limited

Inspection report

196 Newland Avenue
Hull
East Riding of Yorkshire
HU5 2NE
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Website: No website

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Overall summary

We carried out an announced comprehensive inspection on 4 April 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service provides private GP services. The provider is registered with Care Quality Commission (CQC) to provide the following regulated activities; diagnostic and screening procedures, family planning, surgical procedures and treatment of disease, disorder or injury. The service also offers other treatment that is exempt by law for CQC regulations, for example Botox injections.

The provider is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We did not speak directly to any patients on the day of the inspection as there were no planned consultations on the day. However, eight people provided positive feedback about the service to the Commission. Patients commented that staff at the clinic were welcoming and helpful.

Our key findings were:

- Processes for reporting incidents and significant events were ineffective and systems for dealing with safety alerts were not reliable.
- Medicines, oxygen and equipment for dealing with medical emergencies were not in place and vaccines were not correctly stored.
- Antibiotic prescribing and monitoring was not based on national guidelines.
- Policies and procedures were in place however, these were generic and not specific to the practice and required review.
- The internal premises looked clean and tidy, however, there were no cleaning schedules in place. An Infection and Prevention Control (IPC) audit had not been undertaken. Externally the premises were poorly maintained and there was evidence of rodent infestation.
- The provider could demonstrate they had range of services and fees which were available for patients to review.
- The practice had a duty of candour policy in place however the provider could not demonstrate their understanding or responsibility of this. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There was a lack of overarching governance arrangements in place that meant patients were not kept safe from avoidable harm.
- Documented consultations were poor; for example, baseline observations, past medical history, and appropriate consent to treatment was not recorded consistently in the patients records.
- Staff who were employed at the service had not received the appropriate support, training and professional development necessary to enable them to carry out their duties.
- There were no environmental risk assessments available at the inspection and we saw that no fire system checks had been carried out since 2016. Additionally there was no evidence that medical equipment had been serviced or tested.
- The provider had not ensured that appropriate medical indemnity cover was in place for the clinicians working at the service to carry out private practice.

The areas where the provider must make improvements as they are in breach of regulations are:

- Care and treatment must be provided in a safe way for service users.
- Systems and process must be established and operated effectively to ensure compliance with the requirements of the fundamental standards of care.

As a result of these failures we have concluded patients are at serious risk of receiving unsafe care or treatment. Due to the serious concerns we found regarding the safety of patients we immediately wrote to the provider following the inspection under Section 31 of the Health and Social Care Act 2008, asking them to provide us with assurance that they would take action immediately to mitigate identified risks to patient safety in terms of patient care, treatment and welfare. The provider wrote to us and told us that they would suspend carrying out any regulated activities until such times that they were compliant with the regulations. We also informed the provider that we would be issuing a notice to suspend the provider's registration until such times that they could demonstrate that they were meeting with regulation and that patients who used the service were kept safe and protected from improper care and treatment.

We are taking action in line with our enforcement procedures. The service will be kept under review and if needed could be escalated to urgent enforcement action.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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.

- There was no system for reporting and recording significant events, safety alerts and lessons learned to improve safety.
- There was a policy in place to support vulnerable adults and children. However, the policy did not include the local safeguarding team contact details.
- Staff had not been trained in how to deal with medical emergencies. There was no medical equipment or emergency medicines available to respond to a medical emergency.
- The recording in patients records was inadequate. For example, the records did not include a patient history, obtaining the correct consent for surgical treatment, presenting conditions, and rationale for any prescribed treatment.
- Prescriptions were not linked to specific patients medical record to ensure accurate clinical record keeping.
- Some areas of risk to the health and safety of people using the service had not been identified, assessed and documented. For example, the internal premises looked clean but there were no cleaning schedules in place and an infection control audit had not taken place, In addition the practice had not carried out a recent fire risk assessment.
- The fire escape route was accessed by a single locked door which lead to a rear yard. This access area was also used to store refuse and we saw that refuse bags were not appropriately secured and showed signs of rodent infestation. Refuse bins also blocked the escape route from the rear yard.
- Portable appliance testing and medical equipment calibration had not been completed to ensure it was safe and in good working order.
- Clinicians working at the service could not provide evidence of medical indemnity insurance cover that allowed them to perform clinical duties within private practice.
- Staff carried out chaperone duties. However, they were not trained and did not hold an up to date DBS).
- There was no evidence available to demonstrate that the provider had appropriately recruited clinicians who were carrying out surgical procedures on behalf of the provider on an ad hoc basis at the practice.
- The procedures for storing vaccines was inadequate.

Are services effective?

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

- The provider did not inform the patients NHS GP of any consultation or treatment provided following their attendance at the service.
 - We saw no evidence of formal appraisals or supervision for staff employed at the service.
 - The provider had a consent policy and procedures in place. We saw evidence that this was not always being followed.
Staff had not received any training that was relevant to their role.
 - There was no evidence that staff were aware of current evidence based guidance in relation to medical practice. The provider told us that they had not done any clinical audit or quality improvement activity and there were no future plans for these to be undertaken.
 - The provider did not have systems in place to monitor the outcomes of treatment and care provided at the clinic.
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Summary of findings

- Induction processes for newly appointed staff were not in place and the provider could not demonstrate that clinical staff working at the practice were fully competent to carry out their duties.

Are services caring?

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

- Patients feedback was positive and the staff we spoke with were caring and compassionate
- A privacy screen was available in some treatment rooms to ensure patient privacy and dignity was maintained during examination and treatment.
- CQC comment cards were all positive about the care and treatment offered by the service.
- The provider had not conducted any surveys to monitor patient satisfaction.

Are services responsive to people's needs?

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

- Patients could access an appointment at a time and date to suit them, with a minimal wait to be seen. The length of time for patient consultations was flexible.
- Information was provided to patients attending the clinic and through social media and some leaflets were available in the clinic reception area which were in English.
- Fees and costs charged by the service were outlined and displayed in the waiting area at the practice.
- The service had a system for handling complaints and concerns. However, we could not confirm if this was being followed as the provider told us they had not received any complaints in the past two years.

Are services well-led?

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

- The provider had not established effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular, they had not effectively assessed, monitored and mitigated risks relating to the health, safety and welfare of people using the service.
- Staff told us they felt respected, valued and supported by the provider.
- We did not see any evidence that the practice held and minuted any regular meetings. This included clinical and non-clinical meetings for permanent and ad-hoc members of staff.
- The service did not have a mission statement or supporting strategy to reflect the visions and values of the practice.
- A business continuity plan was not in place.
- The provider did not understand or comply with the duty of candour.
- Policies and procedures were in place however, these were generic and not specific to the practice and required review.
- There was no evidence of quality improvement including clinical audit.
- There was no system that allowed for lessons to be learned and shared following significant events.
- There was no evidence of clinical supervision, information sharing or peer support for clinicians working at the practice on an ad hoc basis.
- The provider could not provide assurance that appropriate medical indemnity insurance was in place for all clinicians who worked at the practice.
- There was no clinical leadership in place to drive quality improvement or ensure adherence to relevant best practice guidance.

Newland Clinics ,Scope Healthcare Consulting Limited

Detailed findings

Background to this inspection

Newland Clinics, Scope Healthcare Consulting Limited, 196 Newland Avenue, Hull, East Riding of Yorkshire, HU5 2NE is an independent clinic operated by Scope Healthcare Consulting Limited to deliver private GP services to patients. All regulated activity is currently delivered from this one, registered location.

The clinic is open from 10am until 4pm Monday to Friday and there is one GP and a practice assistant. Other clinicians are employed at the service on an ad hoc basis to carry out some of the regulated activities on behalf of the provider.

The Care Quality Commission undertook an announced comprehensive inspection of Newland Clinics, Scope Healthcare Consulting Limited on 4 April 2018. The inspection was carried out by a CQC lead inspector and a GP Specialist Advisor.

The Commission request information from services in advance of announced inspections. The provider failed to act on this request and no information was submitted.

We informed the Clinical Commissioning Group (CCG) that we were inspecting the service. We did not receive any information of concern from them.

As part of our inspection methodology we conducted interviews with staff, undertook observations of the premises and reviewed key documents.

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 service was not providing safe systems, processes and services and did not keep patients and staff safe at all times. We found that the service was not providing safe care in accordance with the regulations.

- Staff had not received training regarding the safeguarding of vulnerable adults or children relevant to their role.
- Policies for safeguarding reflected relevant legislation. However, the policy did not outline who to contact for further guidance if staff had concerns about a patient's welfare. For example, the Local Safeguarding Adults and Children's Team contact details. The lead member of staff for safeguarding was the provider.
- The service had inadequate arrangements to respond to emergencies and major incidents. The practice did not have equipment or medicines for example, oxygen with adult and children's masks to allow them to deal with a medical emergency. Additionally, the provider did not have medicines for use in an emergency.
- The provider did not have a system to notify clinicians who were working at the service of any safety alerts or National Institute for Health and Care Excellence (NICE) guidance updates. We asked the provider about this and they told us that they reviewed new safety alerts and guidance through their NHS work but could not recall any that would be relevant to their private clinic. However, we saw that guidance had not been followed in respect of a four year old child who had attended the service with a sore throat. The record stated that the child did not have a temperature and appeared well. It was recorded that the child had been prescribed an antibiotic despite no documented rationale or clinical indicators of an infection being recorded in the patient record.
- A chaperone policy was in place and a notice in the waiting room advised patients that chaperones were available if required. The member of staff who acted as a chaperone was not trained for the role and had not received an up to date Disclosure and Barring Service (DBS) check. (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 internal premises looked clean and tidy. However, there were no cleaning schedules in place and an Infection and Prevention Control (IPC) audit had not been undertaken.
- We reviewed a personnel file for a permanent member of staff and found that appropriate recruitment checks were undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references. However, we saw that the DBS was not available. The practice assistant informed us that they had recently applied for a DBS check but this was not currently in place.
- A range of policies and procedures were in place. However, these were generic and not specific to the practice. For example, the policy for dealing with emergencies stated that there was oxygen and emergency medicines available at the practice. However; our findings were, and the provider confirmed that there were no emergency medicines or oxygen available at the practice.
- The GP had medical indemnity insurance and the service held information about this cover on file. However, this insurance cover did not include the ability to provide private healthcare and only covered them for completing GP NHS sessions. In addition the provider confirmed that he had not assured himself that the clinician who carried out surgical procedures on his behalf at the practice was suitably indemnified to do this.

Risks to patients

The procedures for assessing, monitoring and managing risks to patient and staff safety were inadequate.

- There were no environmental risk assessments available at the inspection. We saw that no fire system checks had been completed since 2016. We observed that the fire escape route was accessed by a single locked door which lead to a rear yard. The exit was obstructed by refuse bins and the rear yard drainage system appeared to be blocked causing the water outlet to overflow which in turn made the ground a slip hazard should this

Are services safe?

be used in an emergency. This access area was also used to store refuse and we saw that refuse bags were not appropriately secured and showed signs of rodent infestation. Refuse bins also blocked the escape route from the rear yard. Following the inspection we referred these concerns to the local fire safety authority and environmental health.

- We observed that the building was converted to a private clinic from an original private dwelling. There was a staircase that led up to the GP consultation room and a treatment room on the first floor. The stair case was very steep and transversed on a sharp corner. We noted a sign that warned patients using the stairs to be careful. We did not see any evidence of a risk assessment for the stairway. However, staff told us that patients requesting to be seen by the GP who had mobility concerns would be treated or consulted in the ground floor treatment room.
- The provider had not completed any assessments or environmental risk assessments to monitor safety of the premises such as control of substances hazardous to health infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We did not see any evidence that portable electrical appliance testing had taken place or that clinical equipment was serviced and calibrated to ensure it was safe to use and was in good working order. The provider confirmed that they had not completed these checks.

Arrangements to deal with emergencies

The arrangements for managing emergencies were not satisfactory. This was because the provider did not have access to a supply of oxygen or emergency medicines on the premises.

- Staff had not received any basic life support training.
- There was no emergency equipment or emergency medicines available in the service.
- A first aid kit and accident book were available.
- The service did not have a business continuity plan to deal with major incidents such as power failure or building damage.

Information to deliver safe care and treatment

We had significant concerns regarding the documentation and management of patient records.

We looked at six patient records. The documented entries in all of the six patient records in terms of patient history, obtaining consent to treatment, presenting conditions and rationale for prescribed treatment were inadequate. For example:

- We saw a patient record of a three year old child who had presented with a night time cough. There was no documented record in the patients notes of any medical history, baseline observations or examination that had been undertaken during the consultation. Within the record it described the child as being 'unwell'. There was no indication that any red flag observations had been carried out regarding sepsis. We saw that a prescribing protocol had not been followed when prescribing medication and no safety netting actions documented in terms of advice given to the accompanying adult if the child's condition worsened. In addition there was no record of this consultation and treatment being shared with the child's NHS GP.
- We reviewed a four year old child's patient record who had attended the service with a sore throat. The record stated that the child did not have a temperature and appeared well. It was recorded that the child had been prescribed an antibiotic despite no documented rationale or clinical indicators of an infection being recorded in the patient record.
- We reviewed a record of a one month old baby who was presented for a circumcision procedure. There was no record of the parents' name on the consent form only a signature of an unidentified person. The consent form did not include the child's date of birth or address. Also, the form did not include the full name and GMC number of the clinician performing the procedure. The consent form was not signed by a clinician. The patient record showed no details why the circumcision was requested. There was no record of any pre-surgery examination. The provider told us that local anaesthetic cream was used for the procedure. However there was no record of what the cream was, the batch number or whether it was single or multiple use. There was no record of the sterilised equipment used in the procedure, the batch number and if it was single use. There was no record of the child's GP.

Are services safe?

We also found that there was no system in place to verify the identification of patients (adult or children) and the provider did not take steps to assure themselves that adults accompanying a child had parental authority. There were no systems in place for information sharing with the child's NHS GP or local safeguarding teams in keeping with child protection best practice should any child protection issues be identified.

Records did not demonstrate that any guidance or after care had been provided to patients following their treatment.

The service used an electronic system for keeping records about patients. The security arrangement to access this system was ineffective as it was accessed by a single password. We did not see any facilities that demonstrated appropriate information governance arrangements were in place. For example, we did not see any evidence of a computer system back-up facility to ensure safe storage of patients records.

Safe and appropriate use of medicines

The arrangements for managing medicines, including emergency medicines did not keep patients safe.

- We saw evidence that prescriptions were not linked to the specific patients medical records or consultations directly and were stored within a folder on the computers desktop which did not include any other form of security arrangements. Prescriptions were written on practice letter headed paper. The computer system used to store the prescriptions used a simple access password

- We did not see any evidence to suggest that patients were asked about any known allergies, or adverse reactions to medicines.
- Vaccinations were stored in an unlocked refrigerator. The recording of the refrigerator temperature was not accurate as it did not measure the maximum and minimum temperature of the refrigerator. For example, there was an external probe thermometer and the current readings were only recorded on the daily checklist. We asked the provider to demonstrate how the thermometer was reset after each reading and they did not know how to do this. The cold chain for storing vaccinations was not maintained which meant that vaccines potentially would not be effective in their use.
- The provider told us they kept a record of all medicine used, the batch number of the medicine and its expiry date. This included local anaesthesia used during a surgical procedure, for example during a circumcision. However, the records we looked at did not support this.

Lessons learned and improvements made

- We did not see any system for reporting and recording significant events. The provider told us that there had been no significant events or patient complaints raised with them since the service began operating. However, the provider also told us that there had been an incident when a member of the public entered the premises and was verbally challenging and aggressive to the reception staff. Following this incident the provider took additional measures to install safety alarms, however they had not reviewed the lone working policy arrangements. Although actions had been taken following this event the incident was not recorded as a significant event.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider did not deliver care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE), best practice guidelines.

Monitoring care and treatment

There was no evidence of quality improvement including clinical audit. The provider told us that no audits were in progress and none were planned for the future.

- There was no evidence of any clinical audit completed since the service opened. For example, the practice had carried out a number of circumcisions over the past few years but no audit had been completed.

Effective staffing

- The service did not have an induction programme for newly appointed staff.
- One member of staff worked at the service in the role of practice assistant. They had been employed by the service since September 2015. However, we saw no evidence that the practice assistant had completed any formal training.
- The provider could not demonstrate how they ensured the competence, skill or clinical decision making of clinical staff employed at the service who carried out surgical procedures on behalf of the provider.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment across services was not managed appropriately.

- We did not see any evidence that information sharing with NHS GP practices had taken place when a patient consultation at this service had taken place.
- The provider did not collect or monitor information on the outcome of care and treatment that was provided at the service.

Supporting patients to live healthier lives

- The service did not identify patients who needed support and consultation records did not indicate that any advice had been given regarding healthy living.
- When the clinic was closed, patients could call the private GP's own mobile number for support and advice.

Consent to care and treatment

Staff did not seek patients' consent to care and treatment in line with current legislation and guidance.

- Staff did not understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. For example, when providing care and treatment for children and young people, we did not see any evidence of staff or a clinician carrying out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was obtained using a written consent form which was stored separately to the patients' records. We found that the consent procedure was inadequate. For example, we reviewed a record of a one month old baby who was presented for a circumcision procedure. There was no record of the parents name on the consent form only a signature of an unidentified person. The consent form did not include the child's date of birth or address. The consent form was not signed by a clinician and was witnessed by the practice assistant.

Are services caring?

Our findings

Kindness, respect and compassion

During our inspection we observed that the practice assistant was courteous and very helpful to patients who telephoned the practice. We did not speak to any patients on the day of our inspection visit.

- Screens were provided in some consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However, there was only one small portable privacy curtain available in the upstairs treatment room.
- We were told consultation and treatment room doors were closed during consultations. As there were no patients in the service during our inspection visit we could not confirm whether conversations taking place in these rooms could be overheard.

- Patients did not have access to any information about the clinicians working for the service and therefore could not determine whether their consultation was with the most appropriate clinician.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the clinic offered good customer service and staff were helpful, welcoming and that they would recommend the service.

The practice had not carried out any surveys of its patients to monitor patient satisfaction and implement improvements.

Involvement in decisions about care and treatment

Feedback cards received by CQC indicated patients felt involved in decision making about the care and treatment they received. They told us, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- Patients could attend Newland Clinics, Scope Healthcare Consulting Limited at a time and date which was convenient to them.
- The service set out its pricing structure which was available from the front desk in the waiting room so that patients knew exactly what their package of care would cost.
- The provider told us the clinic was set up to provide private health care to predominantly Polish speaking patients who otherwise requested services not provided by the NHS.
- Information was provided to patients attending the clinic and through social media and some leaflets were available in the clinic reception area which were in English.

Timely access to the service

- Patients could access the service between 10am and 4pm, five days per week.
- There was no waiting time for consultation, care and treatment.

Listening and learning from concerns and complaints

The service had a system for handling complaints and concerns. However, we could not confirm if this was being followed as the provider told us they had not received any complaints in the past two years.

- The complaints policy and procedures were in line with recognised guidance.
- The designated responsible person who handled all complaints in the service was the provider.
- We saw that information was available to help patients understand the complaints system that was displayed on the reception notice board and complaint forms were available.

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 provider had not established effective systems and processes to ensure good governance, in accordance with the fundamental standards of care. In particular, the provider had not effectively assessed, monitored and mitigated risks relating to the health, safety and welfare of people using the service.

Significant issues that threatened the delivery of safe and effective care were not adequately managed.

For example:

- Clinical record keeping was inadequate in respect of the recording of patient consent, and recording of contemporaneous notes following patient consultations.
- There was poor clinical leadership in place to drive quality improvement or ensure adherence to relevant best practice guidance.
- Checks on clinicians working at the service (on an ad-hoc basis) did not include medical indemnity insurance cover that allowed them to perform clinical duties within private practice.
- The practice did not have equipment or medicines for example oxygen with adult and children's masks to allow them to deal with a medical emergency. Additionally, the provider did not have medicines for use in an emergency. For example, adrenaline which can be used to treat anaphylaxis, a potentially life-threatening, severe allergic reaction.
- The provider did not have an appropriate system in place for responding to safety alerts.
- We reviewed a personnel file for a permanent member of staff and found that appropriate recruitment checks were undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references. However, we saw that a DBS check was not available.
- There was no evidence of clinical supervision, information sharing or peer support for clinicians working at the practice on an ad hoc basis.

- We saw no evidence that any formal training or appraisals for staff had taken place.
- The practice did not carry out portable appliance testing or medical equipment calibration to ensure equipment was safe to use and in good working order.
- The process for writing prescriptions which included repeat prescribing was ineffective and not based on national guidelines.

Vision and strategy

The service did not have a clear vision to deliver high quality care and promote good outcomes for patients.

- The service did not have a mission statement and staff had no understanding of its values.
- The service did not have a clear strategy and any supporting business plans to reflect the vision and values of the practice.
- The practice did not have a business continuity plan in place to deal with unforeseen emergencies.

Culture

The provider was not aware of and had no systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We asked the provider what they understood about the duty of candour and they told us they were unsure as to what it was.

- There were limited arrangements in place to ensure that the permanent member of staff were kept informed and up-to-date with developments at the service. This included a lack of clinical and non-clinical meetings for permanent and ad-hoc members of staff.
- Staff told us there was an opportunity within the clinic to raise any issues directly with the provider.
- Staff said they felt respected, valued and supported by the provider at the service.

Governance arrangements

The service did not have an overarching governance framework which supported the delivery of the strategy and good quality care.

- We saw no system that allowed for lessons to be learned and shared following significant events.

Are services well-led?

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

- Policies and procedures were available to all staff. However these were generic and not specific to the practice. Staff told us that, it was their responsibility to familiarise themselves with the policies which were kept in folder sets held in the treatment room. All the policies we reviewed were dated 5 February 2016 when they were formally approved by the provider. They had not been reviewed or updated since then. From the sample policy documents we reviewed, we saw that policies had not been followed. For example, duty of candour, significant event monitoring, emergency treatment guidelines and medicines storage protocol.
- There was no programme of continuous internal audit to monitor quality.
- There were no arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The provider had failed to ensure that persons employed in the provision of the regulated activity received the appropriate support, training and professional development necessary to enable them to carry out their duties.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider had not ensured that the information specified in Schedule 3 was available for each person employed. In addition, they had not established effective recruitment and selection procedures.