

The Kensington Dental Spa Limited

Kensington Dental Spa Limited

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 16 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Kensington Dental Spa provides both private and NHS treatment to patients. The practice treats adult patients from a range of cultures and backgrounds.

The practice staffing consisted of 10 part-time dentists, four part-time dental nurses, a practice manager who was also the owner and two receptionists.

The practice opening hours were: Monday to Friday – 9.00am to 5:00pm.

The practice manager 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 practice is run.

We viewed 13 CQC comment cards that had been completed by patients, about the services provided. All had positive comments about the staff and the services provided. In addition, we spoke with three patients who all provided positive feedback about the practice and the dental treatment they had received. Comments particularly focussed on the caring nature of the staff and the quality of the service provided.

Summary of findings

Our key findings were:

- Patients' needs were assessed and treatment was planned and delivered in line with current guidance such as from the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practitioners (FGDP).
- The practice had oxygen and appropriate medicines to respond to a medical emergency in line with British National Formulary and Resuscitation Council (UK) guidance. However, staff did not have access to an automated external defibrillator (AED).
- Clinical staff were up to date with their continuing professional development (CPD).
- There was lack of effective processes in place to ensure patients were safeguarded from the risks of abuse.
- Governance arrangements were not clear and the practice did not have processes in place such as undertaking regular audits and obtaining staff feedback to assess and monitor the quality of the service.
- The practice was not carrying out risk assessments to ensure the health and safety of staff and patients.
- There was lack of an appropriate complaints handling process in place.
- The practice did not hold regular staff meetings and formal staff appraisals had not been undertaken.

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

- Ensure that systems and processes are established to investigate, respond to and learn from significant events.
- Ensure that systems and processes are established and operated effectively to safeguard service users from abuse.
- Ensure that appropriate governance arrangements are in place for the safe running of the service by establishing systems to monitor and assess the quality of the service.

- Ensure that the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- Ensure procedures are in place to assess the risks in relation to the Control of Substances Hazardous to Health (COSHH) 2002 Regulations.
- Ensure audits of various aspects of the service, such as radiography and dental care records are undertaken at regular intervals to help improve the quality of service. Practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure that the registered person establishes and operates effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.

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

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

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practices' current risk assessments and ensure a Legionella risk assessment is undertaken giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

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 this practice 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).

Recommended medicines and equipment such as medical oxygen were available to manage a medical emergency. However, the practice did not have an automated external defibrillator (AED) in line with Resuscitation Council (UK) guidance.

Staff at the practice including the practice manager, who was the safeguarding lead, had not completed safeguarding training and the provider did not have a clear safeguarding policy or procedure in place for staff to refer to.

The practice did not have procedures in place to investigate, respond to and learn from significant events and complaints. The practice had not carried out any risk assessments although there were processes to ensure equipment and materials were well maintained and safe to use, for example portable appliance testing occurred annually. A radiation protection file to confirm the maintenance of the X-ray machine had not been set up, there was no record of Health and Safety Executive notification and no maintenance logs were in place.

The provider assured us on the day of the inspection and following our visit that they would address these issues by notifying staff of the correct procedures to follow, provide staff training, and put immediate procedures in place to manage risks.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from Faculty of General Practitioners (FGDP). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. Staff engaged in continuous professional development (CPD) and were meeting the training requirements of the GDC.

Are services caring?

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

We received 13 completed CQC comment cards and spoke with 3 patients. The feedback was very positive. Patients were happy with the service they received. They described staff as helpful and felt that a caring service was being provided.

The provider had taken reasonable steps to ensure patient confidentiality was protected. Patients' information was held securely, both electronically and in paper records. Computers were password protected so that they could not be accessed by unauthorised persons.

Are services responsive to people's needs?

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

Summary of findings

Patients had appropriate access to the service. Information was made available to patients through leaflets and posters in the patient waiting area. Urgent on the day appointment slots were available during opening hours and appropriate arrangements were in place for out of hours emergencies.

However, there was lack of suitable systems in place for patients to make a complaint about the service if required.

Are services well-led?

We found that this practice 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 section at the end of this report).

Policies and procedures were not effective to ensure the smooth running of the service. Most policies were generic templates and they had not been adapted to the practice. There were no clear governance arrangement in place. Practice meetings were not being held and there were no mechanisms in place to update staff. There were no processes in place to oversee staff development. Staff appraisals did not take place and there was no evidence of how staff were supported. Audits were not being completed and there were limited mechanisms in place for obtaining and monitoring feedback for continuous improvements.

Kensington Dental Spa Limited

Detailed findings

Background to this inspection

The inspection took place on 16 September 2015 and was conducted by a CQC inspector and a dentist specialist advisor.

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

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

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

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with two dentists, the practice manager who was also the registered manager and owner, a practice nurse and a receptionist. We reviewed policies, procedures and other documents. We reviewed 13 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice. We also spoke with three patients.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice did not have procedures in place to investigate, respond to and learn from significant events and complaints. Staff were not clear about how to report incidents, however they said they would bring safety issues to the attention the practice manager. The practice manager told us there had not been any incidents since they took over the practice in 2011.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been no accidents that had required notification under the RIDDOR guidance.

The practice manager told us they received safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) via emails and would circulate them to relevant dental staff. The dentist we spoke with confirmed this.

Reliable safety systems and processes (including safeguarding)

The provider did not have systems in place to ensure people were safeguarded from abuse. They had a generic safeguarding policy and procedure in place which did not contain any contact information for reporting concerns to external agencies. Staff did not know the details of the local safeguarding authority to report actual or suspected concerns to.

The practice manager was the lead for safeguarding, however they had not received safeguarding training and did not demonstrate appropriate knowledge of safeguarding issues. However, they showed us information at the end of our inspection to confirm they had booked themselves onto a safeguarding adults and child protection training course.

The dentist at the practice ensured that clinical practices reflected current guidance in relation to safety. For example, the dentist routinely used a rubber dam for certain procedures (especially root canal treatment) to ensure patient safety and increase effectiveness of treatment. (Rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative sight from the rest of the mouth.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Oxygen and other related items, such as manual breathing aids and portable suction, were available in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff. However, the practice staff did not have access to an automated external defibrillator (AED) and a risk assessment had not been undertaken. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Staff received annual training in basic life support in line with continuous professional development (CPD) requirements set by the General Dental Council (GDC). (All people registered with the GDC have to carry out a specified number of hours of CPD to maintain their registration).

Staff recruitment

The practice did not have a formalised recruitment policy for the employment of new staff. However, all the staff files contained proof of identity, checks with registration with professional bodies where relevant, references, Hepatitis B immunisation status and Disclosure and Barring Service (DBS) checks. (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 practice staffing consisted of 10 part-time dentists, four part-time dental nurses, a practice manager who was also the owner and two receptionists. Support staff had been employed at the practice for a number of years; though there was a high turn-over of the dental professionals. The practice had an induction system for new staff; this was individually tailored for the job role. The practice manager told us that this included a period where new staff were mentored, during which they could familiarise themselves with the practices' policies and procedures. We saw that there was an induction checklist in place.

Are services safe?

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred appropriate staffing agencies could be contacted.

Monitoring health & safety and responding to risks

The practice had a generic health and safety policy that outlined staff responsibilities towards health and safety, accidents, fire safety and manual handling. However, aside from a fire risk assessment that had been carried out in June 2013, they had not carried out any other risk assessments. The practice had also not carried out a local premises risk assessment.

The practice manager told us that fire detection and fire fighting equipment such as fire alarms and emergency lighting were regularly tested but they did not have any records in respect of these checks.

The practice did not have procedures in place to assess the risks in relation to the control of substances hazardous to health (COSHH). There was no risk assessments contained in the COSHH file

We found the practice were not adhering to the safer sharps system, which ensures that the contaminated needle was not exposed during the disposal process. No risk assessment had been carried out and local anaesthetic needles were being re-sheathed after use without appropriate safeguards, which could lead to staff needle stick injuries.

Infection control

The practice was visibly clean, tidy and organised. An infection control policy was in place. However, we noted that it was a generic policy and did not describe how cleaning was to be undertaken at the premises. The practice manager told us that the practice employed a cleaner but dental nurses had set responsibilities in each surgery. The practice did not have any systems for testing and auditing the infection control procedures.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises. Sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking) were suitably located, signed and dated and not overfilled. A clinical waste contract was in place and waste matter was appropriately sorted and stored securely in locked containers until collection.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. For example, we observed that sharps containers, clinical waste bags and municipal waste were properly maintained and stored. The practice used a contractor to remove dental waste from the practice. Waste consignment notices were available for inspection

The practice manager was the lead for infection prevention and control but they had not completed additional training in the testing of equipment that was used as part of the decontamination process. They told us it was the nurses that had day to day responsibility to ensure the standard was met. We observed the decontamination process and saw that staff used appropriate personal protective equipment (PPE), including heavy duty gloves. The nurses described the process for the decontamination of instruments and equipment that occurred in between patients.

The practice had a separate decontamination room for instrument processing. This room was well organised. Protocols were displayed on the wall to remind staff about the correct processes to follow at each stage of the decontamination process. Staff demonstrated the process to us; from taking the dirty instruments through to clean stage and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system designed to minimise the risks of infection. We found that instruments were being cleaned and sterilised in line with the published guidance -Health Technical Memorandum 01-05: Decontamination in primary care dental practices, which is a guidance document from the Department of Health, for staff to refer to. (HTM01-05).

The practice used a system of ultra-sonic cleaning bath, manual scrubbing (utilising the double sink method) and a washer disinfectant as part of the initial cleaning process. Following inspection of cleaned items, they were placed in an autoclave (steriliser). When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines.

The equipment used for cleaning and sterilising was maintained and serviced in line with the manufacturer's

Are services safe?

instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and was effectively maintained.

A risk assessment for Legionella had not been carried out. This process ensures the risks of Legionella bacteria developing in water systems within the premises are identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice manager had gathered information about Legionella and said they were intending to start testing the water, but were not clear about what they should be testing.

Equipment and medicines

Equipment in use at the practice was regularly maintained and serviced in line with manufacturers' guidelines. Portable appliance testing (PAT) took place on all electrical equipment with the last PAT tests having been completed in January 2015. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient

stocks available for use. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for audit purposes.

Emergency medicines were available, and located centrally and securely for ease of use in an emergency.

Radiography (X-rays)

The practice did not have appropriate systems in place for radiation protection and was not in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000. Although there was an appointed external radiation protection adviser (RPA) and local rules relating to the equipment were in place, the practice had not set up a radiation protection file to confirm the maintenance of the X-ray machine. There was no record of Health and Safety Executive notification and no maintenance logs in place. These are all requirements for practices carrying out radiography on site. The practice was not carrying out radiography audits.

The provider assured us on the day of the inspection and following our visit that they would address these issues by notifying staff of the correct procedures to follow, provide staff training, and put immediate procedures in place to manage risks.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' care and treatment was assessed, planned and delivered according to their individual needs. We looked at patient records which showed that dentists used a systematic and structured approach to assessing and planning treatment.

All patients had an up to date medical history completed when they attended for examination and these were updated at subsequent visits. There were systems in place to reduce any possible medical emergencies as the computer system automatically flagged individual patient alerts. Patients told us that the dentist always asked if there had been any changes to medical conditions or any medicines they were taking. This information was recorded in the patient's dental care record.

Following the clinical assessment, the diagnosis was then discussed with the patient. Treatment options and costs were explained in detail. Where relevant, preventative dental information was given in order to improve the outcome for the patient. The dental care records were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. We saw that the dentists kept a record of their examinations of soft tissues, teeth and other relevant observations in line with current guidance. We saw that the dentists assessed the patient's gums and provided a detailed assessment when required.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance to have regular dental check-ups as part of maintaining good oral health.

The dentist said they discussed smoking, alcohol and diet with patients and the effects that might have on the patient's oral health. Patients were also signposted to other services such as smoking cessation.

Staffing

All clinical staff had current registration with their professional body, the General Dental Council. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD contributes to the staff members' professional development and is a requirement of continued registration with the General Dental Council (GDC). However there was no formal process for the registered manager to ensure themselves that the clinicians were up to date with CPD hours

The practice had identified training that was required for its non-clinical staff and this included basic life support and customer services. The practice manager told us they held monthly staff meetings but were unable to provide any evidence. Staff we spoke with said the last meeting was some months ago and no notes were taken.

The practice did not have any procedures in place for appraising staff performance and the practice manager did not hold any one to one meetings with any staff.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included referral for specialist treatments requiring conscious sedation or referral to the dental hospital if the problem required a specialist attention. The practice then monitored patients after their treatment to ensure they had received a satisfactory outcome and received the necessary care after treatment.

Consent to care and treatment

The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent. Patients were then provided with a written treatment plan which included the costs associated with each treatment option. The patients that we spoke with confirmed that they had been fully informed about their treatment options.

Are services effective?

(for example, treatment is effective)

Staff had not completed Mental Capacity Act 2005 awareness training; however the dentists demonstrated an awareness of mental capacity issues and gave examples of how they identified patients with capacity issues and the steps they would take if they suspected the patients lacked

capacity to make decisions. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception was located away from the waiting area. However, reception staff told us that should a confidential matter arise, a private area was available for use in an unused surgery. Staff members told us to maintain confidentiality, they never asked patients questions related to personal information at reception.

We viewed 13 CQC comment cards that had been completed by patients, about the services provided. All cards had positive comments about the staff and the services provided. Patients were complimentary about the staff, describing them as caring. They said that the dentists

explained treatment options and gave them enough information for them to make informed decisions. They commented that staff treated them with dignity and respected their privacy.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area which gave details of its dental charges. There were a range of information leaflets in the waiting area which described the different types of dental treatments available. Patients were given copies of their treatment plans which included information about the proposed treatments and associated costs. We checked a sample of dental care records and saw examples where notes had been kept of discussions with patients around treatment options, as well as the risks and benefits of the proposed treatments.

We spoke with three patients on the day of the visit. All the comments were positive and all three patients said that treatment was explained clearly including the cost and felt involved in the planning of their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. The practice had a system in place to schedule enough time to assess and meet patients' needs. Appointment times varied in length according to the proposed treatment and to ensure that patients and staff were not rushed. Where treatment was urgent patients would be seen within 48 hours or sooner if possible. The patient leaflet informed patients about the importance of cancelling appointments should they be unable to attend so as to reduce wasted time and resources.

The feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. The practice had anti-discrimination policies and promoted equality and diversity and staff were aware of these.

Some of the clinical staff spoke additional languages and one of the principal dentists told us they had access to a telephone translation service, although they had not required to use this so far. There was written information for people who had hearing disability, as well as large print documents for patients with visual impairment.

The practice was not fully accessible to patients who had mobility difficulties. Access to the building was via one step and there was no ramp access available. Patient's toilets were located in the basement.

Access to the service

The practice was open Monday to Friday from 9am to 5pm. The practice displayed its opening hours on their premises. New patients were also given a practice information sheet which included the practice contact details and opening hours.

The dentist told us that they would always ensure that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated on the day.

Concerns & complaints

There was a generic complaints policy which did not state how the practice would handle formal and informal complaints from patients. We asked the practice manager how complaints were dealt with and they said patients would be asked to put them in the suggestions and feedback box in the waiting area. We saw record of a complaint that had been received and it had been responded to appropriately.

The dentists told us that if patients were not happy with their treatment they would mention straight away and their concerns would be addressed. The patients we spoke with told they had never had an occasion to make a complaint. CQC comment cards reflected that patients were extremely satisfied with the services provided.

Are services well-led?

Our findings

Governance arrangements

The provider did not have effective governance arrangements in place. We reviewed the practice's policies and saw that they were generic policies and had not been adapted to the practice.

There were no formal meetings in the practice and staff did not have one-to-one meetings with the practice manager.

The practice had not completed any audits to assess the on-going quality of the service. We spoke with the practice manager and they were not aware of what audits they needed to complete and what purpose they served.

Leadership, openness and transparency

The registered manager did not suitably demonstrate their leadership ability. For example they were the lead for safeguarding and infection control but had not completed any training in these areas and did not demonstrate appropriate awareness of these issues. There were no structures in place for staff to learn from incidents.

The staff we spoke with said they were able to speak with the practice manager to discuss any issues with them. They felt they were listened to and responded to when they did so.

Learning and improvement

The practice did not have a formalised system of learning and improvement. There was no schedule of audits in place and the manager confirmed they had not undertaken any. Staff meetings were not held and there were no formal mechanisms to share learning from incidents or complaints..

We found that there was no centralised monitoring of professional development in the practice. The clinical staff in the practice completed training for their continuing professional development and ongoing registration with the GDC, but this had been self-identified and completed independently.

Practice seeks and acts on feedback from its patients, the public and staff

Staff said that patients could give feedback at any time they visited in the feedback box. However there was no feedback forms or cards provided to do so. The friends and family test was also not available in the waiting room.

The practice did not have any systems in place to review the feedback from patients who had complained. There was no system in place to analyse and learn from complaints.

The staff told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. The practice however did not hold regular staff meetings and formal staff appraisals had not been undertaken.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding service users from abuse and improper treatment. Not all staff had completed safeguarding training including the registered manager who was the safeguarding lead. The registered manager did not display the required competencies or experience of safeguarding, including being able to identify abuse, knowing what action to take for an actual or suspected case, knowing the local authority procedures or how to report to them. Regulation 13 (1)(2)
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints Receiving and acting on complaints The practice had not established an accessible system for identifying, receiving, recording, handling and responding to complaints by service users. Regulation 16 (2)
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Good governance There were no systems in place to monitor or assess the quality of the service. The practice had not completed

This section is primarily information for the provider

Requirement notices

any audits, did not have processes in place to gain staff feedback and were not holding practice meetings. There were no processes in place to record or analyse incidents. No patient surveys had been carried out.

Regulation 17 (1),(2) (a), (b)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staffing

There were no formalised staff meetings, one to one meetings or appraisals and the registered manager did not have any clear processes in place for ensuring staff they employed were up to date with their continuing professional development (CPD).

Regulation 18 (2) (a), (b)