Dr Helen Burnikell

St Helen's Dental Surgery

Inspection Report

29 Wood Street
Ashby De La Zouch
Leicestershire
LE65 1EL
Tel: 01530 415005
Website: N/A

Date of inspection visit: 9 January 2018
Date of publication: 22/02/2018

Overall summary

We carried out this announced inspection on 9 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information for us to take into account.

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 form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was 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

The practice is located in Ashby De La Zouch, a market town in North West Leicestershire. It

provides NHS treatment to patients of all ages. At the time of our inspection, the practice was accepting new NHS patients for registration.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available in the practice's own car park.

Summary of findings

The dental team includes the practice manager, one dentist, four dental nurses, (including the practice manager) and one receptionist. The practice has two treatment rooms, both located on the ground floor.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected four CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with the dentist, four dental nurses, (including the practice manager who worked as a nurse) and the receptionist.

We looked at patient feedback, practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday from 8.45am to 12:45pm and from 1:45pm to 5:45pm and on Friday from 8:45am to 1:45pm.

Our key findings were:

- Staff had been trained to deal with medical emergencies and appropriate medicines and most of the lifesaving equipment was readily available in accordance with current guidelines. We noted some exceptions.
- The practice appeared clean and was generally well maintained.
- Staff demonstrated awareness of their responsibilities for safeguarding adults and children living in vulnerable circumstances. We found that the practice's safeguarding policy required review and some staff training was due for completion.
- The practice had not adopted a robust process for the reporting of significant events and untoward incidents.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- Staff recruitment processes required improvement to ensure they complied with legislative requirements.
- Patients had access to routine treatment and emergency care when required.
- Staff received most training appropriate to their roles and there was evidence of continuing professional development).
- We found areas where ineffective leadership was in place and governance arrangements required strengthening.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and the principle of young people's competency and ensure all staff are aware of their responsibilities as it relates to their role.
- Review the practice's responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.

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?

No action

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

Staff were qualified for their roles and most had been in post for many years. The practice had undertaken Disclosure Barring Service (DBS) checks for all staff; however it had not completed other essential recruitment checks for new staff.

Staff received training in safeguarding, although some update training was due. Staff showed awareness of how to report concerns.

The practice did not demonstrate that they used learning from incidents to help them improve. The practice had not implemented a policy or incident form for the reporting of untoward incidents.

Premises and equipment were clean and maintained. The practice mostly followed national guidance for cleaning, sterilising and storing dental instruments.

The practice's health and safety arrangements required improvement in relation to fire safety and legionella.

The practice had access to appropriate medicines and most of the recommended equipment to enable them to deal with medical and other emergencies. We noted that some equipment required obtaining or replacement.

Are services effective?

No action

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as comfortable and very good.

The dentist discussed treatment with patients so they could give informed consent.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

We identified that some staff required training in the Mental Capacity Act 2005 and the principles of patient consent and competence assessment for young people.

Are services caring?

No action

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

Summary of findings

We received feedback about the practice from four people. Patients were positive about all aspects of the service the practice provided. They told us staff were attentive and respectful.

Patients said that they were given helpful explanations about dental treatment and some said their dentist listened to them. Patients told us that staff made them feel at ease when they visited.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action ✓

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

The practice's appointment system appeared efficient and it sought to meet patients' needs. Patients could get an appointment quickly if in pain.

The practice was responsive to the needs of patients who were nervous about visiting the dentist.

Staff considered some of their patients' different needs. This included providing facilities for patients with disabilities and families with children. The practice did not have access to interpreter services, although staff told us that they did not consider that their patients would benefit from this service. The practice did not have arrangements to help patients with sight or hearing loss. Information in different forms or languages was not available within the practice at the time of our inspection.

The practice told us they had not received any formal or informal complaints within the past two years. They had implemented a policy to enable them to respond if any complaints were received. Information about complaints was displayed in the patient waiting area. The practice information leaflet did not refer to the complaints process.

Are services well-led?

Requirements notice ✗

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

The practice had some limited policies, procedures and risk assessments to help support the management of the service and to protect patients and staff. We found that these required review to ensure they were practice specific and that staff implemented them.

We noted there were significant areas of improvement required in governance arrangements. These included ensuring that all risks were identified and addressed promptly, with appropriate action taken to manage and reduce them from recurring.

There was a management structure and staff told us they felt supported.

Summary of findings

The practice team kept patient dental care records which were clearly written or typed and stored securely.

The practice had limited quality assurance processes to encourage learning and continuous improvement. We identified that audit processes required significant strengthening.

The practice had not obtained the views of patients to inform the delivery of the service.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice did not have policies and procedures to report, investigate, respond and learn from incidents and significant events. We were provided with a guidance document for reporting significant events which was not specific to the practice or to a dental setting.

We were informed that there had not been any untoward incidents reported in the past two years. We looked at practice meeting records; one of the documents dated March 2017 showed that near misses and incidents were included on the agenda but no further information was attached as to discussions held. Staff were not aware of the types of incidents to report and how to notify if they occurred.

The practice held an accident book for reporting injuries. We were unable to review any completed forms on the day of our inspection as we were informed these were kept off site with other confidential records. The practice manager told us they could not specifically recall any accidents that had occurred within the past two years. After our inspection, we were provided with records of some accidents which had occurred.

The practice did not provide evidence to show that they received and acted on national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We were shown some historic emails received from another organisation about alerts issued. These did not include MHRA alerts issued within the past twelve months.

Reliable safety systems and processes (including safeguarding)

Staff showed awareness of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had a policy document which informed staff of the contact details of external protection agencies to use if they had safeguarding concerns. The document did not include other information such as the purpose, aim and scope of the policy or the legal framework under which it was expected to operate.

We saw evidence that staff received safeguarding training. We noted that three of the dental nurses (including the practice manager) had last undertaken training in 2014 and refresher training was required. We were informed that training had been booked to take place in March 2018. The lead for safeguarding concerns was the principal dentist and we noted they had undertaken appropriate training for this role. Staff showed awareness about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination. We noted that the policy required review to ensure it was specific to the practice and included contact details for any external agencies who could be approached with whistleblowing concerns.

The practice protected staff and patients with guidance on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for products and copies of manufacturers' product data sheets ensured information was available. We noted that the system could be improved to ensure staff could obtain COSHH information quickly if an incident occurred. The practice did not review COSHH data on a regular basis to ensure their records were up to date.

We looked at the practice's arrangements for safe dental care and treatment. We noted that the practice had not implemented the safer sharps system. We spoke with dental nurses who told us that they did not handle used needles and the dentist held responsibility for this. We looked at the practice's sharps policy and risk assessment. The documents were not specific to the practice or to a dental care setting and stated inaccurately that a safer sharps' system was in use.

The practice used non disposable matrix bands and we noted that these were not always dismantled correctly by dental nurses. This presented an increased risk of injury to these staff.

We noted that whilst the sharps injury protocol was displayed in a treatment room, this included inaccurate external contact information for staff to use, in the event of an incident occurring.

Our discussions with the dentist identified that rubber dam was not always used when providing root canal treatment.

Are services safe?

This did not comply with guidance from the British Endodontic Society. We were informed that the dentist took some steps to mitigate the risk by using high suction and isolation with cotton wool rolls.

The practice had a business continuity plan (dated 2013) describing how it would deal with events which could disrupt its normal running. The plan required review to ensure that useful contact details for organisations such as utility companies were included and also up to date.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency medicines were available as described in recognised guidance. We noted that glucagon was held in refrigeration but the fridge's temperature had not been monitored to ensure it stayed within the required range.

Some emergency equipment was available and we noted that some was missing or required replacement. For example, portable suction, a paediatric self-inflating bag and oropharyngeal airways (sizes 0,1,2) were missing. We found that oropharyngeal airways (sizes 3,4) had passed the use by date in 2010. Other items that required replacement included dusty oxygen masks and a mercury spillage kit which had expired.

The practice had not implemented a log for completion when checks of medicines and equipment were undertaken. Staff told us that they undertook visual checks on a monthly basis to check that items were available, within their expiry date and in working order.

Staff recruitment

The practice had a historic staff recruitment policy document dated in 2013 which required review to ensure it reflected relevant legislation.

We looked at one staff recruitment file which included information regarding a more recently recruited member of staff. All other staff employed had worked in the practice for many years. Contents of the file showed that the practice was not compliant with information required by Regulation 19, Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, we did not find evidence of photographic staff identity or references or other evidence of satisfactory conduct in previous employment on file.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

We looked at immunisation documentation held in relation to staff Hepatitis B immunity. We noted that two staff members had provided documentation which showed they had received immunisation; however their immunity status was not recorded. The practice had not undertaken a risk assessment in relation to these staff. Other staff had their immunity levels recorded.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments required review or implementation to help the practice manage potential risk. These included general workplace and specific dental topics.

The practice had not undertaken a fire risk assessment but there was a fire evacuation plan. We noted that staff had not rehearsed the plan or undertaken fire training. We were informed that the practice manager was the fire marshal. We were advised that the landlord of the property was responsible for servicing and maintaining fire equipment and undertaking gas safety testing. We were provided with documentation to show gas safety testing had taken place. We were not provided with documentation to show that five yearly fixed electrical safety testing had been conducted, but were informed that this was a responsibility of the landlord of the building. After our inspection, we were informed that the testing had not taken place but this had been booked for February 2018.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentist when they treated patients.

Are services safe?

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. We saw evidence that staff had last completed infection prevention and control training in March 2017.

The practice had most suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We noted that there were some loose and uncovered items in drawers in one of the surgeries such as local anaesthetic and suction tips.

Information was posted in the waiting room to inform patients about the decontamination process used.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice had not carried out infection prevention and control audits. We noted that an annual infection prevention and control statement had also not been completed. We discussed this with the practice and were informed that they would take action to undertake regular audit of their systems and processes. They showed us an audit tool they had recently obtained for use.

The practice had limited procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The last assessment was undertaken in August 2011. The practice had undertaken quarterly dip slide testing but had not tested its water temperatures.

Cleaning duties were shared amongst staff and we saw cleaning schedules for the premises. The practice was clean when we inspected and some of the patients confirmed in the comment cards we received that this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice had not stored and kept records of NHS prescriptions as described in current guidance. We noted that logs were not maintained of prescription pad numbers received into the practice and the prescription pad in use was kept in a surgery drawer which was not locked when the surgery was not in use. The building was however secured when the practice was closed.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentist justified, graded and reported on the X-rays they took. The practice had not carried out X-ray audits to drive quality improvement.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept dental care records containing some information about patients' current dental needs, past treatment and medical histories. We noted that patient risk assessments undertaken for caries, periodontal disease and oral cancer were not always recorded in their records.

The dentists assessed patients' treatment needs in line with recognised guidance. Dental care records we looked at showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores.

We were provided with documentation of patient dental care records audits which had been undertaken on a monthly basis. We looked at the information collated. The audits did not include conclusions or identify any potential areas for improvement. Action plans had not been produced as a result.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health. The dentist we spoke with did not refer to the Delivering Better Oral Health toolkit but used an alternative guide on software.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child. We saw information posted in the waiting area for patients about the use of fluoride varnish.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The dentist was not aware of any local smoking cessation services that they could refer their patients to. The practice had a selection of dental products for sale. We noted that the practice did not have health promotion leaflets available for patients to read which could help them with their oral health.

Staffing

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on an induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. The information was not available for us to review on the day of our inspection as we were told that this was held off site. The practice provided us with some evidence of completed appraisals after our inspection took place.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. We noted that some patient comments in our comment cards included that they were listened to and given information about their treatment.

The practice had not implemented a policy about the Mental Capacity Act 2005. The dentist understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. Other staff we spoke with were not aware of the Act.

The practice's consent policy referred to young people's competence and the dentist was aware of the need to consider this when treating young people under 16. Other staff we spoke with were not aware of the principle.

Are services effective?

(for example, treatment is effective)

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were attentive and respectful. We saw that staff treated patients appropriately and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area provided limited privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they could take them into a private area. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

There were magazines, a radio playing and a fish tank in the waiting area for patients' benefit whilst they waited for their appointment.

Involvement in decisions about care and treatment

The practice provided NHS treatment to patients of all ages. The costs for dental treatment were available to review in the practice.

The practice gave patients verbal information to help them make informed choices. We noted that the practice did not have information leaflets to provide to patients. Patients confirmed in our comment cards that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in discomfort.

The practice did not have a website. The practice offered general dentistry, treatments for gum disease and some cosmetic procedures.

The dentist had access to software and could print images to show patients when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients said they were satisfied with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed.

Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they had some patients for whom they needed to make adjustments to enable them to receive treatment. We were provided with examples of care provided to nervous patients which included staff engaging more with these patients to provide reassurance, showing empathy and asking the patient directly how they could help them allay their concerns. One member of staff told us they had held a patient's hand at their request during a more complex procedure. We were told that notes could be placed on patients' records to inform staff if a patient was nervous or had other particular requirements.

Staff told us that they had telephoned some patients the day after complex treatment to check on their wellbeing.

Promoting equality

The practice made some reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with a handrail. The practice did not have a hearing loop.

The practice did not currently provide information in different formats and languages to meet individual patients' needs. Staff told us they were not aware of access to interpreter/translation services. The practice manager told us that they were not aware of any patients who would benefit from this service.

Access to the service

The practice displayed its opening hours in the premises and their information leaflet.

The practice told us they kept waiting times and cancellations to a minimum where this was possible. We noted that staff had held discussions in a previous practice meeting regarding better management of appointment times and allocations to reduce waiting times for patients. A member of staff told us that a note could be placed on a patient's record if they had been kept unduly waiting at a previous appointment. This would alert staff to ensure they were seen as promptly as possible at future appointments.

We noted that the next routine appointment was available within two working days.

The practice was committed to seeing patients experiencing pain on the same day and we were informed that patients were triaged by reception staff. Patients who were required to be seen on the same day were asked to attend the practice at 9am or 2pm and sit and wait to be seen.

The practice information leaflet and answerphone provided the telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients were advised to either call NHS 111, the Dental Access Centre or the Northwest Leicestershire Dental Emergency Group.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice complaints policy was displayed on the wall in the waiting area and explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns if they were received, so that patients could receive a quick response.

The practice manager told us they would aim to settle complaints in-house. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We were informed that no written complaints had been received within the past two years. The practice manager told us that they had not received any verbal complaints, that could be recalled. The practice had not collated any positive or negative verbal feedback from patients that we could review.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had some limited policies, procedures and risk assessments to support the management of the service and to protect patients and staff. A number of documents required review to ensure they were specific to the practice and complied with. For example, the sharps policy and risk assessment contained inaccurate information and were not specific to the practice and the recruitment policy required review to ensure it reflected current legislative requirements.

An effective policy and procedure framework was not in operation to enable staff to report, investigate and learn from untoward incidents and significant events.

There were limited arrangements to monitor the quality of the service and make improvements as a result. We noted that a number of systems and processes required significant strengthening to ensure that effective governance arrangements were in place. These included ensuring that all risks were identified and addressed promptly, with appropriate action taken to manage and reduce any risks from recurring. For example, legionella, staff immunisation and fire safety arrangements.

Staff were aware of the importance of confidentiality in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong, although staff we spoke with were not specifically aware of the term.

Staff told us there was an open, no blame culture at the practice. They said the practice manager and principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager and principal dentist were approachable, would listen to their concerns and act appropriately.

The practice manager told us they discussed any issues or concerns at staff meetings and it was clear from discussions we held with staff that the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. We noted that practice meeting minutes required more detail to include any outcomes from discussions held. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice did not have effective quality assurance processes to encourage learning and continuous improvement. Whilst dental care record audits had been undertaken, we noted these consisted of data collection exercises which did not identify any areas for improvement or action plans. Audits had not been undertaken in relation to X-rays and infection prevention and control.

We were provided with information after our inspection had taken place which showed that members of the dental team had received annual appraisals. The documentation supported that staff discussed learning needs, general wellbeing and aims for future professional development.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuing professional development. Staff told us the practice provided support for them to do so.

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

The practice had not used patient surveys or other mechanisms to obtain patients' views about the service. We looked at feedback left on NHS Choices website. This contained mixed reviews about the service delivered. Positive comments included that the service provided was what a patient had sought for many years elsewhere, and they were now pain free and happy. Negative comments included that areas were cluttered and some comments raised concerns about infection control arrangements. The practice had responded to feedback left.

Staff felt able to provide any informal feedback to management.

Are services well-led?

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

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 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met** There were limited systems or processes established to enable the registered person to assess, monitor and improve the quality and safety of services provided. In particular: • An effective policy and procedure framework was not in operation to enable staff to report, investigate and learn from untoward incidents and significant events. • There were limited systems for monitoring and improving quality. For example, infection and prevention control and X-ray audits had not been undertaken to identify any improvements to the service. There were limited systems or processes established to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • The provider had not undertaken risk assessments in relation to legionella, fire safety and staff immunisations. • The provider had not implemented a system for the review and action of patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority. (MHRA) • Policies were not specific to the practice and did not contain sufficient information. For example, sharps, whistleblowing, safeguarding and recruitment policies. • The provider had not obtained all required information at the point of staff recruitment as detailed in legislative requirements.

This section is primarily information for the provider

Requirement notices

- The provider had not ensured that all emergency medicines and equipment were available and fit for use or implemented a formal monitoring system.