Swinton Practice Ltd

Swinton Practice Limited

Inspection Report

63 Chorley Road
Swinton
Manchester
M27 4AF
Tel: 0161 7273018

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Overall summary

We carried out this announced focused inspection on 7 June 2017 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 that we were inspecting the practice. We received information which we took 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?

On this occasion we focused on the safe, effective and well led questions.

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 not providing effective 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

Swinton Practice Limited is in Swinton, Manchester and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. The practice has a car park and additional street parking is available near the practice.

The dental team includes five dentists, six dental nurses, one of whom is a trainee, one dental hygienist therapist and one receptionist. The practice has four treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Swinton Practice Limited was the principal dentist.

Summary of findings

On the day of inspection we collected 13 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses and the practice administrator. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 09:00 - 13:00 & 14:00 - 17:30

Friday 09:00 - 13:00.

Our key findings were:

- The practice environment was not clean and cleaning supplies were not stored appropriately.
- The practice did not have infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies but training was overdue. Appropriate medicines and life-saving equipment were available but the medical oxygen equipment was faulty and masks and airways had expired.
- The systems to help them manage risk could be improved.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children.
- The practice did not have thorough staff recruitment procedures.
- Not all clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice did not have effective leadership. Staff told us they felt supported and worked well as a team.

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

- Ensure the practice's infection control procedures and protocols are suitable 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'.
- Ensure the training and learning and development needs of staff members are reviewed at appropriate intervals, an effective process is established for the on-going assessment and supervision of all staff employed.
- Ensure the practice implements the required actions regarding Legionella 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'
- Ensure waste is segregated and disposed of in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Ensure audits of various aspects of the service, such as radiography and infection prevention and control 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 governance processes are in place relating to:
  - Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS) alerts.
  - Recording, investigating and reviewing incidents.
  - The availability of equipment to manage medical emergencies and training of staff.
  - The awareness of the practice's safeguarding policy and ensure staff are trained and are aware of their responsibilities.

Summary of findings

- Awareness of the requirements of the Mental Capacity Act (MCA) 2005 and Gillick competency ensuring all staff are aware of their responsibilities.
- The practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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 and should:

- Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice protocols and adopt an individual risk based approach to patient recalls giving due regard to National Institute for Health and Care Excellence (NICE) guidelines.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'

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?

Requirements notice 

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

The practice did not have procedures to enable staff to report incidents and significant events.

Not all relevant staff had received training in safeguarding or knew how to recognise the signs of abuse and how to report concerns.

The practice maintained a Control of Substances Hazardous to Health (COSHH) file with up to date information to ensure that hazardous substances were stored, handled and disposed of appropriately.

Staff were qualified for their roles and had appropriate indemnity in place. The practice did not have a staff recruitment policy and procedures.

Premises and equipment were not clean and properly maintained. The practice did not have effective infection prevention and control (IPC) policy and procedures in place.

The practice did not have systems to segregate waste correctly in line with Health Technical Memorandum 07-01 Management and disposal of healthcare waste (HTM 07-01).

Improvements were required to the arrangements for dealing with medical and other emergencies. Immediate action was required on the inspection day.

The practice was not carrying out X-ray audits following current guidance and legislation and we were told not all of the dentists justified, graded and reported on the X-rays they took.

The practice had not had a Legionella risk assessment but we were shown evidence that an assessment was due to be carried out in the near future.

Are services effective?

Requirements notice 

We found that this practice was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice did not ensure that all clinicians were aware of, or kept up to date with current guidelines and research in order to develop and improve their system of clinical risk management.

There were inconsistencies in the standard of dental care records in the practice. The practice did not ensure that all clinicians maintained comprehensive dental care records.

Summary of findings

There were inconsistencies in the practice's arrangements to provide preventative care and support to patients. Evidence of discussions relating to smoking, alcohol consumption and diet with patients during appointments were not consistently documented.

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

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

There were inconsistencies in the team's knowledge of obtaining and recording patients' consent to treatment.

Not all clinicians were familiar with the concepts of The Mental Capacity Act 2005 or Gillick competence.

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).

Requirements notice 

Staff knew the management arrangements but were not all aware of the lead roles and responsibilities in the practice.

On the day of the inspection the practice were open to feedback and took immediate actions to address the concerns raised during the inspection and send evidence to confirm that action had been taken.

Improvements could be made to the policies and procedures to support the management of the service.

The practice did not have an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. For example, the practice were not monitoring and assessing the risks from incidents, infection prevention and control, waste management and Legionella.

The practice did not monitor clinical or non-clinical areas of their work to help them improve and learn. Audits of dental care records, X-rays and infection prevention and control had not taken place.

Annual appraisals did not take place. Staff told us they discussed learning needs, general wellbeing and aims for future professional development. Staff told us that they worked well as a team and felt supported and valued.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice did not have procedures to enable staff to report incidents and significant events. Staff were not aware of what they were expected to report but they said they would tell the practice manager if anything serious occurred. Staff told us of a recent sharps injury which had been reported but were not aware if this had been documented. An accident book was available to staff but not all staff knew its location.

The practice had received the most recent national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) which was checked and stored for future reference. A recent relevant alert relating to Glucagon had not been received and acted upon. The inspector alerted the practice administrator on the day of the inspection, the Glucagon was checked to ensure it was not affected by the alert. The practice gave assurance that they would ensure that future alerts are received, acted upon and retained for reference.

Reliable safety systems and processes (including safeguarding)

Evidence was available that the dental nursing staff had received training and knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice sent evidence that staff who had not received training and were unable to demonstrate their knowledge of safeguarding on the day of the inspection completed training immediately after the inspection.

The practice had a file of safeguarding policies and procedures with information about identifying, reporting and dealing with suspected abuse. A lead had been identified but this information was not easily accessible to staff. Some of whom were not aware of who the lead person was.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. A safer sharps system had been introduced and the practice followed relevant safety laws when using needles but a sharps risk assessment had not been carried out.

Not all of the dentists used rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment or used other techniques to secure dental files to protect the patient's airway.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff told us they knew what to do in a medical emergency. The last medical emergency training was January 2016. Refresher training was postponed but we saw evidence that this was rebooked for 11 July 2017.

Emergency medicines were available as described in recognised guidance. Glucagon was stored in the fridge but the temperature was not monitored. The gauge on the emergency medical oxygen indicated that the tank was empty. This was immediately brought to the practice administrator's attention. A member of staff was quickly able to obtain a full tank from a nearby provider but the gauge still displayed empty when attached to the new tank. We identified that the gauge and valve may be faulty. A label on the device stated it should be returned for service exchange in 1997.

We saw that emergency airways, oxygen masks, syringes and needles had expired. The practice was able to provide evidence immediately after the inspection that these items had been replaced.

Staff told us that they checked the emergency kit but records of checks were not kept. We later found a notebook with the oxygen tank with dates and signatures but it was not clear which year this was from.

The emergency equipment was spread over three floors of the practice and staff had not discussed or carried out scenario based training to assess the suitability of the arrangements. The practice administrator gave assurance that staff would discuss medical emergency scenarios, review the checking process and storage of the equipment.

Staff recruitment

Are services safe?

The practice did not have a staff recruitment policy and procedure to help them employ suitable staff. Staff recruitment files were not kept by the practice. We were told that the majority of staff had been satisfactorily employed by the practice for over nine years and we saw contracts were in place. The practice administrator described the process that they had recently followed for a new member of staff including seeking satisfactory references but these were not documented. They were not sure whether the necessary checks had been carried out by the apprenticeship organisation that the individual had registered with. DBS checks for staff were available, mostly from the previous employers at different locations and one DBS check contained information which had not been risk assessed.

Evidence of satisfactory protection against Hepatitis B was not available for five clinical staff members and the practice was not aware of the level to which staff were protected. Laboratory reports provided follow up advice which the practice was not aware of, this was brought to the attention of the practice administrator and clinical staff to follow up. Evidence was obtained and provided immediately after the inspection. The practice administrator gave assurance that they would review and risk assess immunity status as required.

Evidence was available that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice had carried out risk assessments relating to fire, the reception office, latex and health and safety. During the inspection we observed health and safety hazards which the practice should review. Fire prevention systems were in place and maintained appropriately but staff did not carry out fire drills.

The practice maintained a Control of Substances Hazardous to Health (COSHH) file with up to date information to ensure that hazardous substances were stored, handled and disposed of appropriately. We saw evidence that risk assessments were in place.

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

Staff told us that a dental nurse worked with the dentists and dental hygienist when they treated patients.

Infection control

The practice did not have effective infection prevention and control (IPC) policy and procedures in line with The Health Technical Memorandum 01-05 Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff told us they had completed IPC training but evidence of this was not available for all clinical staff.

Improvements could be implemented for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We observed staff carrying out decontamination processes. The boxes used to transport instruments to and from the decontamination room were not labelled to identify whether the contents were dirty or clean.

An ultrasonic bath was used to clean items that could not be processed in the washer disinfector. Staff carried out protein residue testing to ensure the efficacy of the ultrasonic bath but the results of these were not recorded. They were not aware of foil ablation testing.

A new vacuum autoclave had been purchased and installed but staff were not familiar with the equipment capabilities and the difference between the new device and the existing equipment. Staff were not aware that instruments should be bagged prior to processing in the vacuum autoclave. We observed instruments left in the autoclave. When asked, staff were not able to tell us whether they required sterilising or had been through the cycle and we observed a tray of sterilised instruments was left open in the decontamination room for several hours on the day of the inspection.

Staff were not disinfecting dental impressions before these were sent to the dental laboratory and there was no process to ensure items such as dentures received back from the dental laboratory had been disinfected. A disinfection tank to carry this out was available but this was located in the lower ground floor decontamination room and was empty on the inspection day.

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

was poorly organised. Printers were fitted to the washer disinfector and autoclaves to evidence satisfactory cycles but these were not retained in an order that would facilitate the review of these if a concern was identified.

The last IPC audit was carried out by the local authority IPC staff in 2013. The practice was not carrying out self-assessment audits which are recommended every six months.

The practice had not had a Legionella risk assessment but we were shown evidence that an assessment was booked for 9 June 2017. Procedures were in place to reduce the possibility of Legionella or other bacteria developing in the dental unit water lines and there was evidence that dip slide testing had been carried out, but the results of this were not available.

We saw cleaning schedules for the premises. The practice had colour coded cleaning equipment in line with HTM 01-05 guidance but the cleaning equipment was not being used in accordance with recognised guidance.

The practice was cluttered and visibly dusty when we inspected.

A contract was in place for the removal of clinical waste and consignment notes were retained. The practice did not have systems to segregate waste correctly in line with Health Technical Memorandum 07-01 Management and disposal of healthcare waste. We observed domestic waste liners in some of the bins for clinical waste in treatment rooms and the decontamination room which contained clinical waste. The staff told us there was a system to take gypsum waste to a local dental laboratory for disposal but other staff members were not aware of this and told us they sometimes disposed of them in domestic waste. Staff did not ensure that sharps boxes were signed and dated.

Equipment and medicines

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

The practice had systems for prescribing, dispensing and storing medicines. NHS prescriptions were stored securely but there was no system in place to monitor their use as described in current guidance. We discussed the security of prescription pads and stamps with the practice administrator who gave assurance that they would review this.

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.

Not all of the dentists justified, graded and reported on the X-rays they took. The practice was not carrying out X-ray audits following current guidance and legislation.

The practice did not ensure that clinical staff completed continuous professional development in respect of dental radiography but evidence of this was obtained and sent immediately after the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice did not ensure that all clinicians were aware of, or kept up to date with current guidelines and research in order to develop and improve their system of clinical risk management. For example, National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination, the Faculty of General Dental Practitioners (FGDP) guidelines relating to dental radiography, antimicrobial prescribing and record keeping.

There were inconsistencies in the standard of dental care records in the practice. A combination of paper and electronic patient records were used by the practice. We looked at a quality of dental care records to corroborate our findings and had some concern regarding their completeness.

NHS England had provided advice in January 2017 that record keeping required improvement. The practice could not show any evidence that they had taken action to improve record keeping.

Health promotion & prevention

There were inconsistencies in the practice's arrangements to provide preventative care and support to patients in line with the Delivering Better Oral Health toolkit. Not all clinicians were familiar with current guidance, carried out assessments of patient's risk of tooth decay or prescribed high concentration fluoride toothpaste where appropriate.

Evidence of discussions relating to smoking, alcohol consumption and diet with patients during appointments were not consistently documented. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

The practice administrator told us that staff new to the practice had a period of induction based on a structured induction programme, but evidence of this could not be provided.

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 but evidence of annual appraisals was not available.

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. These 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

There were inconsistencies in the team's knowledge of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. These were not routinely documented. The majority of patients confirmed their dentist listened to them but one patient felt that the dentists did not listen to patient preferences.

Not all clinicians were familiar with The Mental Capacity Act 2005 or Gillick competence. Processes were not in place to ensure that evidence that appropriate discussions about treatment options and consent were documented appropriately.

Are services well-led?

Our findings

Governance arrangements

The registered manager was not aware that they 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 but they were not present on the day of the inspection. Staff knew the management arrangements but were not all aware of the lead roles and responsibilities in the practice.

The practice had some policies and procedures to support the management of the service but policies relating to recruitment and the reporting and investigation of incidents were not in place. Generic policies had been adopted which were not all personalised to the practice. For example, there were gaps to insert the name of lead individuals, processes and the location of equipment. Arrangements were not in place to monitor the quality of the service and make improvements.

The practice did not have an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. For example, the practice were not monitoring and assessing the risks from incidents, infection prevention and control, waste management and Legionella.

Staff were aware of the importance of protecting patients' personal information and described how they maintained confidentiality at the reception but information governance training had not been provided.

Leadership, openness and transparency

Evidence of clinical leadership in the practice was lacking. On the day of the inspection the practice were open to feedback and took immediate action to address the concerns raised during the inspection and send supporting evidence to confirm that action had been taken. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements.

Not all clinical staff were aware of the General Dental Council (GDC) standards for the dental team or duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Systems were not in place to enable staff to report incidents, but we were told they would raise any serious issues and felt confident they could do this. Staff told us that they worked well as a team and felt supported and valued. Staff meetings were held but minutes were only available for meetings from December 2014 and May 2017. Staff told us that other meetings had taken place but were unaware if these had been minuted. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice did not have a quality assurance processes to encourage learning and continuous improvement. Audits of X-rays and infection prevention and control had not taken place.

Staff told us the practice had been informed of improvements were needed in clinical record keeping by NHS England in January 2017 and we were shown a template that had been created to facilitate improved assessments and record keeping. We saw no evidence that this had been implemented or that any improvements had been made.

Annual appraisals did not take place. Staff told us they discussed learning needs, general wellbeing and aims for future professional development. The practice administrator discussed plans to identify staff in lead roles and they gave assurance that training and support would be provided to staff.

The practice had previously ensured that staff completed mandatory training, including medical emergencies and basic life support, each year but recent training had been delayed. The GDC requires clinical staff to complete continuous professional development.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. 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 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **Regulation 12 HCSA 2008 Regulations 2014 Safe care and treatment** How the regulation was not being met: The provider did not ensure the practice's infection control procedures and protocols were suitable 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'. The provider did not ensure the practice implemented the required actions regarding Legionella 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'. The provider did not ensure clinical waste was segregated and disposed of in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01). The provider did not ensure that staff were up to date with their training and their Continuing Professional Development (CPD). Regulation 12 (1)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HCSA 2008 Regulations 2014 Good governance** The registered person did not have effective systems in place to ensure that the regulated activities at Swinton Practice Limited were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: The provider did not ensure an effective system was established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities relating to incidents, infection prevention and control, waste management, emergency equipment and Legionella. The provider did not ensure the practice had protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. The provider did not ensure that audits of various aspects of the service were carried out, such as radiography and infection prevention and control are undertaken at regular intervals to help improve the quality of service. Regulation 17 (1)
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 HCSA 2008 Regulations 2014 Fit and proper persons employed** The provider failed to ensure the practice's recruitment policy and procedures and recruitment arrangements

This section is primarily information for the provider

Requirement notices

were in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The necessary employment checks were not in place for all staff to confirm they were of good character.

Regulation 19 (2)