

Mazdak Eyrumlu and Azad Eyrumlu

Buntingford Dental Care

Inspection Report

23 High Street
Buntingford
Herts
SG9 9AB

Tel: 01736 271676

Website: www.southerndental.co.uk/ourpractices/buntingford/

Date of inspection visit: 17 September 2015

Date of publication: 19/11/2015

Overall summary

We carried out an announced comprehensive inspection on 17 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 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 not 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.

We inspected the practice on 1 October 2014 in response to concerns that standards weren't being met and asked the provider to make improvements regarding;

- Cleanliness and infection control,
- Safety and suitability of premises,
- Records.

We checked these areas as part of this comprehensive inspection and found these had been resolved.

Buntingford Dental Care is a general dental practice in Buntingford, Hertfordshire offering NHS and private dental treatment to adults and children.

The premises consist of four treatment rooms over two floors; a waiting room adjacent to the reception area and a separate decontamination room.

The staff at the practice consist of two dentists, a dental nurse, a trainee dental nurse and a receptionist. The practice employs the services of two part time dental hygienists who carry out preventative advice and treatment on prescription from the dentists. There is currently no practice manager employed; the registered manager no longer works at the practice. 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'.

Summary of findings

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.

Our key findings were:

- There were effective systems in place for the management of medical emergencies.
- There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations.
- There were effective staff recruitment and selection procedures in place.
- Patients' dental care records we reviewed provided a full and accurate account of the care and treatment they had received.
- We observed staff to be caring, friendly, reassuring and welcoming to patients.
- Staff were clear about the principles of confidentiality and understood how to keep patients' information secure.
- There were insufficient numbers of staff available to effectively lead, manage and support patients' and staff needs.
- Staff did not always receive such appropriate support and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- There was a lack of an effective system to assess, monitor and improve the quality and safety of the services provided.
- There was a lack of an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.
- There was a lack of effective processes for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.

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

- Ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.
- Ensure that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way.
- Ensure there are sufficient numbers of staff available to effectively lead, manage and support patients' and staff needs.
- Ensure staff receive such appropriate support and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- Establish an effective system to assess, monitor and improve the quality and safety of the services provided.
- Establish an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.
- Establish an effective process for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.
- Notify the Care Quality Commission that the registered manager has ceased to manage the regulated activities at the practice.

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:

- Establish a process for monitoring the referral of patients for dental treatment and specialist procedures to other healthcare professionals which ensures timely access to care and treatment.
- Establish an effective system to regularly undertake and monitor environmental cleaning.
- Follow manufacturer's guidance when using ultrasonic cleaning baths to allow effective decontamination of dental instruments.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems in place for the management of medical emergencies, infection control and clinical waste segregation and disposal. There were systems in place to ensure the equipment used in the practice was well maintained and in line with current guidelines.

Are services effective?

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

The practice provided evidence based dental care which was focussed on the needs of the patients. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) training and were meeting the requirements of their professional registration.

However, there was no induction programme in place for staff to follow to ensure they were skilled and competent in delivering safe and effective care and support to patients. There was no appraisal system in place to identify training and development needs.

Are services caring?

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

Prior to the inspection, we left comment cards for patients to complete about the services provided at the practice. However, we found none had been completed for us to review.

Staff explained to us how patients were listened to, treated with respect and were involved with the discussion of their treatment options which included risks, benefits and costs. We observed the staff to be polite, friendly and welcoming to patients.

Are services responsive to people's needs?

We found that this practice was not providing responsive 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 provided friendly and personalised dental care. The practice offered dedicated emergency appointments each day enabling effective and efficient treatment of patients with dental pain. Patients could access routine treatment and urgent or emergency care when required. However, appointments were sometimes cancelled at short notice due to staff absence or sickness.

There was no effective system for identifying, receiving, recording, handling and responding to patient complaints. In addition, there was no effective system in place to ensure any complaint received is investigated and necessary and proportionate action taken in response to any failure identified.

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).

Summary of findings

Staff told us they did not feel supported in their roles. There was no induction programme in place for staff to follow to ensure they were skilled and competent in delivering safe and effective care and support to patients. There was no appraisal system in place to identify training and development needs. The culture within the practice was not seen as open and transparent and did not encourage candour and honesty.

There was not an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. There was no established system in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

There were limited systems to monitor the quality of the service. The practice did not have established systems to audit areas of their practice as part of a system of continuous improvement and learning. There was no system in place to analyse or respond to feedback received from patients so that improvements could be made.

The practice did not always act on findings from audits and risk assessments undertaken in that identified improvement actions were not always taken. Audits of infection control processes were not carried out every six months in line with guidance.

Buntingford Dental Care

Detailed findings

Background to this inspection

The inspection was carried out on 17 September 2015 by a CQC inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, clinical patient records and other records relating to the management of the service. We spoke with a dentist, a dental nurse, a trainee dental nurse and a receptionist. We also spoke with the organisation's compliance manager and one of their area business managers who were supporting the practice on the day of our inspection. Prior to the inspection, we left

comment cards for patients to complete, about the services provided at the practice. However, we found none had been completed for us to review. We spoke to two patients on the day of our inspection.

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?

This informed our view of the care provided and the management of the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We asked to see the accident and incident reporting book but it could not be located. This meant we could not confirm if accidents and incidents were appropriately reported. Although staff told us incidents were reported and investigated, there was no evidence to demonstrate that measures were put in place where necessary to prevent recurrence.

There was no system in place to learn from or make improvements following any accidents, incidents or significant event.

Reliable safety systems and processes (including safeguarding)

There were no effective safeguarding procedures in place. We reviewed a document which indicated all staff had read and understood the practice child protection policy the day before our inspection. It was clear from our discussions with staff they had not read or understood the information contained within the policy.

We asked staff what they would do if they had any child or vulnerable adult safeguarding concerns. All staff we spoke with were inconsistent with the process they would follow. For example, no staff member was aware of how to access local contact numbers. One staff member told us they would speak with the family if they had concerns a child was being abused or neglected.

The practice had a whistleblowing policy. However, staff demonstrated limited knowledge of the process to follow in order to raise a concern about another staff member's performance if it was necessary. Staff told us this was largely due to not having clear lines of reporting and therefore they were unsure who to report issues or concerns to.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). The practice had introduced safety needles and only dentists were permitted to re-sheath needles where necessary. This helped to minimise the risk of inoculation injuries to staff. However, we found the sharps bin (for disposal of needles

and sharp instruments) was not adequately secured to the wall and moved easily. This could have posed a risk of injury to staff. Staff told us a nurse had been injured when removing a disposable matrix band. We could not confirm if appropriate action had been taken and recorded as the accident and incident book could not be located.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for adults but not children. We discussed this with the corporate management team who ordered a child face mask immediately. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

However, we noted that the regular documented checks indicated that a child face mask was available for use when it was not present. We had concerns therefore that the monitoring system was not robust. We discussed this with the corporate management team who assured us this would be immediately addressed.

Records showed staff had recently completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). 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 we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for five staff members. Each file contained evidence that satisfied the requirements of relevant legislation. This included application forms, employment history, evidence of qualifications and photographic evidence of the employee's identification and eligibility to work in the United Kingdom where required.

Appropriate checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out. The Disclosure and

Are services safe?

Barring Service carries out checks to 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.

Monitoring health & safety and responding to risks

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

There were some arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire. Fire safety and evacuation signs were clearly displayed, fire extinguishers had been recently serviced and staff demonstrated to us they knew how to respond in the event of a fire. However, we had concerns the fire evacuation procedure was not fully understood by all staff as there were some inconsistencies in the actions staff told us they would take. In addition, the practice had not carried out regular fire evacuation drills in line with recommendations from the risk assessment undertaken in January 2013. A subsequent fire risk assessment dated October 2014 also highlighted the need for regular fire evacuation drills. An action plan stated fire drills would be carried out weekly but none had taken place subsequently.

We observed the dental air compressor and clinical waste storage facility were located in the basement which was reached by a steep wooden staircase. Staff told us they had complained about having to access the basement as they felt it was unsafe. In response to this the practice had installed a handrail, displayed a sign to indicate staff should wear masks (due to the damp smell) and secured the door to ensure patients were unable to access the area. We noted the stairs were still very steep and could not be sure the practice had fully identified and mitigated the associated risks where possible as a risk assessment had not been undertaken.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a separate decontamination room. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated in an ultrasonic cleaning bath and rinsed prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment rooms where patients were examined and treated. The rooms and equipment appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella had recently been carried out in February 2014. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified

Are services safe?

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).

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had an environmental cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread. However, staff told us the practice had not been cleaned for the last few days as the cleaner had not arrived for work. This meant communal areas such as the waiting room, stairs and bathrooms had not been cleaned. We found the stairway and floor in the staff toilet were visibly unclean. We also observed some of the cupboards in the decontamination room at floor level were dusty. The corporate management team told us this would be addressed immediately.

Equipment and medicines

There were some systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the servicing certificates. We observed the ultrasonic cleaning bath did not have a basket in which to deposit the instruments. This reduced the efficacy of the decontamination process as the instruments were in direct contact with the floor of the bath. We found the ultrasonic cleaning bath had also not been serviced. The corporate management team told us this would be addressed.

An effective system was in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice such as local anaesthetics. The batch numbers and expiry dates for local anaesthetics were recorded. These medicines were stored safely for the protection of patients.

Radiography (X-rays)

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment at the practice and talked with staff about its use. We found there were some arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

We reviewed critical examination reports dated October 2012 for all four X-ray machines at the practice. All reports had action points related to location, equipment performance and patient dose. It was unclear which actions had been completed as the 'date completed' boxes for the actions were blank. We could confirm from speaking with staff the location issues had been addressed but they could not confirm whether other issues relating to equipment performance and patient dose had been addressed. We were unable to confirm therefore whether or not these safety issues had been rectified.

On the day of our inspection, the practice had two new X-ray machines installed to replace two existing decommissioned machines. We received subsequently a copy of the critical examination certificate for both X-ray machines demonstrating they were safe to use.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for people using best practice

The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. We asked the dentists to show us some dental care records which reflected this. The records showed an examination of a patient's soft tissues (including lips, tongue and palate) had been carried out. The dentists recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). They also recorded details of treatment options offered to or discussed with patients as well as the justification, findings and quality assurance of X-ray images taken.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

Health promotion & prevention

The practice promoted the maintenance of good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients.

The dentist and dental nurse told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. The dentist showed us a sample of clinical patient records which reflected this.

Staffing

Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council (GDC). This included areas such as responding to medical emergencies and infection control and prevention.

Working with other services

The practice had a system in place for referring and recording patients for dental treatment and specialist procedures such as orthodontics, oral surgery and sedation. However, the practice did not regularly review the log to ensure patients received care and treatment needed in a timely manner. We discussed this with the corporate management team who told us they would address this.

Consent to care and treatment

The practice ensured valid consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan. Patients were given time to consider and make informed decisions about which option they wanted.

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 themselves. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Staff explained how they ensured information about people using the service was kept confidential. Patients' dental care records were stored electronically; password protected and regularly backed up to secure storage. Archived paper records were kept securely in locked cabinets. Staff members demonstrated their knowledge of data protection and how to maintain confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms.

We were unable to gather many patients' views as no CQC comment cards had been completed prior to our inspection.

On the day of our inspection, we observed staff being polite, friendly and welcoming to patients. Staff demonstrated to us they were very caring towards their patients and had tried to provide the best service possible which had been very difficult with a lack of leadership.

Involvement in decisions about care and treatment

The dentist told us they used a number of different methods including tooth models, display charts and pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following examination of and discussion with each patient.

Staff told us the dentist took time to explain care and treatment to individual patients clearly and was always happy to answer any questions.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff reported (and we saw from the appointment book) the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

The practice had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

However, staff told us they had frequently had to cancel patient appointments if staff had left the practice or if they were unwell. They did try to accommodate patients wherever possible.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate. Staff were unaware if translation or interpreting facilities were available.

The practice was accessible to people using wheelchairs; there was a ramp leading to the side entrance to the practice and the toilet facilities were accessible.

Access to the service

We asked the receptionists how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. Each day the practice was open, emergency treatment appointments were made available for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were always seen the same day.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal and informal complaints from patients. However, there were inconsistencies with staff accounts of how they would deal with a complaint.

There was no effective system for identifying, receiving, recording, handling and responding to patient complaints. In addition, there was no effective system in place to ensure any complaint received is investigated and if necessary proportionate action taken in response to any failure identified by the complaint or investigation.

We reviewed the complaints log held at the practice. This showed three complaints had been received within the last three months and only one of the three had been acknowledged. The practice had not followed their own policy in that they had not completed front sheets to summarise the action taken for each complaint. The practice had not investigated these complaints or informed the complainant of the outcome. The complaints log we reviewed at the practice did not correlate with the summary complaints log we were sent prior to the inspection in that it contained entirely different information about different complaints and dates received.

During our inspection, two patients (on separate occasions) asked to speak with us. They told us they had ongoing open complaints since February 2015 and July 2015 respectively and had not received a satisfactory outcome or explanation. Both patients told us they had not been given a copy of the complaints procedure to support them in making a complaint and had not been informed who they could contact if they were not satisfied with the outcome of their complaint.

Staff members told us patients often complained about not being able to get through on the practice telephone to make an appointment; having their appointments cancelled at short notice; not being told they were seeing a different dentist and waiting times or delays to their scheduled appointment times. Three staff members told us there was no system in place to record, act upon or respond to these verbal comments.

Are services well-led?

Our findings

There was no practice manager or area business manager in place at the time of our inspection. The registered manager had left the practice and staff told us there had been several changes of manager within the last year. There was no-one identified to assess and monitor the quality or service provided or assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk which arise from the carrying on of the regulated activity. For example, where risk assessments undertaken in January 2013 and October 2014 had highlighted the need for fire evacuation drills. These had not been carried out.

There were no clear lines of responsibility and accountability; staff did not know who to report to if they had any issues or concerns. There was no induction programme in place for staff to follow to ensure they were skilled and competent in delivering safe and effective care and support to patients. Two staff members told us they had received very minimal introduction to their roles before being left unsupervised. They told us they had not felt competent to carry out their roles and responsibilities effectively.

There was no appraisal system in place to identify training and development needs. Staff told us they had no supervision and did not have an identified person they could discuss any learning needs with.

We reviewed a file entitled 'monitoring and review checklist' which contained more than 20 individual checklists in areas such as risk management; consultation with staff; fire emergency evacuation; information, instruction and training. Each checklist indicated that all areas had been satisfactorily monitored and reviewed on 1 May 2015. However, we found this did not correlate with the evidence we found. For example there was no effective consultation with staff, fire evacuation procedures had not been tested and staff did not have access to appropriate supervision and support. We were concerned therefore that the information contained within the checklists could not be relied upon as accurate.

The practice had undertaken a waste management audit on the day prior to our inspection. This had highlighted that improvements were needed in several areas including

staff training, waste segregation and identifying a person responsible for waste management. We were assured by the corporate management team that action would be taken to address these areas.

Leadership, openness and transparency

Staff told us they did not feel supported in their roles. There was no effective system in place to ensure any complaint received was investigated and if necessary proportionate action taken in response to any failure identified by the complaint or investigation.

There was not a robust process in place to communicate information about quality and safety to staff and patients due to the inconsistency in leadership. The culture within the practice was not seen as open and transparent and did not encourage candour and honesty.

Management lead through learning and improvement

The practice did not carry out regular audits every six months on infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. Although the most recent audit undertaken in July 2014 indicated the facilities and management of decontamination and infection control were managed well at that time; the absence of a more recent audit meant we could not be assured the infection prevention and control procedures were currently well managed.

The practice had a system in place to monitor the quality of X-rays taken. Records showed most X-rays taken were of good quality. However, the records did not demonstrate a full audit process; there was no analysis of results and no improvement actions identified.

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

The practice had recently introduced the NHS required Friends and Family Test (FFT). This provided patients with an opportunity to give feedback on the care and treatment received. There was no system in place to analyse any feedback or act upon suggestions received from people using the service.

The practice did not conduct regular staff meetings. Staff members told us this meant they had no opportunity to meet together and share ideas or make suggestions as to how the quality of service could be improved. Staff

Are services well-led?

demonstrated limited knowledge of the process to follow in order to raise a concern about another staff member's

performance if it was necessary. Staff told us this was largely due to not having clear lines of reporting and therefore they were unsure who to report issues or concerns to.

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 15 CQC (Registration) Regulations 2009 Notifications – notice of changes How the regulation was not being met: The practice did not notify the Care Quality Commission that the registered manager had ceased to manage the regulated activities at the practice. Regulation 15 (1)(b)
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 How the regulation was not being met: The practice did not have effective systems in place for; Acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Regulation 16 (1)(2)
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: The practice did not have effective systems in place to; Assess, monitor and improve the quality and safety of the services provided. Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

This section is primarily information for the provider

Requirement notices

Regulation 17 (1)(2)(a)(b)(e)(f)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The practice did not always ensure all staff members received appropriate support, training and supervision necessary for them to carry out their duties.

There were not sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed to manage the services provided.

Regulation 18 (1)(2)(b)