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Stressless Dental Care Holbeach

Inspection Report

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Overall summary

We carried out this announced inspection on 1 November 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.

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

Stressless Dental Care is located in Holbeach, near Spalding in Lincolnshire. It provides private dental treatment to patients of all ages. At the time of our inspection, the practice was accepting new patients.

Summary of findings

The practice is situated on the first floor of a building which is accessible by stairs. There is a stairlift to assist any patients with mobility problems. There is some limited car parking at the practice. There is also free on street parking near to the practice which does not have time restrictions.

The dental team includes one dentist, one dental nurse and a practice manager. The practice has one treatment room on the first 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 nine 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, the dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The provider has two practices of the same name. The other practice is based in Boston, Lincolnshire. We did not visit that location as part of this inspection.

The practice has a small number of patients registered and opening hours vary each week according to patient requirements and dentist availability.

Our key findings were:

- The practice objectives included the provision of dental care and treatment of consistently good quality to all patients; and services to meet patients' needs and wishes.
- We found leadership and governance arrangements required significant improvement..
- We were informed that all staff had been trained to deal with medical emergencies. We found some items of equipment and medicines required in the event of a medical emergency were missing or had expired. An order was placed for the missing and out of date items after our inspection.

- The practice appeared clean and well maintained, although no formal monitoring of arrangements was in place.
- Staff demonstrated awareness of their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had not adopted a process for the reporting of untoward incidents and shared learning when they occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice demonstrated awareness of some of the needs of the local population and took these into account when delivering the service. We noted exceptions in relation to access to interpreter services and the absence of a hearing loop.
- 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 (CPD).
- The practice responded to a complaint received positively, but the policy was out of date and required review.

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 MHRA alerts issued within the past twelve months and take any appropriate action in response.
- Review the practice's recruitment procedures to ensure that appropriate background checks are completed prior to any new staff commencing employment at the practice.
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

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.

We found that the systems and processes designed to support the delivery of safe care and treatment were either not in place or not operating effectively.

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.

Staff received training in safeguarding and were aware of how to report concerns.

Staff were qualified for their roles and had been in post for many years. We saw evidence that the practice had completed some essential recruitment checks.

Equipment appeared clean and maintained. We noted that the practice had not undertaken routine checks such as weekly protein tests or quarterly foil tests of the ultrasonic cleaner.

The practice had not undertaken risk assessments of its premises in relation to fire, health and safety or legionella.

Decontamination procedures were carried out off site. The practice had not audited its infection control arrangements.

Most staff completed training in basic life support. The practice had not adopted all suitable arrangements for dealing with medical and other emergencies as we found some items were missing or had expired. We were provided with order confirmation details following our inspection which showed the items were being obtained.

No action



Are services effective?

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 excellent, efficient and professional. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice had not adopted a system for the undertaking of staff appraisals. We were not provided with information to support how staff performance was reviewed or how training needs were identified.

No action



Summary of findings

The dentist showed understanding of their responsibilities under the Mental Capacity Act 2005 when treating adults who may not be able to make informed decisions. They had completed training.

Are services caring?

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

We received feedback about the practice from nine people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, accomodating and caring and said their dentist listened to them. A patient commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. The provider was responsive to the needs of their new and existing patients. They responded directly to out of hours telephone calls outside of working hours, during the working week. A shared arrangement was in place during weekends with other local practices to address any patient emergencies.

Staff considered some of their patients' different needs. This included having a stairlift to assist patients who could not walk up stairs and patient toilet facilities fitted with an alarm cord. The practice reception did not have a hearing loop installed. The practice did not have access to interpreter services. The practice told us they did not have any patients currently registered for whom they needed to make other reasonable adjustments.

The practice told us they took patients views seriously. They valued compliments from patients and documentation showed they responded to a complaint quickly and constructively. The policy for complaints had not been subject to review for several years and patients were not advised of other organisations they could contact if they were unhappy with the service provided.

No action



Are services well-led?

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

Requirements notice



Summary of findings

The practice did not have robust arrangements to ensure the smooth running of the service. The systems and processes established for the practice team to manage the quality and safety of the care and treatment provided were limited and ineffective.

There were significant areas of improvement required in governance arrangements. These included ensuring that all risks were identified, addressed promptly and appropriate action taken to manage and reduce risks from occurring.

There was a management structure in place. We noted that roles and responsibilities were shared between the practice manager and principal dentist; however these were not always discharged effectively.

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

The practice did not have arrangements to monitor clinical and non-clinical areas of their work to help them improve and learn.

The practice welcomed feedback from patients.

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. The practice held an accident book. We noted that there had not been any accidents recorded.

We asked the practice nurse about incident reporting. They informed us that whilst there were no formalised arrangements in place, they would inform the dentist or practice manager of any issues that arose. We spoke with the dentist who told us that any incidents would be discussed informally. The staff were unable to provide us with any specific examples of any incidents or accidents that had occurred within the practice.

Following our inspection, the practice sent us a copy of a document which explained the types of incidents which should be reported.

The practice had not received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The practice manager signed up to receive the alerts on the day of our inspection and told us they would review any alerts issued within the past twelve months to check if the practice had been affected.

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. We were informed that the practice were not providing treatment to children however. The practice had an undated safeguarding procedure guidance document to provide staff with information about reporting and dealing with suspected abuse. The document advised the practice to implement a safeguarding children and vulnerable adults policy, but we were not provided with specific policies for these.

We saw evidence that staff received safeguarding training. Staff knew about how to report concerns. We noted that local safeguarding contact numbers were posted on a wall to assist staff in the event of concerns arising.

The practice had not adopted a whistleblowing policy. The practice manager told us on the day that they worked in a very small practice and this policy provision had not been considered. We spoke with the nurse and she told us that she would report whistleblowing concerns to the General Dental Council if the need arose. The safeguarding guidance document we were provided with referred to the General Dental Council standards for raising concerns and advised the practice to refer to its whistleblowing policy.

The practice protected staff and patients with guidance available for staff 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 when needed. The practice had not adopted a process for the regular review of COSHH data to ensure their records were kept up to date.

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment. We asked to look at a policy and risk assessment for sharps, but these could not be located on the day of our inspection. We were provided with a document for the safe handling of sharps after our inspection. The document did not inform staff about the procedure to follow in the event of a sharps injury occurring.

The practice did not have a business continuity plan to describe how the practice would deal with events which could disrupt the normal running of the practice. We were informed that patients could be asked to attend the provider's other practice in the event they could not use the premises, if they could travel there. This was approximately 17 miles away.

Medical emergencies

Most staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. The principal dentist and practice manager had last undertaken training in February 2017. Evidence of certificates were produced after our inspection as these could not be located on the day. We were sent a

Are services safe?

copy of a first aid learning certificate for the dental nurse dated August 2017. The certificate did not identify that the training completed included emergency resuscitation and basic life support.

We noted that some emergency equipment and medicines were available as described in recognised guidance. We found that some items were missing or had expired. We saw a chart was displayed in the surgery for the completion of monthly checks, although this was an ineffective monitoring tool. Following our inspection, we were provided with the order confirmation for the medicines and equipment that required replacing.

The practice had access to a community defibrillator which was attached to a wall immediately outside the practice building.

Staff recruitment

The practice had an undated staff recruitment guidance document to help them employ suitable staff. The three staff members employed had been working in the practice for many years.

We looked at one staff recruitment file. We identified that the practice would be required to improve their recruitment procedures in preparation for any future recruitment exercises.

We noted 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's health and safety policies and risk assessments were not in place to help manage potential risk. The practice did not have a fire risk assessment which would highlight specific areas of concern within the premises and generate an action plan to ensure that risks were mitigated as far as possible. The practice told us that measures were in place to respond to a fire as smoke alarms and extinguishers were held. We were told that fire equipment was serviced, but the provider could not locate the documentation to show when this had been undertaken. The practice manager told us that fire drills had not been undertaken. We spoke with the nurse who told us that they were aware of the location of fire exits as

they had been shown them during an informal induction. The nurse told us they had seen where the extinguishers were located and would feel confident in operating them, as they had gained knowledge in previous employment.

The provider had not made arrangements for an electrical installation condition inspection to be carried out. The practice manager made arrangements to book the inspection during our visit.

The provider had not completed a practice risk assessment in respect to health and safety which would highlight any areas of concern and generate an action plan to ensure that the risks were mitigated.

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

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe.

They followed some of the guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. The practice undertook decontamination and sterilisation processes at their second location and transported used dental items there at the end of the working day. We were therefore unable to look at how items were cleaned, checked, sterilised and stored in line with HTM01-05.

We did note that there was sufficient personal protective equipment (PPE) and that clean instruments were stored and transported in a sterile container.

We looked at maintenance records held for equipment which was used for cleaning and sterilising instruments. We saw certificates of maintenance. We noted that the practice had not undertaken routine checks such as weekly protein tests or quarterly foil tests of the ultrasonic cleaner.

Staff told us they completed infection prevention and control training every year. We saw evidence that the nurse had last completed this training in September 2015, but they assured us that updated training had since taken place.

The practice had not carried out an infection prevention and control audit. The practice was therefore unable to demonstrate that it had met required standards or that it had effective control systems in place.

Are services safe?

The practice had limited procedures to reduce the possibility of Legionella or other bacteria developing in the water systems as a risk assessment had not been undertaken. We discussed this with the practice manager who told us that immediate action would be taken to arrange for a risk assessment to take place. Following our inspection, the provider sent us information to show that a legionella water testing kit had been ordered. We were not provided details of a formal risk assessment being undertaken.

The practice contracted with a self-employed cleaner. Their work was monitored informally and cleaning schedules were not held. The practice appeared clean when we inspected and patients did not raise any concerns in the CQC comment cards that were completed.

Equipment and medicines

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

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

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 any X-ray audits following current guidance and legislation.

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 written dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

The practice had not audited patients' dental care records to check that the dentist recorded the necessary information.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided some health promotion leaflets to help patients with their oral health. We noted leaflets were provided about mouth and throat cancer risks.

Staffing

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

The practice employed three staff and had not recruited any new staff for a number of years. We spoke with the practice nurse and they told us they had received an informal induction when they started.

Our review of records supported that clinical staff completed the continuous professional development required for their registration with the General Dental Council.

The practice manager told us that the nurse had received an annual appraisal. We were not provided with any written documentation to evidence the process. During our

discussions with the practice nurse, they told us that feedback was provided verbally. We did not find an appraisal system in place for the dentist or practice manager.

Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. We noted that the dentist had enhanced skills in oral surgery, so the practice were able to provide this in house where appropriate. Patients with suspected oral cancer were referred 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 saw that written consent forms were held.

We noted that some of the CQC comment cards completed by patients included information that the dentist listened to them and gave them clear information about their treatment.

The practice manager was unable to provide us with a copy of their consent policy on the day of our inspection. A copy of this was sent to us afterwards. The policy included information about the Mental Capacity Act 2005.

The dentist showed understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) when treating adults who may not be able to make informed decisions. We saw that they had completed training. We did not see evidence of completed training for MCA held on other staff records. We noted that the nurse had undertaken some training in relation to consent.

We were told that the practice did not treat children within the practice, therefore we did not discuss Gillick competence and the need to consider this when treating young people under 16.

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 polite, accommodating and caring. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

One of the CQC comment cards completed included information that nervous patients' needs were responded to accordingly and staff put them at ease. Information was available on the practice website for nervous patients. This included information about acupuncture therapies as the dentist had undertaken training to administer these.

Staff demonstrated awareness of the importance of privacy and confidentiality. We were not provided with evidence of completed information governance / confidentiality training.

The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. The practice waiting area was separate to the reception desk.

Staff told us that if a patient asked for more privacy they would take them into another room. The practice utilised a

portable electronic device at the reception desk for the purpose of managing patient appointments. This was not visible to patients or other visitors who attended the practice. Patient records were held in paper form and these were stored securely.

There was a television in the waiting room for the benefit of patients waiting to be seen for their appointment.

Involvement in decisions about care and treatment

The practice gave patients information to help them make informed choices. Information leaflets about treatments were handed out to patients in the surgery or printed out in the reception area on request.

Patients confirmed in some of the CQC comment cards completed 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 pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. The practice opened on days to fit in around patient needs rather than opening on set days each week. This was also planned accordingly around opening hours at the provider's second practice.

Staff told us that patients who requested an urgent appointment were seen the same day or invited to attend the provider's other practice, if they could arrange transport. 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 did not currently have any patients whom they needed to make adjustments for, to enable them to receive treatment.

On the day of our inspection, we saw the practice manager support a patient with some mobility problems.

Promoting equality

The practice made some reasonable adjustments for patients with disabilities. These included a stairlift to assist patients who could not walk up the stairs to gain entry to the practice. There was a patient toilet facility which had an emergency cord, but no handrails. The practice reception did not have an induction hearing loop installed.

The practice did not have access to interpreter/translation services; the practice manager told us they did not consider that any existing patients would require access to this service.

Access to the service

The practice displayed its contact information in their information leaflet and on their website. Opening hours were dependant upon patient demand and staff availability.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and made all reasonable efforts to accommodate these patients. They

took part in an emergency on-call arrangement involving seven local practices over weekend periods. The practice told us they were responsible for answering out of hours calls during week day evenings and over night. They told us they had invited patients with emergency needs to attend the practice outside of usual working hours. This included new patients who had not been registered at the time of their call.

The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. We looked at the policy which was posted on the wall next to the reception area. The policy document made reference to a member of staff as a point of contact for written complaints. We identified that the particular staff member had stopped working for the practice in around 2010. The practice manager confirmed that the policy had not been subject to review.

The practice manager told us they were responsible for dealing with complaints. The practice nurse told us they would tell the practice manager or dentist about any formal or informal comments or concerns if they arose, to enable patients to receive a response.

The practice manager told us they aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these, if appropriate. We noted that information was not made available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the last twelve months. The practice had received one written complaint. Review of this information showed the practice had responded to concerns appropriately. The record did not show that the patient was advised of any other organisations they could contact if they remained unhappy with the service. The provider told us that the nature of the complaint had not resulted in any learning outcome for staff.

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. We noted that roles and responsibilities were shared between the practice manager and principal dentist; however we found evidence that these responsibilities were not always discharged effectively. For example, monitoring of emergency medicines and equipment and policy implementation and review.

The practice had limited policies, procedures and risk assessments to support the management of the service and to protect patients and staff. There were also limited arrangements to monitor the quality of the service and make improvements. 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 any risks from recurring. For example, assessments had not been undertaken in relation to the risks posed by legionella, health and safety, fire and holding sufficient emergency medicines and equipment to respond to a patient emergency.

The practice did not provide us with formal documentation in relation to information governance arrangements and training requirements in relation to this. We found that the practice did not have suitable arrangements in place to prepare for any future recruitment. Staff demonstrated awareness however of the importance of confidentiality in protecting patients' personal information.

Leadership, openness and transparency

Staff were not specifically aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. Our discussions with staff supported that they would follow the requirements however, if an incident arose.

The practice nurse told us there was an open culture at the practice. They said they felt able to raise issues with the

practice manager or principal dentist and felt confident they could do this, if anything arose. We were provided with an example involving staff discussions about the suction unit, and the water temperature to be used.

The dental nurse told us the practice manager and principal dentist were approachable and that they would listen to concerns and act appropriately, if any issues were to arise. They could not provide us with any specific examples to demonstrate this.

The practice manager told us they discussed issues or concerns verbally at the time they arose. We were told that staff meetings were held informally and infrequently. These were not minuted, so we were unable to review this information. We were not provided with any specific examples by the staff when we asked. .

Learning and improvement

We found that improvements could be made to review the use of audits, such as those checking the quality of dental care records, to help monitor and improve the quality of service. The practice had not completed audits of X-rays or infection prevention and control.

The provider had not implemented a system to ensure that the team received documented annual appraisals or personal development plans. We were therefore unable to review how learning needs, general wellbeing and aims for future professional development were recorded. The practice manager told us that they held a wall chart in their second practice which was used for monitoring staff training.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. We did not see evidence of updated training records held for all staff, for example, the practice nurse's file did not contain information relating to infection control training and basic life support training undertaken in the last twelve months. We were told that this had been completed. We saw evidence of continuous professional development in staff files we viewed.

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

The practice used patient surveys and a feedback book at the reception desk to obtain patients' views about the service. The practice manager did not have any examples of feedback which had resulted in changes or

Are services well-led?

improvements made to the service. They told us that they had not receive any suggestions from patients and feedback was positive. Informal discussions took place amongst staff, but these had not resulted in any changes or improvements made to the delivery of the service.

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 Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 How the regulation was not being met: There were no systems or processes established to enable the registered person to assess, monitor and improve the quality and safety of services provided. In particular: • There was no system in place to ensure that untoward events were appropriately documented, investigated and analysed to prevent their recurrence. • There was no system for monitoring and improving quality. For example, audits had not been undertaken in relation to infection and prevention control and radiography. • Staff training, learning and development needs were not reviewed at appropriate intervals. • Routine tests were not undertaken of the ultrasonic cleaner. There were no 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 practice had not undertaken risk assessments and mitigated risks in relation to legionella, fire and health and safety.

This section is primarily information for the provider

Requirement notices

- The practice had not ensured that suitable monitoring was in place for emergency medicines and equipment; and that these items were available and fit for use.
- Practice specific policies were not implemented or subject to review, for example, safeguarding and whistleblowing were not in place and the complaints policy had not been reviewed.

17 (1)