

Medicare Reading Limited

Medicare

Inspection Report

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Date of inspection visit: 31 May 2017
Date of publication: 25/07/2017

Overall summary

We carried out this unannounced inspection on 31 May 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.

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 and processes to provide safe care and treatment. There were policies and procedures in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. The practice had suitable arrangements for dealing with medical and other emergencies.

The practice had safeguarding policies and procedures and contact information for local safeguarding professionals. Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. The practice did not have records which showed that the trainee dental nurses were registered and attending a course which could lead to registration with the General Dental Council. The practice had not completed essential recruitment checks for two clinical members of staff.

Premises and equipment were clean and properly maintained.

The practice had a whistleblowing policy and staff were aware of their responsibilities under the Duty of Candour. The staff we spoke with described an open and transparent culture which encouraged honesty.

Improvements could be made to ensure the practice reviewed and acted upon national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance, for example, from the Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health and gave appropriate health promotion advice.

Staff explained treatment options to patients to ensure they could make informed decisions about any treatment and recorded this in their records. The practice provided patients needing treatment with written treatment plans. Some members of staff we spoke with did not demonstrate an understanding of the principles of the Mental Capacity Act and how this applied in considering whether or not patients had the capacity to consent to dental treatment.

No action



Summary of findings

The practice did not have clear arrangements when patients needed to be referred to other dental or health care professionals. Improvements could be made to ensure the practice had an effective referral process for working with other health professionals to ensure quality of care for their patients.

The practice supported staff to complete training relevant to their roles. Most staff had completed continuing professional development (CPD) to maintain their registration in line with requirements of the General Dental Council. Improvements could be made to ensure the practice had an effective system to monitor CPD for staff members.

Are services caring?

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

We discussed the practice patient satisfaction survey with staff. Staff told us patients were positive about all aspects of the service the practice provided. Patients commented they were listened to, were made comfortable and reassured. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We noted that patients were treated with respect and dignity during interactions over the telephone and in the reception area. The importance of confidentiality was covered in practice policies and staff training. Improvements could be made to ensure that all staff members understood how confidentiality should be maintained.

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. The practice had extended opening hours until 7:00pm Monday to Sunday and provided services. The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day. In the event of a dental emergency outside of normal opening hours calls were diverted to the practice emergency mobile number.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns quickly and constructively. There were systems in place for patients to make a complaint about the service if required. Improvements could be made to ensure information about how to make a complaint was readily available to patients. Patients' comments from the practice patient satisfaction survey were reviewed on a regular basis. Patients had access to information about the service through the practice website.

No action



Summary of findings

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 Enforcement Action at the end of this report).

The staff we spoke with described an open and transparent culture which encouraged candour. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

The practice did not have adequate arrangements to ensure the smooth running of the service. The practice did not have effective clinical governance and risk management structures in place.

We observed that some of the dental care records were not in English which was not in line with guidance issued by the General Dental Council. The practice did not ensure all dental care records were clear, legible, accurate, and could be readily understood by others.

The practice had not identified various risks such as those related to the trainee dental nurse carrying out decontamination without adequate training and control and those arising from employing staff without the necessary pre-employment checks such as undertaking DBS checks and immunisation.

The practice had not reviewed and acted upon safety alerts and had not completed action plans from risk assessments such as fire and Legionella. Audits such as infection prevention and control were not completed in the recommended time scale. The X-ray and infection prevention and control audits did not have documented learning points, were not analysed and the resulting improvements could not be demonstrated.

Enforcement action



Medicare

Detailed findings

Background to this inspection

Background

Medicare is located in Reading and provides private treatment to patients of all ages. The practice is located in a building which also provides medical services. The premises are on the ground and first floor and consist of two treatment rooms, an X-ray room, a decontamination area and a reception area. The practice is open on Monday to Sunday 9:00am – 7:00pm, except on Tuesdays. There is level access for people who use wheelchairs and pushchairs.

The dental team includes three associate dentists, two trainee dental nurses, three receptionists and a practice manager.

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 Medicare was the company director.

During the inspection we spoke with an associate dentist, a trainee dental nurse, the practice manager and the registered manager. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.

- There was appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. Staff knew how to deal with emergencies.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.

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

- 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 training, learning and development needs of individual staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff.
- Ensure the storage of records relating to people employed and the management of regulated activities is in accordance with current legislation and guidance.

Detailed findings

- Ensure the practice establishes an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure audit protocols to document learning points are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. There was no reported incident within the last 12 months.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Improvements could be made to ensure relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff 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 had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The policy had been updated in May 2014. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. There were no reported safeguarding concerns in the last 12 months.

We saw evidence that most staff received safeguarding training. The practice did not have evidence of training for one clinical member of staff.

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

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic

life support every year. The practice did not have evidence of training for one clinical member of staff. The practice manager told us emergency resuscitation and basic life support had been arranged for all members of staff including the receptionists and trainee dental nurses. Following our inspection the practice sent us confirmation that training was booked for 15 August 2017.

Emergency equipment and medicines were available as described in guidance issued by the Resuscitation Council UK. The practice had an automated external defibrillator (AED). A spacer device was not available at the practice on the day of our inspection. Following our inspection the practice sent us confirmation a spacer had been ordered.

All other emergency medicines and equipment were within the expiry date ensuring they were fit for use. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy which reflected the relevant legislation. However, we observed the practice was not following its recruitment policy. We looked at nine staff recruitment files. The practice had not carried out Disclosure and Barring Service (DBS) and immunisation checks for one clinical member of staff.

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 up to date. These covered general workplace and specific dental topics. Improvements could be made to ensure staff reviewed risk assessments and complete recommended action plans. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The practice had two trainee dental nurses who worked with the dentists when they treated patients. The practice did not have evidence to show that the trainee dental nurses were registered and attending a course which could lead to registration with the GDC. We noted that one of the dental nurses had made enquiries to join a course in May 2016. Following our inspection we received confirmation

Are services safe?

that one of the dental nurses started a training course in September 2016. The practice also confirmed that following the inspection the second trainee nurse had been registered on a course.

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. The practice had undertaken a fire risk assessment in April 2015. Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. We observed that an action plan was in place following the fire risk assessment. Some actions had not been completed such as increasing the number of fire extinguishers and fire resistant grills. Improvements could be made to ensure staff reviewed risk assessments and completed the recommended action plan.

The practice had a health and safety policy which was updated in March 2016 and had undertaken a range of risk assessments. Policies and protocols were implemented with a view to keeping staff and patients safe. For example, we saw records of risk assessment for fire, sharps injuries, eye injuries, manual handling, electrical faults and slips, trips and falls.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. Staff completed infection prevention and control training every year.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated area. A trainee dental nurse showed us how instruments were decontaminated. We observed that instruments were cleaned under running water, a thermometer was not used to check water temperatures, a long handled brush was not used to clean instruments and they were not inspected. The practice's decontamination procedure was not in line with guidance issued by HTM01-05.

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

The practice carried out infection prevention and control in October 2016. The latest audit showed the practice was meeting most of the required standards.

The practice had undertaken a Legionella risk assessment in May 2016 and there was a recommended action plan in

place. Improvements could be made to ensure staff reviewed risk assessments and completed the recommended action plan. We observed the practice was not monitoring water temperatures. Following our inspection the practice sent us confirmation that water temperatures were being monitored. The practice used a disinfectant in the waterlines.

We saw cleaning schedules for the premises and the practice was clean when we inspected.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. There were service contracts in place for the maintenance of equipment such as the autoclave which was serviced in March 2017. A pressure vessel check had been carried out in March 2014. Following our inspection the practice sent us confirmation a new compressor had been ordered. The practice had portable appliances and had carried out portable appliance tests (PAT) in May 2017. The fire extinguishers had been checked in January 2015 and the oxygen cylinder in May 2017.

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 and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment including the local rules. The radiation protection file contained the maintenance history of X-ray equipment along with the critical examination and acceptance test reports.

We saw records which showed that the X-ray equipment was serviced in March 2016. We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

The practice carried out X-ray audits. However, we noted the audits were not completed appropriately including an analysis and action plan. We confirmed that one of the dentists' IRMER training for their continuous professional development (CPD) was up to date. The practice did not have evidence of up to date training for two dentists.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP). The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. We saw records which showed the dentist gave preventive advice in line with current guidance.

During the course of our inspection we checked dental care records to confirm our findings. We observed that some of the dental care records were not in English which was not in line with guidance issued by the General Dental Council. The practice did not ensure all dental care records were clear, legible, accurate, and could be readily understood by others.

The dentists also checked patients' general oral health including monitoring for possible signs of oral cancer. The dentists recorded when oral health advice was given.

Health promotion & prevention

Appropriate information was given to patients for health promotion. Staff showed us the practice information relating to health promotion such as diabetes and oral health, dry mouth, caring for children's teeth, gum disease, tooth brushing and interdental cleaning.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice and tooth brushing. Dental care records we checked confirmed this; for example we saw that the dentists had discussions with patients about gum disease.

Staffing

The practice manager told us the practice had an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete the induction programme which included training on health and safety, infection control, disposal of clinical waste, medical emergencies, COSHH

and confidentiality. However, we noted the practice induction procedure was ineffective as the trainee dental nurse did not carry out decontamination in line with guidance issued by HTM01-05.

We reviewed the training records for nine members of staff. We noted that opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that some members were up to date with CPD and registration requirements issued by the General Dental Council (GDC). Staff had completed training in areas such as fire safety, information governance and health and safety.

The practice did not have up to date CPD records for one clinical member of staff including medical emergencies, infection control, radiography and radiation protection and safeguarding adults and child protection. The practice did not have evidence of training in medical emergencies for one other clinical staff member.

The practice had a policy and procedure for staff appraisals to identify training and development needs. We saw evidence of completed appraisals.

Working with other services

The practice did not have an effective referral procedure and appropriate arrangements were not in place for working with other health professionals to ensure quality of care for their patients. When asked staff could not provide examples of a patient referral. Staff were not aware of the referral protocol for 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.

Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. Staff showed us the practice consent policy which detailed the procedures to follow in order to gain valid consent. Staff told us individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs.

Patients would be given time to consider the information given before making a decision. The practice asked

Are services effective?

(for example, treatment is effective)

patients to sign treatment plans and a copy was kept in the patient's dental care records. We checked dental care records which showed treatment plans signed by the patient.

The practice had a policy on the Mental Capacity Act 2005 (MCA) which was updated in March 2014. Some members

of staff we spoke with did not demonstrate an understanding of the principles 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 and empathy

We saw records which showed that the practice sought patients' views through the practice patient satisfaction survey. The results of the survey were not in English. Staff told us the patients were happy with the service provided.

The practice had a policy on confidentiality and information governance which detailed how a patient's information would be used and stored. Staff were required to complete training on confidentiality as a part of the practice's induction programme as well as continuing professional development. However, not all members of staff we spoke with were able to explain how they ensured information about patients using the service was kept confidential.

Patients' dental care records were computerised and paper based. The records were password protected, stored securely and regularly backed up. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment room.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. The dentists told us they used a number of different methods including tooth models, display charts, pictures, leaflets and X-rays to demonstrate what different treatment options involved so that patients fully understood.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an efficient appointment system to respond to patients' needs. The practice had extended opening hours until 7:00pm every day except Tuesdays. Staff told us that patients who requested an urgent appointment were seen the same day. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

There were 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.

Promoting equality

The practice had an equality and diversity policy. The demographics of the practice were mixed and 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 different backgrounds, cultures and religions.

The practice had undertaken a disability risk assessment and recognised the needs of different groups in the planning of its service. The practice was accessible to people using wheelchairs, or those with limited mobility including step free access and accessible toilet with hand rails and a call bell.

Access to the service

The practice displayed its opening hours on their website. We confirmed the practice kept waiting times and cancellations to a minimum.

We asked staff how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen as soon as practicable. Emergency appointments were available in the morning and afternoon for patients who required urgent treatment. In the event of a dental emergency outside of normal opening hours details of the practice mobile number were available for patients' reference. These contact details were given on the practice answer machine message and website when the practice was closed.

Concerns & complaints

The practice had a code of practice for patient complaints which described how formal and informal complaints were handled. Improvements could be made to ensure that information about how to make a complaint was readily available to patients including the contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice had received three complaints in the last 12 months. We saw records which showed that one of the complaints was resolved in line with the practice's complaint policy. Two of the complaints were not recorded in English. Improvements could be made to ensure that following investigation the learning from complaints is shared with staff.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. The practice did not have effective governance arrangements to ensure the smooth running of the service.

The practice had relevant policies and procedures in place such as those issued by the General Dental Council (GDC) and the Department of Health. However, we observed these policies were not regularly reviewed and updated. The practice had implemented some arrangements for identifying, recording and managing risks through the use of scheduled risk assessments such as fire, Legionella, disability, health and safety. However, we noted the action plans from the fire and Legionella were not completed. The practice had undertaken a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The practice had not undertaken appropriate recruitment checks such as immunisation and DBS for one clinical member of staff. These checks would ensure that suitable staff were employed. We observed that on 08 April 2017 one clinical member of staff was advised that their immunisation was inadequate and a booster was required. This had not been actioned on the day of the inspection.

The practice had not assessed the risk of failing to review and act upon national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

The practice did not have a system in place to ensure staff were up to date with continuing professional development (CPD). The practice did not have evidence of CPD for one dentist. The practice did not have evidence of up to date training in Radiography for two dentists. The practice had not assessed the risk of the trainee dental nurse carrying out decontamination without adequate training. The practice did not have an effective induction procedure. The trainee dental nurse did not carry out decontamination in line with guidance issued by HTM01-05.

We observed that some of the dental care records were not in English which was not in line with guidance issued by the General Dental Council. The practice did not ensure all dental care records were clear, legible, accurate, and could be readily understood by others.

The practice did not have clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice manager organised staff meetings. We observed the staff meetings minutes were not recorded in English. The practice manager told us these meetings were used to discuss clinical governance issues. We noted that not all staff we spoke with understood the Mental Capacity Act and Gillick competence.

The practice had information governance arrangements. However, not all members of staff we spoke with understood how to maintain patient confidentiality.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

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

Learning and improvement

The practice had started an audit of X-rays in May 2017. We observed that seven X-rays had been documented in the audit of which two were not justified, four not graded and five not reported on. The practice had completed an infection prevention and control audit in January 2017. The practice had completed a record keeping audit in July 2016. We did not see records which showed that the audits had documented learning points, were analysed and the resulting improvements could be demonstrated.

We observed the practice had completed a clinical governance audit in May 2016. The audit had not been completed appropriately. We observed that the audit stated the practice had immunisation records for all staff members. However, the practice did not have immunisation for one clinical member of staff. The practice

Are services well-led?

stated it had evidence to show staff had completed CPD in radiography and had completed an audit including reflections and actions. The practice did not have evidence of CPD in radiography for staff member C and the X-ray audit was not analysed. The audit stated MHRA alerts were received and acted upon and evidence of staff training was kept for all staff. The practice did not have evidence of this at the inspection.

The General Dental Council requires clinical staff to complete continuous professional development. We noted that staff had access to an online training resource which included topics such as safeguarding, health and safety and information governance.

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

The practice had a procedure for monitoring the quality of the service provided to patients. The practice used patient surveys to obtain staff and patients' views about the service.

Staff commented that the practice manager was open to feedback regarding the quality of the care. Staff meetings also provided appropriate forums for staff to give their feedback.

Enforcement actions

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Medicare were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems in place to</p> <ul style="list-style-type: none">• Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity• Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.• Ensure that their audit and governance systems remain effective.• Maintain securely an accurate and complete records relating to people employed and the management of regulated activities. <p>Regulation 17 (1)</p>