

Mr. John Glassby

# Mr John Glassby - Kingston Square

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 13 October 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 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**

J C Glassby dental practice is situated in the centre of Hull, Humberside. The practice only offers private treatment and includes preventative advice and routine restorative dental care.

The practice has one surgery, a decontamination room, an X-ray processing room, a waiting area and a reception area. Treatment and waiting rooms are all situated on the ground floor of the premises.

The practice is open on flexible days to best suit the patients' needs, between Monday – Friday 10:30 am – 17:30 pm and two Saturdays per year.

The practice owner is the registered manager. 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'. 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.

During the inspection we spoke to three patients who used the service and we also reviewed 55 CQC comment cards. All the comments were positive about the staff and

# Summary of findings

the services provided. Comments included: the practice was safe, hygienic and welcoming; staff were very friendly, helpful and caring and they were impressed with the services.

## Our key findings were:

- Patients were treated with care, respect and dignity.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions. Staff received training appropriate to their roles.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- The appointment system met patients' needs

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

- Ensure the practice's protocols for completing dental care records giving due regard to guidance provided by the Faculty of General Dental Practice in respect of clinical examinations and record keeping.
- Ensure audits of various aspects of the service, such as radiography and dental care records are undertaken at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.

- Ensure the availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

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:

- Review the practice's protocols for the taking of X-rays giving due regard to the Faculty of General Dental Practice (FGDP) guidance on the 'Selection Criteria for Dental Radiography'.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-rays and reporting on the X-rays giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Provide easier accessibility to the complaints procedure through practice information leaflets and patient waiting room information.
- Record information in the patient records about preventative advice given in line with the 'Delivering Better Oral Health' (DBOH) toolkit. – Evidence based tool kit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

# 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. However we found areas that required improvements relating to the safe provision of treatment. This was because the provider did not have all necessary equipment to deal with medical emergencies in the event of an emergency occurring.

The practice did not have effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, some emergency equipment and medicines were not all in date. This was not in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. The practice did not have the emergency medicine Midazolam. This was brought to the attention of the registered provider and new equipment was ordered whilst the inspection was taking place and evidence of this was seen.

Staff had received training in safeguarding patients; they knew how to recognise the signs of abuse and how to report them although this training was not to the required level two. Staff had also received training on infection control in October 2015. There was a decontamination room and guidance for staff to provide effective decontamination of dental instruments.

Patients' medical histories were obtained both written and verbally before any treatment took place. This provided the dentist with up to date information about any health or medication issues which could affect the planning of treatment.

Staff were recruited, suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction policies were in place; however there had not been a new member of staff for some time.

We reviewed the legionella risk assessment dated February 2015; all tests were in place.

### **Are services effective?**

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

Patients' dental care records did not always provide comprehensive information about their current dental needs. Dental care records which we reviewed on the day of inspection were not thorough, did not include discussions about treatment options and X-rays were not always reported, justified or graded.

Consultations were carried out in line with best practice guidance from the Faculty of General Dental Practice (FGDP). For example, patients were recalled after an agreed interval, for an oral health review, during which their medical histories and examinations were updated and recorded. Any changes in risk factors were also discussed although this was not always recorded.

Patients were referred to other specialist services in a timely manner and all returning information was reviewed. Patients were offered a follow up appointment at the practice to ensure continuity of care.

Staff were supported in delivery of effective care through training and development. The clinical staff provided clear evidence to support their continuous professional development (CPD). They were supported to meet the requirements of their professional registration and systems were in place to monitor this.

### **Are services caring?**

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

# Summary of findings

Comments from the 55 completed CQC comment cards included statements saying the staff were caring, friendly, helpful and professional.

We observed patients' privacy and confidentiality were maintained at all times in the waiting room and reception area.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which patients understood.

We observed patients being treated with respect and dignity during interactions at the reception desk and whilst on the telephone.

## **Are services responsive to people's needs?**

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly and they had a system in place to receive messages left at the practice out of working hours to enable contact with patients.

The practice had a complaints process; however, this was not easily accessible to patients who wished to make a complaint. Patients we spoke to on the day confirmed they did not know how to complain about the services or who to if the need arose.

## **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 registered provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Staff were supported through training and offered opportunities for development.

Staff reported the registered provider was approachable, they were able to raise issues or concerns at any time and they felt supported in their roles. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice sought feedback from patients in order to improve the quality of the service provided and action plans were in place to learn from this feedback.

The practice undertook some audits to monitor its performance and help improve the services offered. The X-ray audit findings were not within the guidelines of the Faculty of General Dental Practice (FGDP) and the infection prevention audit was not as robust as the recommended infection prevention society- IPS toolkit. A patients' record audit had not been completed.

The practice held regular informal staff meetings which were not minuted but this gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

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## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting their obligations associated with the Health and Social Care Act 2008.

The inspection was carried out on 13th October 2015 and was led by two CQC inspectors with a clinical background.

The methods that were used to collect information at the inspection included interviewing staff, observations and review of documents.

We informed Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we spoke with the dentist and a dental nurse/receptionist. We saw policies, procedures and other records relating to the management of the service. We reviewed 55 Care Quality Commission comment cards that had been completed prior to the 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?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had clear guidance for staff about how to report incidents and accidents. Significant events were not recorded but were discussed verbally.

A copy of the significant event was also stored in the patient's paper records if applicable and patients would be given an apology if necessary and informed of any action taken.

The staff understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. The practice had an accident book with no entries recorded in the previous year.

The practice was aware of the national patient safety and medicines alerts from the Medicines and Healthcare products Regulatory Authority (MHRA) that affected the dental profession but the information received by the provider was not documented within the practice.

### **Reliable safety systems and processes (including safeguarding)**

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies.

The dentist was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice. We saw that some staff had received safeguarding training in vulnerable adults and children. In respect of safeguarding children, the dentist, who was the lead in safeguarding was not trained to level two. This was brought to the attention of the dentist and steps were taken to book a course as soon as possible.

Staff could easily access the safeguarding policy. The staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were aware of the procedures they needed to follow to address safeguarding concerns.

The practice had systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments).

The registered provider told us that they did not routinely use a rubber dam when providing root canal treatment, however they did secure instruments with the use of floss. A rubber dam is a small rectangular sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient. We discussed the good practice guidelines for their use so that the dentist could reflect on their approach.

Dental care records were stored on paper; these records were stored securely to keep people safe from abuse.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

### **Medical emergencies**

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training within the last 12 months in basic life support including the use of an Automated External Defibrillator. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency in the surgery store room. All staff knew where these items were kept however the practice had no logs which indicated that the emergency equipment was checked routinely. Information regarding the emergency medicines dates for replacement was brought to the attention of the provider by an external company.

One emergency drug was not available on the day, midazolam this is used for epileptic emergencies and some of the equipment including oro-pharyngeal airways were out of date. We discussed the impact this could have if a medical emergency was to happen with the registered provider and all equipment and medicines were ordered immediately.

### **Staff recruitment**

# Are services safe?

The practice had a policy for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration.

The practice carried out Disclosure and Barring Service (DBS) checks for all employed staff and had systems in place to review this. These checks 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

All qualified clinical staff at this practice were registered with the General Dental Council (GDC). There were copies of current registration certificates present. The dentist had their own indemnity insurance cover and the nurses were covered by the registered provider's personal indemnity policy, (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

## **Monitoring health & safety and responding to risks**

The practice undertook risk assessments to cover the health and safety concerns that may arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety and manual handling of clinical waste. We saw the policy had not been reviewed recently.

The practice had a Control of Substances Hazardous to Health (COSHH) folder although the risk assessments had not been completed for all materials used on the premises. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We brought this to the attention of the registered manager during the inspection.

The practice displayed fire exit signage; there was also a record of fire drills taking place. We observed the fire extinguishers had been checked annually to ensure that they were suitable for use if required. We noted the fire extinguishers had been checked in December 2014.

## **Infection control**

The practice had a decontamination room that was set out in according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' zones.

There was not a separate hand washing sink for staff although the decontamination room was attached to the surgery where hand washing facilities were available.

The procedure for cleaning, disinfecting and sterilising the instruments was not clearly displayed on the wall to help staff. We discussed with staff the appropriate personal protective equipment (PPE) required when working in the decontamination, this included disposable gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurse we spoke with was knowledgeable about the decontamination process. For example, instruments were examined placed in a washer disinfectant and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and an expiry date of 12 months was evident. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

The practice had systems in place for daily quality testing of the decontamination equipment and we saw records which confirmed these had taken place. These tests included automatic control tests on the first sterilisation cycle of the day. This test ensures that the correct temperature and pressure is achieved during the sterilisation cycle.

There were adequate supplies of liquid soap and paper hand towels in the surgeries. A poster describing correct hand washing techniques was displayed above some of the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

We observed the sharps bin was being used correctly and located appropriately in the surgery.

Clinical waste was stored securely for collection; The registered manager had a contract with an authorised contractor for the collection and safe disposal of clinical waste.



# Are services safe?

Not all staff had records of immunisation available on the day of the inspection; this was brought to the attention of the registered manager.

The practice had carried out a self- assessment audit in October 2015; however this was not as robust as the recommended Infection Control Society toolkit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The practice also did not have an action plan to review the findings of the audit.

We reviewed the legionella risk assessment dated February 2015; all tests were in place apart from testing the cold temperature of the water as stated in the report as a requirement.

## Equipment and medicines

Prescriptions were written and stamped only at the point of issue to maintain their safe use.

Staff told us that Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) took place annually and certification was available.

We reviewed equipment maintenance records for autoclaves and X-ray equipment that showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics were stored appropriately as too were the emergency medicines. Apart from the medical emergency medicines no other medicines were kept at the practice.

## Radiography (X-rays)

The X-ray equipment was located in the surgery and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The file also contained the name and contact details of the Radiation Protection Advisor.

The X-ray equipment had been tested in 2015; we saw that the dentist was up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machine had been serviced regularly. The X-ray machines had been tested in August 2015. The registered provider told us they undertook annual quality audits of the X-rays taken.

The practice used chemical processing of films and a routine quality control test film was taken and used regularly.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist.

The practice recorded the medical history information in the patients' dental records for future reference. In addition, the dentist told us that they discussed patients' social lifestyle and behaviour such as smoking and drinking and where appropriate offered them health promotion advice; this was not always recorded in the patient's records.

The dental care records we looked at showed all subsequent appointments, patients were always asked verbally about their medical history. This ensured the dentist was aware of the patient's present medical condition before offering or undertaking any treatment. The records showed that dental examination appointments included oral cancer checks.

The dentist told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. The dentist always include an assessment of the patients gum health and included details of discussions with regards to treatment options being discussed. We also noted that there was no record of oral hygiene advice, dietary advice or smoking cessation advice which had been given.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the NICE recommendations. We saw from the records that the dentist was following the NICE guidelines on recalling patients for check-ups but not recording the justification of the recall period.

### Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol consumption. The dentist we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. However, this was not always recorded in the patients' dental care records.

The dentist advised us that they offered patients oral health advice and provided treatment in accordance with the Department of Health's policy the 'Delivering Better Oral Health' toolkit (an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). This was not always recorded in the patients' dental care records.

### Staffing

We saw all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels although evidence of this was not available. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was monitored and recorded by the registered provider so they were aware of any short falls in staffs training requirements. Records we reviewed showed that all staff had received training in basic life support. Infection control training had been completed in October 2015 and safeguarding children and vulnerable adults training was also completed; however the lead in safeguarding was not trained to level two. This was brought to the attention of the registered manager on the day of our inspection.

Staff said they did not have staff annual appraisals but an on-going open verbal agreement was in place that provided support for all staff if the need arose.

### Working with other services

The dentist explained they would refer patients to other dental specialists when necessary. They would refer patients for sedation, minor oral surgery and orthodontic treatment when required.

The referrals were based on the patient's clinical need. In addition, the practice followed a two week referral process to refer patients for screening for cancer. Referral letters and proformas were completed with adequate patient details.

The patient's oral health was then monitored at the practice after they had been referred back. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

# Are services effective?

(for example, treatment is effective)

## **Consent to care and treatment**

Staff we spoke with demonstrated awareness and its relevance to their role of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions for themselves. The dentist demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. The dentist informed us that verbal and written consent was always given prior to any treatment. In addition, the advantages and disadvantages of the treatment options were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in a private room.

The doors to the treatment rooms were closed during treatment at all times to protect patients' privacy. Staff understood the need for confidentiality and had completed training including information governance.

Staff understood the need to maintain patients' confidentiality. The registered provider was the lead for

information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records were held securely.

Comments on the 55 completed CQC comment cards we received included statements saying the staff were caring, very friendly, respectful and professional.

### **Involvement in decisions about care and treatment**

Comments made by patients who completed the CQC comment cards confirmed that patients were involved in their care and treatment.

When treating patients with disabilities or in need of extra support staff told us that they would be given as much time as was needed to provide the treatment required, gain their trust and obtain consent by explaining the reasons for the treatment and what to expect.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

There was minimal information within the patient waiting area for example the GDC standards poster or the complaints policy was not easily available.

Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours. The practice had a system that alerted them if a patient had contacted the practice out of normal working hours, this provided information if a patient was in pain so they could be seen as soon as possible.

The practice was open on flexible days between Monday – Friday 10:30 am – 17:30 pm and two Saturdays per year, as the practice had patients' that travelled long distances to continue their treatment with the practice.

### Tackling inequity and promoting equality

The surgery was located in the basement of the building with no access for patients with mobility issues. If patients required any support to access to the services, staff would help them down the three steps and hand rails were also in place for support.

We saw evidence that staff had received equality and diversity training. Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

There was a spacious patient toilet available for patients with any mobility issues.

There was no audio loop system for patients with a hearing impairment to use, however due to long standing relationships with all of their patients personal knowledge about each patient allowed the practice to place individual care and support for their needs.

### Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone.

When treatment was urgent, patients would be seen on the same day. For patients in need of urgent care out of the practice's normal working hours the answer phone message directed them to the dentist who would then assess and see the patients as required.

### Concerns & complaints

The practice had a policy and processes to deal with complaints. However, these were not easily accessible to patients and this is not in accordance with the General Dental Council.

The practice had not received any complaints in the last year.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. Staff we spoke with were aware of their roles and the dentist was in charge of the day to day running of the service. We saw they had patient surveys in place to monitor the quality of the service and action plans to review the feedback.

We looked at ten patient dental care records and found these were not always in accordance with the guidance provided by the Faculty of General Dental Practice (FGDP). For example, X-rays were not always justified, graded or reported and evidence of a discussion of treatment needs with the patient was not routinely recorded. However, the practice recorded that medical histories had been updated prior to treatment. We discussed our findings with the registered manager.

There was no evidence that patient dental care records had been audited to ensure that they complied with the guidance provided by the FGDP. We explained to the registered manager that the patient records we reviewed were not always accurate and complete. They acknowledged our findings and told us they would take steps including, undertaking patient records audits and developing action plans to address the issues we raised.

There was limited evidence of processes to identify where quality of treatment was being compromised. The practice had not conducted an audit of clinical records. The cross infection audit was not the recommended Infection Prevention Society toolkit and the X-ray audit was not in line with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 guidelines. Action plans were not in place to review and gain feedback.

### Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly and it was evident that the practice worked as a team. All staff were aware of whom to raise any issues with and told us that the registered manager was approachable to their concerns and acted appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

The registered manager was aware of their responsibility to comply with the duty of candour and told us that they preferred to address any concerns or issues immediately should they arise.

### Learning and improvement

The practice maintained records of staff training which showed that all staff were up to date with their training. We saw that staff had personal files and they showed that training was accessed through a variety of sources including formal courses and informal in house training. Staff stated they were given sufficient training to undertake their roles and given the opportunity for additional training, learning and improvement.

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

The registered provider explained that the practice had a long standing relationship with their patients. There was an opportunity for patients to give feedback to the practice at all times with an on-going patient satisfaction questionnaire available.

All the CQC comment cards were complimentary about 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered provider failed to assess the risks to the health and safety of service users of receiving the care or treatment.</p> <p>The registered provider failed, where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs.</p> <p>The registered provider failed to maintain the proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(a)(g).</p>
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 provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>The registered provider failed to maintain accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided (including justification and results of diagnostic tests).</p> <p>The registered provider failed to evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).</p> <p>Regulation 17(1)(2)(a)(c).</p>