

## Little London Dental Care Limited

# Little London Dental Care

## Inspection Report

31 Little London

Chichester

PO19 1PL

Tel: 01243 782878

Website: [www.southerndental.co.uk](http://www.southerndental.co.uk)

Date of inspection visit: 28 April 2015

Date of publication: 02/07/2015

### Overall summary

Little London Dental Care is a general dental practice in Chichester offering both NHS and private dental treatment. The practice treats adults and children.

The premises consists of a waiting area adjacent to the reception area and eight treatment rooms over three floors. There is also a separate decontamination area.

The staff structure of the practice consists of the practice manager, five dentists, three receptionists and five trainee dental nurses. The practice has the services of two part time dental hygienists who carry out preventative advice and treatment on prescription from the dentists.

We spoke with one patient on the day of our inspection and reviewed 14 comment cards that had been completed by patients. Common themes were patients overall were satisfied with the friendly and caring treatment they had received, although three people told us they were unhappy that their dentist changed frequently and two people told us they were unhappy with long waiting times.

We found that this practice was providing safe and caring services in accordance with the relevant regulations. However we found that this practice was not providing effective, responsive and well-led care in accordance with the relevant regulations.

#### **Our key findings were:**

- There were clearly defined leadership roles within the practice and staff told us they felt supported and comfortable to raise concerns or make suggestions.
- The practice had effective systems to assess and manage risks to patients for infection prevention and control and the management of medical emergencies.
- Patients told us through comment cards they were treated with kindness and respect by staff.
- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- The practice did not always ensure there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- The practice did not have an established effective system for handling and responding to complaints made by patients.
- The practice did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided.
- The practice did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

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

# Summary of findings

- Establish an effective system to assess, monitor and improve the quality and safety of the services provided.
- Establish an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.
- Ensure accurate and contemporaneous clinical patient records are always maintained.

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:**

- Ensure all staff are aware of the Mental Capacity Act 2005 and its relevance to obtaining informed consent for dental treatment.
- Ensure the training, learning and development needs of individual staff members, including trainee dental nurses are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff.
- Establish a process for monitoring the referral of patients for dental treatment and specialist procedures to other healthcare professionals which ensures timely access to care and treatment.
- Ensure the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients is fully established and effective.

# 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.

There were effective systems in place in the areas of infection control, clinical waste control, management of medical emergencies and dental radiography. We also found the equipment used in the dental practice was well maintained and in safe working order. The staffing levels were appropriate for the provision of care and treatment.

However, we found there were limited systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

### **Are services effective?**

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

The dental care provided was evidence based and focussed on the needs of the patients. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration. However, we also found that the staff were not always up-to-date with current guidance. The trainee dental nurses did not always receive training appropriate to their role and learning needs. Patients' clinical records we reviewed did not always provide a full and accurate account of the care and treatment they had received.

### **Are services caring?**

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

Patients told us (through comment cards) they had positive experiences of dental care provided at the practice. We noticed from our observations on the day of the inspection that staff displayed compassion, kindness and respect at all times.

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

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

The practice provided friendly dental care. Patients could access treatment and urgent and emergency care when required and the practice offered emergency appointments each day. However we found enough time was not always scheduled to meet patients' care and treatment needs and patients were sometimes double booked resulting in delays to patients receiving treatment. This did not always enable effective and timely treatment and support of patients with dental pain.

There was not a fully established effective system in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.

### **Are services well-led?**

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

## Summary of findings

The practice manager was seen as very approachable by staff who mostly felt supported in their roles and could raise issues or concerns. The culture within the practice was seen as open and transparent and encouraged candour and honesty. Staff members told us the practice manager had made a positive impact on the day to day running of the practice despite having only been employed at the practice for two months. The practice manager told us they were working with the provider's management team to establish good governance systems.

There were limited systems to monitor the quality of the service. The practice did not have established systems to audit areas of their practice as part of a system of continuous improvement and learning.

# Little London Dental Care

## 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 28 April 2015 by an inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, twenty clinical patient records and other records relating to the management of the service. We spoke to the practice manager, five dentists, five trainee dental nurses and an agency dental nurse, two receptionists, a dental hygienist and one patient. We also spoke with the provider's area business manager,

complaints and compliance manager and deputy complaints and compliance manager who were visiting the practice on the day of our inspection to observe the process and offer support to the practice manager and staff. We reviewed 14 comments cards completed by patients.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

Staff understood the process for accident and incident reporting and most staff we spoke with understood their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We reviewed the accident book and although we saw a low number of accidents had been recorded, we found no evidence to demonstrate that any learning from accidents occurred or any improvement actions were taken. We discussed this with the practice management team who agreed the need for a more transparent process. They told us improvement actions would be documented and monitored to ensure completion and discussed at staff meetings to ensure learning is shared.

**Reliable safety systems and processes (including safeguarding)** We looked at the documentation around safeguarding and abuse. The practice had policies and procedures in place for child protection and safeguarding people using the service which included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. All staff had completed recent safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them.

All staff demonstrated a knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). Information available for staff detailed the actions they should take if an injury from using sharp instruments had occurred. The practice had adopted the use of safety syringes in accordance with guidance to minimise the risk of inoculation injuries to staff members.

Staff we spoke with told us not all dentists routinely considered using 'rubber dam' when providing root canal treatment to patients. Rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.. We

discussed this with the practice management team who agreed dentists should undertake a risk assessment process for the considered use of rubber dam and document this in the patient's clinical record.

### Medical emergencies

The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Emergency resuscitation kits, oxygen and emergency medicines were stored securely on two floors facilitating easy access for staff working in any of the treatment rooms. The practice had an automated external defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

).

Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team (including use of the AED) within the last 12 months.

### Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for six staff members. Each file contained appropriate documentation which included application forms, employment history and evidence of qualifications. The qualification, skills and experience of each employee had been fully considered as part of the recruitment process.

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

We found there was a policy in place to monitor and review when staff were not well enough to work and we saw evidence of this protocol having been applied.

### Monitoring health & safety and responding to risks

# Are services safe?

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire. Fire extinguishers were available on each floor, had been recently serviced and staff were able to demonstrate to us they knew how to respond in the event of a fire.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. The practice maintained a COSHH file in order to manage risks (to patients, staff and visitors) associated with substances hazardous to health.

We reviewed a health and safety audit report undertaken by the provider in November 2014 and found this had highlighted a number of actions needed where improvements were required. For example, the audit had found there was no external health and safety advisor appointed in accordance with the provider's policy; an assessment of the risks relating to slips, trips and falls had not been undertaken; audits of the practice health and safety processes had not been undertaken every six months in accordance with the provider's policy and there was no appointed first aider at the practice.

The practice manager told us they were liaising closely with the provider's head office management team to ensure the actions highlighted would be completed. For example, an external company had been recently employed to implement and monitor health and safety and risk management processes. We had concerns there was no clear action plan identified or timescale for completion and therefore could not confirm which actions had been completed. Staff we spoke with had limited knowledge in areas such as risk management and health and safety processes.

## Infection control

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

We found the practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care

dental practices (HTM 01-05)'. The practice policy and procedures on infection prevention and control were accessible to staff. However; we found not all staff had read and understood the policy or knew how to access it.

We examined the facilities for cleaning and decontaminating dental instruments. We found there was a clear flow from 'dirty' to 'clean.' An agency dental nurse with responsibilities for the decontamination of instruments explained to us how instruments were decontaminated and sterilised. They wore eye protection, an apron, heavy duty gloves and a mask while instruments were decontaminated prior to being placed in an autoclave (sterilising machine).

Instruments were inspected to check for any debris or damage throughout the cleaning stages using an illuminated magnifier in line with essential quality standards.

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

In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination area which minimised the risk of infection spread.

The practice had an on-going contract with a clinical waste contractor. We found the practice managed clinical waste and the safe disposal of sharps appropriately. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of. This was in line with the recommended guidance.

We looked at the treatment rooms where patients were examined and treated. All rooms and equipment appeared uncluttered and clean. Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near to the designated hand wash sinks to ensure effective

# Are services safe?

decontamination. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spreading.

Records showed a risk assessment process for Legionella had been carried out which ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk of patients and staff of developing Legionnaires' disease. (Legionella is a term for particular bacteria which can contaminate water systems in buildings.)

## Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray

equipment. We were shown the annual servicing certificates. The records showed the service had had an efficient system in place to ensure all equipment in use was safe, and in good working order.

A recording system was in place for the prescribing, recording, and dispensing of the medicines used in clinical practice. The systems we viewed provided an account of medicines prescribed, and demonstrated patients were given their medicines when required. The type, batch numbers and expiry dates for local anaesthetics used were recorded in clinical patient records.

## Radiography (X-rays)

We checked the provider's radiation protection file as X-rays were taken and developed at the practice. We also looked at X-ray equipment in use at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to the X-ray machine was displayed in accordance with guidance. We found procedures and equipment had been assessed by an independent expert within the recommended timescales.

The practice had an external radiation protection advisor and had appointed a radiation protection supervisor to ensure that the equipment was operated safely and by qualified staff only.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for people using best practice

The practice regularly audited clinical notes for each dentist to ensure appropriate and contemporaneous information was recorded. This had found most but not all dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals as informed by guidance issued by the Faculty of General Dental Practice (FGDP). The audits also demonstrated dentists did not always record an examination of a patient's soft tissues (including lips, tongue and palate) or their use of alcohol and tobacco. We spoke with five dentists who told us they did always carry out these checks but agreed these were not always recorded. These measures demonstrated to us a risk assessment process for oral disease was not always documented in patients' clinical records.

Patients' clinical records we reviewed did not always provide a full and accurate account of the care and treatment they had received. We found the justification, findings and quality assurance of X-ray images taken was not always recorded. We discussed this with the practice manager who agreed this information should be included to ensure a full record is kept of each patient's care and treatment undertaken.

The practice kept up to date with current guidelines. The dentists we spoke with considered National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review. This meant patients were reviewed at the most appropriate interval according to their individual oral disease risk.

### Health promotion & prevention

A patient told us through a comment card the dental hygienist had made recommendations enabling them to maintain a healthy mouth and that they trusted their professional judgement.

The practice promoted the maintenance of good oral health as part of their overall philosophy. However, staff we spoke with demonstrated an inconsistent application of

guidance issued in the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients.

Practice audits of clinical records in December 2014 and March 2015 showed dentists did not always document advice given to patients appropriate to their individual needs such as smoking cessation or diet advice. Staff we spoke with confirmed dentists did routinely give appropriate advice but did not always record this.

### Staffing

We found there was not an established induction programme for new staff to follow to ensure they had the necessary knowledge and competence to effectively support the provision of care and treatment to patients. We found the dental nurses employed at the practice were all trainees with limited or no prior experience. The trainee dental nurses were not yet registered with the General Dental Council (GDC) however, the practice had supported them to enrol on a training course leading to an examination which would enable them to qualify as a dental nurse and register with the GDC.

The trainee dental nurses we spoke with expressed concerns they had not been given adequate practical training and support to enable them to undertake their roles and responsibilities confidently and effectively. The five dentists we spoke with also told us they felt the trainee dental nurses had not received enough training prior to commencing their roles. All dentists we spoke with told us although the trainee dental nurses were very willing to learn, their lack of knowledge meant dentists spent a lot of time explaining procedures to new staff which sometimes resulted in long waits for patients awaiting treatment.

We found four of the five trainee dental nurses had undertaken training in infection control at the provider's head office. The practice manager told us staff members were then observed to ensure they applied this theoretical knowledge practically. We found all trainee dental nurses had received training in safeguarding vulnerable adults and children, information governance and medical emergencies. The dentists and dental hygienists had undertaken recent training to ensure they kept up to date with the core training and registration requirements issued

# Are services effective?

(for example, treatment is effective)

by the General Dental Council. This included areas such as responding to medical emergencies, infection control and prevention, early detection of oral cancer and radiography/radiation protection.

There was an appraisal system in place for all staff which was used to help identify training needs. Staff told us they had found this to be a useful and worthwhile process.

## **Working with other services**

The practice had a system in place for referring patients for dental treatment and specialist procedures to other colleagues where appropriate. Dentists we spoke with told us the practice involved other professionals and specialists in the care and treatment of patients where it was in the patient's best interest. However, we found the practice did not monitor their referral process to ensure patients had access to treatment they needed within a reasonable amount of time. We discussed this with the practice manager who agreed a system for monitoring referrals would be implemented in the future.

## **Consent to care and treatment**

The dentists we spoke with explained to us how valid consent was obtained for all care and treatment. We

reviewed a random sample of twenty clinical patient records. The records showed and staff confirmed individual treatment options, risks, benefits and costs were mostly but not always discussed with each patient and documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in comment cards completed by patients.

The practice asked patients to sign consent forms for some dental procedures such as tooth whitening to indicate they understood the treatment and risks involved.

The practice staff demonstrated a limited understanding of how the Mental Capacity Act 2005 applied in considering whether or not patients had the capacity to consent to dental treatment. We had concerns the staff understanding of this process was inconsistent and may not have been in line with guidance. Most staff members had not undertaken any relevant training. However, staff did explain to us how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met.

# Are services caring?

## Our findings

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

The practice manager and staff explained to us how they ensured information about patients was kept confidential. Patients' clinical records were stored securely. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality. They told us security of information was a top priority for the practice. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment rooms.

Patients told us through comment cards the practice staff were thoughtful, understanding and respectful. One comment card reflected their dentist had been very mindful of the patient's anxiety when providing care and treatment.

Staff we spoke with were aware of the importance of providing patients with privacy and told us there were

always rooms available if patients wished to discuss something with them away from the reception area. Sufficient treatment rooms were available and staff told us these could be used for discussions with patients.

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

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

The practice provided patients with information to enable them to make informed choices. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients were also informed of the range of treatments available and their cost in information leaflets and on notices in the reception area and waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

Some staff reported (and we saw from the appointment book) the practice did not always schedule enough time to assess and undertake patients' care and treatment needs. Staff told us they sometimes felt rushed and under pressure to complete procedures and did not always have enough time available to prepare for each patient.

### Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they would contact a translator.

The practice offered access for people using wheelchairs or those with limited mobility through an alternative entrance in the adjoining premises. This access had been secured on a contractual basis to ensure patients could access care, treatment, waiting area and bathroom facilities on one level.

### Access to the service

The receptionists told us the practice answer phone message detailed how to access urgent care so that patients were able to access care in an emergency or outside of normal opening hours. We checked the provider's website and practice information leaflet both of which also included this information. Each day the practice was open, emergency appointments were made available for people with urgent dental needs. Reception staff told us they always apologised to patients who were kept waiting and informed them of the delay. A patient satisfaction survey undertaken in March 2015 reported three per cent of patients had waited longer than 15 minutes.

### Concerns & complaints

There was a complaints policy which provided staff with detailed information about all aspects of handling complaints and compliments from patients.

Information for patients about how to make a complaint was available in the practice waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. However, we found no information available on the practice website to support patients who may have wanted to complain.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was not an effective system in place which ensured a timely response. The practice manager showed us they had recently investigated and addressed a large number of complaints which had been outstanding for some time. Although we noted the steps taken to improve the process we had concerns this was not yet fully established.

# Are services well-led?

## Our findings

### Governance arrangements

Staff told us the practice had recently had several changes in management which had had a positive impact on how the practice was managed on a day to day basis. We were told that the current practice manager had been in place for two months and had made many improvements in the day to day running of the service. Staff members were clear about their roles and responsibilities and told us they felt well supported by the current practice manager.

The practice manager told us they had been working with the provider's management team to establish more effective governance processes.

We found there were currently limited systems in place to identify and manage clinical and environmental risks related to the care and treatment provided to patients.

### Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff reported there was an open culture at the practice, they felt valued and supported by the practice manager and there had been a big improvement in staff morale since the current practice manager had joined the practice. Staff reported they could raise issues at any time with the practice manager without fear of discrimination as they were very approachable, always listened to their concerns and took appropriate action where necessary.

### Management lead through learning and improvement

There had been audits of infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. However, these were not always undertaken every six months, as recommended in HTM 01-05 guidance, to ensure compliance with essential quality standards. The most recent audit indicated the facilities and management of decontamination and infection control were mostly well managed (95 per cent compliant). However, we noted the audit had been completed online and the practice was unable to show us any action points identified or where improvements actions were needed.

The practice had completed an audit to assess the quality of X-ray images. This showed X-rays were mostly but not

always taken to an acceptable standard. The audit did not demonstrate a full process in that there was no analysis of the results or actions taken to minimise the risk of further (and unnecessary) X-ray exposure to patients.

The practice had undertaken a healthcare waste management audit the day prior to our visit and identified a number of shortfalls. For example, staff had not undertaken training in waste segregation and amalgam waste; X-ray solutions (developer and fixer) and lead foils discarded from used X-ray film packets were not always appropriately managed by the practice. We discussed this with the practice manager who told us this information would be shared with the practice team in order to discuss and implement any improvement actions needed.

On the day of our inspection visit we discussed our initial findings with the practice manager, the provider's area business manager, complaints and compliance manager and deputy complaints and compliance manager. The discussion was constructive and the management team welcomed our comments and demonstrated a commitment to addressing concerns raised and establishing effective systems to promote continuous improvement and learning.

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

Records showed the practice conducted regular staff meetings. Staff members told us and records we reviewed demonstrated the areas for discussion were focussed more on business development targets and less on the care and treatment needs of patients. Staff reported they were able to contribute ideas to meetings which were listened to but not always acted upon.

The practice regularly sought feedback from patients. We observed although the practice displayed the results in the waiting room, they were difficult to read and did not include any actions taken to address any concerns raised. We discussed this with the practice manager who agreed the format could be changed to make it more accessible to patients and told us they would implement a process to demonstrate full analysis of any feedback received including actions taken. The practice was unable to evidence to us any actions they had taken or improvements they had made in response to feedback from patients.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The practice did not have effective systems in place to;</p> <ul style="list-style-type: none"><li>·Assess, monitor and improve the quality and safety of the services provided.</li><li>·Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.</li><li>·Ensure accurate and contemporaneous clinical patient records were always maintained.</li></ul> <p>Regulation 17 (1)(2)(a)(b)(c)(f)</p>