Haringey Healthcare Limited

Inspection report

573 Green Lanes
London
N8 0RL
Tel:

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

We carried out an unannounced comprehensive inspection at Haringey Healthcare Limited as part of our inspection programme.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

These ratings refer to the medical part of the service only as we do not rate dental services.

We carried out an unannounced comprehensive inspection at Haringey Healthcare Limited on 19 & 21 July 2021 in response to information of concern that we received. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The clinic offers a range of medical services including a GP, specialist consultations, internal medicine, gynaecology services, paediatric care, surgical services, dental health and oral hygiene, as well as psychiatric and psychology services.

The provider 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 service is run.

Our key findings were:

- The provider did not always carry out appropriate staff checks at the time of recruitment and on an ongoing basis where appropriate.
- The provider had an infection prevention and control policy, however, this was not followed in accordance to guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- The service did not have suitable medicines and equipment to deal with medical emergencies.
- The provider did not have systems to keep dental clinicians up to date with current evidence-based practice.
- The provider did not understand all the challenges of providing a safe and effective dental service and how to address them.
- All staff we spoke to felt valued by the leaders and said there was a high level of staff support and engagement.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- The service had a strategy and business plan in place.

The areas where the provider **must** make improvements as they are in breach of regulations are:

Overall summary

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed, ensuring the specified information is available regarding each person employed and where appropriate, persons employed are registered with the relevant professional body.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

We have served the provider with urgent conditions preventing them from carrying on any oral health services. Following the inspection the provider informed us they had permanently terminated the dental service.

(Please see the specific details on action required at the end of this report).

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who was accompanied by a dental inspector, a GP specialist advisor and a Dentist specialist advisor.

Background to Haringey Healthcare Limited

Haringey Healthcare Limited offers a range of medical services including a GP, specialist consultations, internal medicine, gynaecology services, paediatric care, surgical services, dental health and oral hygiene, as well as psychiatric and psychology services. The clinic is located at 573 Green Lanes London N8 0RL. The service is easily accessible by public transport. The medical consultation rooms are on the ground floor along with the reception and waiting area. The dental service is located on the first floor, which is only accessed via a staircase.

The opening hours are 9am to 7pm, Monday to Saturday and between 11am to 6pm on Sunday. Patients are advised to call 111 for any out of hours emergencies.

The medical team comprises of the registered manager, eight doctors who work a combination of part-time hours, dentist and trainee dental nurse, two phlebotomists and two receptionists and two administrators.

How we inspected this service

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.

Inadequate

Are services safe?

We found this practice was not providing safe care in accordance with the relevant regulations for the oral health services because:

We rated safe as Inadequate for the provision of medical services because:

We found the service did not have clear systems to keep people safe as:

- The provider did not always carry out appropriate staff checks at the time of recruitment and on an ongoing basis where appropriate.
- The provider was unable to evidence that all staff had received training appropriate for their role and were up to date.
- The provider had an infection prevention and control policy, however, this was not followed in accordance to guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- We found that equipment used by staff for cleaning and sterilising instruments was not validated, maintained and used in line with the manufacturers' guidance.
- The provider did not have arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was not available on the day of inspection.
- The service did not have suitable medicines and equipment to deal with medical emergencies.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The provider conducted annual building safety risk assessments. The last one completed in October 2020 had not identified any concerns. They had appropriate safety policies, which were reviewed annually. Staff received safety information from the service as part of their induction.
- The provider did not always carry out appropriate staff checks at the time of recruitment and on an ongoing basis where appropriate. We reviewed nine employed members of staff files and found there were no employment references in any files. Further, we found Disclosure and Barring Service (DBS) checks had not been carried out by the provider for all staff and where the provider had accepted DBS checks from previous employment there was no evidence they had considered the risk of using a DBS check which was five years old (DBS 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).
- The service had systems to safeguard children and vulnerable adults from abuse. Staff received safeguarding and safety training, however, the provider was unable to evidence that all staff had received training appropriate for their role and were up to date as some staff files were incomplete. Staff who acted as chaperones were trained for the role and had received appropriate DBS check.
- The provider had an infection prevention and control policy, however, this were not followed in accordance to guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. We looked at the arrangements for cleaning and sterilising dental instruments. We asked a member of the dental staff to demonstrate how they carried out cleaning and decontamination of dental instruments. They were unaware of the correct temperature for manually cleaning dental instruments and they were not using recommended equipment which was contrary to HTM-01-05 guidance. We observed that dental instruments were not checked for the presence of debris once cleaned to ensure they were cleaned thoroughly prior to being sterilised.
- We found that equipment used by staff for cleaning (ultrasonic bath) and sterilising instruments (autoclave) was not validated, maintained and used in line with the manufacturers' guidance. We were shown records in respect of the

checks staff carried out to ensure the safe working of the autoclave. However, weekly safety checks such as checks to ensure satisfactory door seal, residual air tests and air leakage tests were not carried out. There were no records available to show that the ultrasonic bath was tested in accordance with the manufacturer's instructions and staff told us that these checks were not carried out.

- On the day of the inspection we observed that the autoclave was leaking water. Staff told us that this issue had been reported the day prior to our inspection but were unaware of when an engineer was due to attend to assess and rectify the issue. We asked to see records for the service and maintenance for the autoclave. These records were unavailable, and we were told by the registered manager that no service tests had been carried out.
- We observed that none of the stored pouched dental instruments had a date on which these items were sterilised. There were no arrangements to ensure that dental instruments, if unused were cleaned and sterilised within 12 months.
- There were no arrangements to monitor, assess and improve infection prevention and control practices. We asked for records in relation to audits in respect of infection prevention and control. The registered manager told us that there were no audits of infection prevention and control. Infection prevention and control audits should be carried out every six months in accordance with HTM-01-05 guidance.
- We discussed with the dental staff the arrangements for minimising risks in relation to the spread of COVID-19 virus. They described the arrangements for observing fallow time. This is the period of time allowed for aerosol generated particles to settle following treatments involving aerosol generating procedures (AGPs). We were told that an hour was allowed for each dental appointment and that a minimum period of twenty-minute fallow time was observed following treatments involving AGP's in line with current published guidelines. Following treatments using AGP's a thorough cleaning of the area is required to remove aerosol particles. We observed numerous non-essential items in the dental treatment room including bottles of dental materials and boxes of gloves. This meant that we could not be assured that the cleaning of this area was effective.
- The provider had also failed to consider the impact of the relaxation of Covid 19 measures in England. There were no notices displayed to inform patients of what was expected of them when attending the clinic, for example in relation to the wearing of face masks and social distancing.
- The cleaning schedule used by the service were unclear. The tasks to be carried out on a daily, weekly and monthly basis was not clear and there was no signed daily checklist.
- There were no Legionella risk assessment records available on the day of inspection although the provider told us they had carried one out in August 2018. However, the actions to reduce the possibility of Legionella or other bacteria developing in the water systems were not being completed. We asked staff about arrangements to minimise the risk of Legionella at the service. Staff told us that they did not monitor hot and cold-water temperatures to minimise the risk of bacterial growth in the water systems.
- The provider did not have arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was not available on the day of inspection, however the provider sent us information after the inspection that confirmed they had registered with the Radiation Protection Advisory Service. We asked to see records to show that the dental X-ray equipment had been installed and was being maintained safely, however the registered manager told us that these tests had not been carried out.
- Following the inspection, the provider sent us evidence to confirm portable appliance testing and equipment calibration had been completed.

Risks to patients

The systems to assess, monitor and manage risks to patient safety were not effective.

- The provider had not implemented effective systems to assess, monitor and manage risks to patient safety. The practice's health and safety policies, procedures and risk assessments were not reviewed regularly to help manage potential risk.

Inadequate

Are services safe?

- We looked at the practice's arrangements for safe dental care and treatment. The staff were not aware of or following the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had not been undertaken to assess and mitigate risks associated with the handling and disposal of sharps.
- The provider did not have an effective induction system for staff. We reviewed nine employed members of staff files and found seven of the files did not contain any evidence of staff induction being completed.
- We did not find any evidence to confirm staff understood their responsibilities to manage emergencies, recognise people in need of urgent medical attention as a result of severe infections, for example sepsis. Staff had not completed any training in relation to this.
- The service did not have suitable medicines and equipment to deal with medical emergencies. Emergency medicines were not stored so as to be easily accessible, and a number of staff members who we spoke with were unaware of where emergency medicines were stored. We were shown records, which indicated that checks were carried out to ensure availability of emergency medicines. However, the medicine used to treat seizures and one of the medicines used to treat low blood glucose levels were beyond the manufacturer's 'use by date'. Both these medicines had expired in 2019. There were no risk assessments to identify and mitigate risks posed due to the unavailability of these medicines. A number of staff who we asked were unable to locate the defibrillator. When this equipment was located, we noted that this was a manual external defibrillator and not an automated external defibrillator (AED) in accordance with the guidance issued by the Resuscitation Council UK guidelines 2021. We asked staff including the duty doctor if they had undertaken training in the use of the AED and if they could operate this equipment. They told us that they had not undertaken training and they would not feel comfortable in using this.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines minimised risks. The service kept prescription stationery securely and monitored its use.
- The provider told us they did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- The doctor prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients.

Track record on safety and incidents

The service did not have a good safety record.

Inadequate

Are services safe?

- The provider did not have an effective process in place to ensure doctors read and acted on Medicines and Healthcare products Regulatory Agency (MHRA) alerts. The provider told us they received them by emails which were then stored on their computer. However, the doctor on duty on the day of inspection was not aware of the process for receiving them or where to locate them for reference. There was no system to check if any MHRA alerts were relevant to your patients and/or any action had been taken as a result.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording significant events. We saw that where a recent incident had occurred the provider had taken appropriate action and it was discussed at a staff meeting. However, we found that not all staff were aware of how to report and record incidents.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. For example, we saw that where an error had occurred in relation to patient information the provider informed all affected people and provided additional training to its staff. The service had systems in place for knowing about notifiable safety incidents.

Requires Improvement

Are services effective?

We found this practice was not providing effective care in accordance with the relevant regulations for the oral health services because:

We rated effective as Requires improvement for the provision of medical services because:

The provider did not have appropriate systems and processes in place to ensure that effective care was being delivered as:

- The service was not actively involved in quality improvement activity. The provider could not demonstrate how they were monitoring care and treatment to all patients.
- The provider could not provide assurances that conscious sedation was carried out taking into account the Standards for Conscious Sedation in the provision of Dental Care and Accreditation.
- The provider did not have had an induction programme for all newly appointed staff.

Effective needs assessment, care and treatment

The provider did not always have systems to keep clinicians up to date with current evidence-based practice. We saw no evidence to demonstrate that dental clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The practice offered conscious sedation for patients. Conscious sedation is a technique in which the use of a drug, or drugs, produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The provider could not provide assurances that they had systems to help them do this safely. There were no procedures in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.
- We asked to see the protocols for carrying out conscious sedation in relation to assessment of patients to determine their suitability for sedation, procedures for carrying out treatment, monitoring patients during and post treatment and arrangements for dealing with any sedation related incidents. These were not provided to us and the provider could not provide assurances that conscious sedation was carried out taking into account the Standards for Conscious Sedation in the provision of Dental Care and Accreditation.
- The provider had systems to keep medical clinicians up to date with current evidence-based practice. The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. We noted that where clinicians veered away from national guidance they gave rational to patients as to the reason why and this was clearly documented in the records. For example, there were occasions when the prescribed a particular medication for Hayfever that is outside the guidelines. They told us they would only prescribe this treatment for adults who consented and where previous treatments had failed.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

Monitoring care and treatment

The service engaged in some quality improvement activity

Requires Improvement

Are services effective?

- The provider had carried out medical records audits and some administration audits, however they could not demonstrate improvements made to the quality of care and outcomes for patients.
- We saw evidence the dentists justified, graded and reported on the radiographs they took. However, audits of dental radiographs were not carried every year following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- There was evidence to confirm that some doctors were registered with the General Medical Council (GMC) and were up to date with revalidation. However, although the provider told us all doctors were registered, they could not provide any evidence for some doctors.
- The provider did not have a formal induction programme for all newly appointed staff and up to date records of skills, qualifications and training were not maintained. However, staff told us they were encouraged and given opportunities to develop.
- Clinical staff completed continuing professional development in respect of dental radiography.
- We asked to see evidence of immediate life support (ILS) training for the dentists and dental nurse staff involved in treating patients using conscious sedation techniques. However, we were told they had not undertaken ILS training.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the medical treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example. we saw community mental health services had been involved in supporting some patients.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified and highlighted to patients. For example, smokers were given advice on how to stop smoking and or/referred to smoking cessation services.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Requires Improvement

Are services effective?

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Good

Are services caring?

We found this practice was providing care in accordance with the relevant regulations for the oral health services because:

We rated caring as Good for the provision of medical services because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- We did not get specific feedback from patients, however we noted that patients' comments on the internet was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff told us that interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Communication aids were available for patients who were hard of hearing or had vision impairment.
- The comments made by patients online suggested they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We found this practice was providing responsive care in accordance with the relevant regulations for the oral health services because:

We rated responsive as Good for the provision of medical services because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients. For example, the clinic was open seven days a week.
- The facilities and premises were appropriate for the services delivered.
- The medical clinic was on the ground floor and was easily accessed from the street. However, the dental service could only be accessed through a flight of steps. We were told patients were made aware of this when booking an appointment.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Appointments were available between 9am and 7pm Monday to Friday and between 9am and 6pm on Saturday and 11am and 4pm on Sundays.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use and the clinic operated a 'walk in' service every day.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and used them to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, they had reviewed and changed the way patients were informed of test results following a complaint.

Requires Improvement

Are services well-led?

We found this practice was not providing well led care in accordance with the relevant regulations for the oral health services because:

We rated well-led as Requires improvement for the provision of medical services because:

- There was no evidence of formal discussions about the quality of service or clinical outcomes for dental patients.
- The provider did not understand all the challenges of providing a safe and effective dental service and how to address them.
- There was no system in place to appraise all clinical staff and the provider could not provide any evidence to confirm that all staff met the requirements of professional development and revalidation where necessary.

Leadership capacity and capability;

Leaders did not always have the capacity and skills to deliver high-quality, sustainable care.

- The lead clinician was knowledgeable about some issues and priorities relating to the quality and future of services. However, they did not understand all the challenges of providing a safe and effective dental service and how to address them.
- The provider was visible and approachable. However, they had not ensured that the leadership of the dental service had the appropriate skills to lead the service.

Vision and strategy

The service had a vision and strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing administrative staff with appraisals and career development conversations. However, there was no system in place to appraise clinical staff and the provider could not provide any evidence to confirm that all staff met the requirements of professional development and revalidation where necessary. Following the inspection, the provider sent us evidence to confirm that the three doctors who worked at the clinic had GMC appraisals carried out in 2020.
- The service actively promoted equality and diversity. Some staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Requires Improvement

Are services well-led?

Governance arrangements

The responsibilities, roles and systems of accountability to support good governance and management was not always clear.

- There was some structures, processes and systems to support good governance. For example, weekly management meetings were held. These were attended by the administration manager, the reception manager, the dentist and the provider who was the clinical manager.
- The provider carried out some audits of the medical clinical service provided to assess, monitor and improve the quality of clinical care and treatment of the service, however, no such audits were carried out on the dental service.
- Not all staff were clear about their roles and responsibilities.
- The service submitted data or notifications to external organisations as required.
- The information used to monitor performance and the delivery of quality care in the medical clinic was accurate and useful. However, there no performance information for the dental clinic. Following the inspection, the provider shared plans to address the identified weaknesses.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- The process to identify, understand, monitor and address current and future risks including risks to patient safety were not always effective.
- The service had some processes to manage current and future performance. Performance of medical clinical staff could be demonstrated through audit of their consultations, prescribing or referral decisions.
- There were some system to improve the quality of care and outcomes for patients, although there was no evidence of this being used to drive improvements.
- The provider had a business continuity plan in place and had experienced having to enact it due to a recent incident. Staff reported that the plan was effective.

Appropriate and accurate information

The service did not have appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance in medical clinic, however there was no operational information in relation to the dental service.

Engagement with patients, the public, staff and external partners

- The service sought feedback on customer satisfaction from patients. They sent questionnaires to patients following their treatment and encouraged them to leave feedback on an independent website. We noted that the reviews for this service were mainly positive which averaged 4 out of 5 stars. The negative comments were associated with the dental service.
- Staff told us they had monthly meetings where they could give feedback about the service.

Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

Requires Improvement

Are services well-led?

- There was a focus on continuous learning and improvement in the medical clinic.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged some staff to take time out to review individual objectives and performance.
- The provider offers a comprehensive range of medical services and dental services providing an integrated approach to the healthcare under one roof.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance 1. A sharps risk assessment had not been carried out. Therefore, they had failed to identify, asses and establish procedures to ensure that staff can respond effectively and in a timely manner if an injury occurred. 2. The provider did not have an effective process in place to ensure doctors read and acted on Medicines and Healthcare products Regulatory Agency (MHRA) alerts. 3. The provider was unable to confirm the date of their last Fire safety check including when the fire extinguishers had last been tested or provide any evidence for this. 4. On the day of our inspections we noted fire extinguishers were being used to hold the doors open which is dangerous as it presents an obstruction to people using the service. 5. The provider did not have an effective system established for recording, analysing or sharing learning from incidents and complaints in order to improve the quality and safety of the services provided. 6. The provider had failed to consider the impact of the relaxation of Covid 19 measures in England. **This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Requirement notices

1. We found there was no recruitment information or records for seven doctors, and they were unable to provide evidence of checking that the doctors were registered with the GMC. Therefore, they had failed to obtain the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for all potential and employed staff.
2. We reviewed nine employed members of staff files and found there were no employment references in any file. therefore, they had failed to ensure that staff were of good character prior to employment commencing.
3. Seven of the files we reviewed did not contain any evidence of staff induction being completed.
4. There was no evidence that a DBS check had been carried out for the Doctor on duty on the day of our inspection. There was no evidence you had considered the risk of allowing staff to start work without DBS check or with ones that were five years old.
5. The provider was unable to provide for a list of training that staff would be expected to complete during induction and on an ongoing basis. Further, there was no system in place to ensure the provider were fully aware of what annual training staff had completed and/or what training was overdue.

This was in breach of regulation 19(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

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 Treatment of disease, disorder or injury Surgical procedures	S31 Urgent variation of a condition **The registered provider must not carry out any oral health services including assessment or treatment of people without the prior written agreement of the Care Quality Commission**