

# Clock Tower Dental Clinic Limited

# Clocktower Dental Clinic

## Inspection Report

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### Overall summary

We carried out this announced inspection on 12 April 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

These questions form the framework for the areas we look at during the inspection.

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

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

##### **Background**

Clocktower Dental Clinic is in Epsom and provides private treatment to patients of all ages.

There is no level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes three dentists, one dental nurse, two trainee dental nurses, two dental hygienists and one receptionist. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager.

# Summary of findings

Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Clocktower Dental Clinic was the principal dentist.

On the day of inspection, we spoke with four patients who were very happy with the service provided.

During the inspection we spoke with two dentists, one dental nurse, two dental nurse trainees and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 8:30am–7pm

Tuesday 8:30am–6pm

Wednesday 8am–5pm

Thursday 8:30am–6pm

Friday 8am–4pm

Saturday Closed

Sunday Closed

## Our key findings were:

- The surgeries had some high level cleaning issues; however the practice appeared to be well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. However not all medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk.
- The practice had suitable safeguarding processes.
- The practice did not have thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice did not have effective leadership. Some staff felt involved and supported and worked well as a team.

- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- We identified regulations the provider was not meeting. They must:
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person employed.

## Full details of the regulations the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review the way staff are supported to make sure that staff are able to meet the requirements of the relevant professional regulator throughout their employment, such as requirements for continuing professional development.
- Consider reviewing the information held on the practice website regarding accessibility of the practice.
- Introduce protocols regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD)
- Review the practice's policies to ensure all documents are providing the latest requirements and guidance.
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review availability of interpreter services for patients who do not speak English as a first language.

# Summary of findings

- Review the practice's audit tool and protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's audit protocols to ensure audits of various aspects of the service, such as radiography

and patients notes are undertaken at regular intervals to help improve the quality of service. The practice should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

### Are services safe?

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

The practice had limited systems and processes to provide safe care and treatment. Improvements could be made to ensure there was a protocol in place for reporting, formally documenting and sharing learning from incidents.

Staff knew how to recognise the signs of abuse and their were clear on how to report to outside the practice to external safeguarding contacts. Evidence of safeguarding training for all staff was not available for all staff members.

The provider was not able to demonstrate that they had completed essential recruitment checks for all staff.

General and clinical areas of the premises and some equipment appeared clean. There was an environmental infection control risk assessments in place.

Risks that had been identified did not all have timed action or level of risk recorded.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognized guidance. Patients described the treatment they received as good, kind and caring. The patients said the dentists discussed treatment with them so they could give informed consent and recorded this in their records. However there was no full audit of patient records in place to confirm this.

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

The provider was unable to evidence that they supported staff to complete training relevant to their roles or had systems to help them monitor this.

However the provider has stated that this has now been addressed.

No action



### Are services caring?

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

We received feedback about the practice from people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind,

No action



# Summary of findings

caring and helpful. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

Patients said staff treated them with dignity and respect.

## Are services responsive to people's needs?

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

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff had not fully considered patients' different needs. The practice had no facilities for wheelchair users or people with prams or pushchairs. The practice had no access to a telephone/face to face interpreter services and had no arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## 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 Requirements Notice section at the end of this report).

The provider had arrangements to ensure the smooth running of the service, though we found improvements were needed in several areas such as those for assessing, monitoring and ensuring appropriate policies and procedures were available and established, maintaining records and ensuring staff received key training.

There was a clearly defined management structure and some staff said they felt supported.

The provider did not clearly demonstrate how they monitored clinical and non-clinical areas of their work to help them improve and learn.

There was no full audit process in place to evidence that the practice team kept complete patient dental care records. The records were stored securely.

The practice monitored some clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff

Requirements notice





# Are services safe?

## Our findings

### **Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays) )**

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a whistleblowing policy.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

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

The practice had a staff recruitment policy and procedure to help them employ. However, the policy did not reflect the relevant legislation. We looked at four staff recruitment records. These were unable to provide all mandatory requirements to show the practice followed the recruitment procedure. This included one member of staff who did not have a DBS and though references had been obtained for new staff there was no record of who they were from and who recorded them. There were no risk assessments in place where DBS's had been acquired from a different provider.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to

manufacturers' instructions, including electrical and gas appliances. However not all evidence was available at the inspection. Information was sent within 24 hours to confirm safe use of some equipment.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

The practice had mostly suitable arrangements to ensure the safety of the X-ray equipment. They met most of the current radiation regulations and had the required information in their radiation protection file. However they have not followed the new requirement (Jan 2018) to register with the HSE. Post inspection the commission received notification that this had now been completed.

We saw some evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audit following current guidance and legislation, however there needs to be an action plan where there are issues identified to improve the quality.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

### **Risks to patients**

There were some systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and some risk assessments were mostly up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider did not have a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. BLS with airway management/ Immediate Life Support (ILS) training for sedation was also completed.



## Are services safe?

Emergency equipment and medicines were not all available as described in recognised guidance. However during the inspection this equipment was ordered. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse or trainee dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. There was no risk assessment in place for when the dental hygienist/therapist worked without chairside support.

The provider had some suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training and received updates as required. .

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We did not see any cleaning schedules for the premises. The practice was mostly clean when we inspected and patients confirmed that this was usual. However it was noted that high areas were not clean. The provider confirmed within 24 hours that deep cleaning had taken place.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. However not all areas were correctly evidenced. This was regarding staff immunisation records.

### Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that some individual records were written and managed in a way that kept patients safe. Dental care records we saw were not all accurate or complete. They were legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

### Safe and appropriate use of medicines

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

However, we did not see that Antimicrobial prescribing audits was carried out annually.





# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had some systems to keep dental practitioners up to date with current evidence-based practice. However we noted that this was not recorded in an effective way. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

#### Dental implants

The practice offered dental implants. These were placed by the principal dentist and one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

### Helping patients to live healthier lives

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

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

### Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy needed updating to included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age. Post inspection we were informed that the new policy was in place.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### Monitoring care and treatment

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

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. However this audit did not cover all the GDC recommendations.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having





# Are services effective?

(for example, treatment is effective)

sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

There were separate records which showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood however these were not recorded in the patient's notes. The provider has confirmed within 24 hours that this has now been addressed.

The operator-sedationist was supported by a suitably trained second individual. The name of this individual was recorded in the patients' dental care record.

## Effective staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. We were unable to find the induction information for new staff. This was sent to us post inspection.

Some staff told us they discussed training needs at one to one meetings/ during clinical supervision. We did not see

evidence of completed appraisals and how the practice addressed the training requirements of staff. However this is because most staff have been employed for less than a year.

## Co-ordinating care and treatment

### Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.



# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were helpful, caring and kind. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards were available for patients to read.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the ?

The requirements under the Equality Act.

Interpretation services were not available for patients who did not have English as a first language. Patients were told about some multi-lingual staff who might be able to support them.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice. However we did note some of the information needed revising.

The dentist/s described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos, X-ray images and an intra-oral camera. The intra-oral cameras and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care.

Some of the dentists use talk therapy to help patients with dental phobia...

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

The staff said that a Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients. However this could not be found on the day.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

### Timely access to services

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

The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice has an information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The provider told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last two years.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The provider had some capacity and the skills to deliver high-quality, sustainable care.

They were knowledgeable about some of the issues and priorities relating to the quality and future of services. They understood the challenges and was working towards addressing them.

The provider was visible and approachable. They described working closely with staff and others to make sure they prioritised compassionate and inclusive leadership. However there was limited evidence that the practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

### Culture

The practice focused on the needs of their 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. However the practice needed an up to date policy in place. The provider informed us that this was in place 24 hours after the inspection.

Staff we spoke with told us they were able to raise concerns they could do so. However not all staff were confident that these would be addressed.

### Governance and management

There were clear responsibilities, roles to support good governance and management. However there were limited systems in place to ensure accountability.

The principal dentist/registered manager had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. However these needed to be reviewed and updated to ensure the latest guidance and legislation was in place. The practice would also benefit by having clear and effective processes for managing risks, issues and performance.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used comment cards/ and verbal comments to obtain staff and patients' views about the service.

There was no evidence found that the practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff stated they were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Evidence of one staff meeting was sent to the inspector post inspection.

### Continuous improvement and innovation

There were some systems and processes for learning, continuous improvement and innovation.

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. However the records reviewed did not show all the results of these audits and the resulting action plans and improvements.

The principal dentist described a commitment to learning and improvement and stated they valued the contributions made to the team by individual members of staff.

## Are services well-led?

We were unable to confirm that staff had annual appraisals or discussed learning needs, general wellbeing and aims for future professional development. We saw no evidence of completed appraisals in the staff folders. However it was noted that dental nursing staff had only been in employment for a year. We saw no evidence of an induction programme for new staff. staff interviewed could not confirm they had a induction following all the necessary requirements. post inspection the provider sent an induction format.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us there was no process in place to evidence the practice provided support and encouragement for them to do so.

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 <ul style="list-style-type: none"><li>• There was no evidence from risk assessments that known risks had been identified and addressed.</li></ul> Some risk assessments had not been regularly reviewed. Risks from the lack of suitable recruitment processes and training needs had not been identified and mitigated. In particular: Essential recruitment checks for all staff had not been completed.